

**Urinary Incontinence
Urology
Patient Information Leaflet**

Urinary Incontinence

Urinary incontinence is common. Women are affected much more commonly than men. There are different causes. Many cases are treatable, particularly for stress and urge incontinence which are the two common types of incontinence.

About this leaflet

This leaflet provides a general overview of urinary incontinence. It may help you to understand the bladder, and why incontinence occurs. There are other leaflets in this series that provide more detail about three common causes of incontinence: stress incontinence, urge incontinence, and enuresis (bedwetting).

What is urinary incontinence?

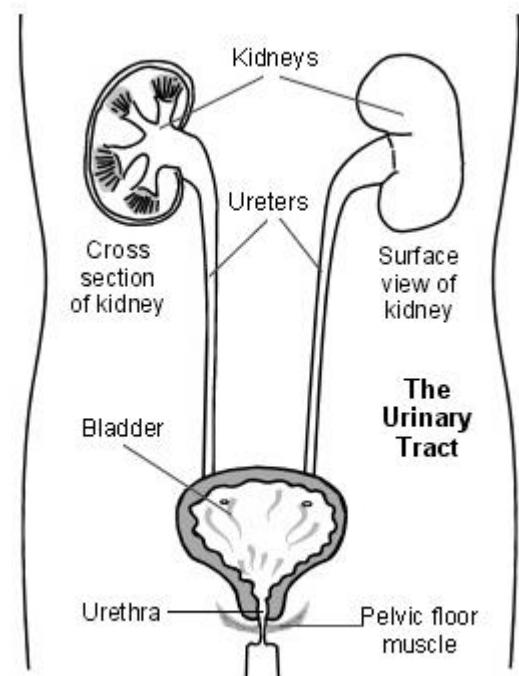
If you have urinary incontinence it means that you pass urine when you do not mean to (an involuntary leakage of urine). It can range from a small 'dribble' now and then, to large floods of urine. Incontinence may cause you distress as well as being a hygiene problem.

Understanding urine and the bladder

The kidneys make urine all the time. A trickle of urine is constantly passing to the bladder down the ureters (the tubes from the kidneys to the bladder). You make different amounts of urine depending on how much you drink, eat and sweat.

The bladder is made of muscle and stores the urine. It expands like a balloon as it fills with urine. The outlet for urine (the urethra) is normally kept closed. This is helped by the muscles beneath the bladder that sweep around the urethra (the pelvic floor muscles). When a certain amount of urine is in the bladder, you become aware that the bladder is getting full. When you go to the toilet to pass urine, the bladder muscle contracts (squeezes), and the urethra and pelvic floor muscles relax.

Complex nerve messages are sent between the brain, the bladder, and the pelvic floor muscles. These tell you how full your bladder is, and tell the right muscles to contract or relax at the right time.

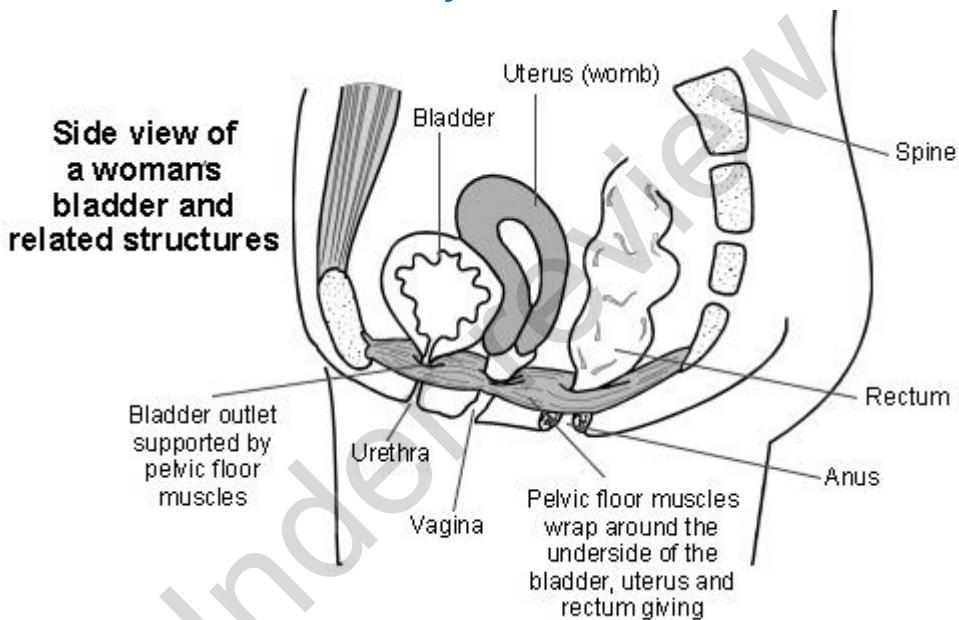


How common is urinary incontinence?

Urinary incontinence is common, especially in women. It can occur at any age, but it is more likely to develop the older you become. It is estimated that about three million people in the UK are regularly incontinent. Overall this is about 4 in 100 adults. However, as many as 1 in 5 women over the age of 40 have some degree of urinary incontinence.

The number of people affected may be even higher as many people don't tell anyone about their problem. One reason why some people do not tell their doctor about incontinence is due to embarrassment. Some people also wrongly think that incontinence is a normal part of ageing or that nothing can be done about it. This is wrong as it can be treated in many cases.

What are the causes of urinary incontinence?



There are different types of urinary incontinence.

- **Stress incontinence** is the most common type. It occurs when the pressure in the bladder becomes too great for the bladder outlet to withstand. It usually occurs because the pelvic floor muscles which support the bladder outlet are weakened. Urine tends to leak most when you cough, laugh, or when you exercise (such as when you jump or run). In these situations there is a sudden extra pressure ('stress') inside the abdomen and on the bladder. Small amounts of urine may leak, but sometimes it may be quite a lot and cause embarrassment.

The common reason for the pelvic floor muscles to become weakened is childbirth. Stress incontinence is common in women who have had several children. It is also more common with increasing age and with obesity.

- **Urge incontinence (unstable or overactive bladder)** is the second commonest cause. This is when you get an urgent desire to pass urine. Sometimes urine leaks before you have time to get to the toilet. The bladder muscle contracts too early and the normal control is reduced. The cause is not known but it seems that the bladder muscle gives wrong messages to the brain, and the bladder may feel fuller than it actually is.
- **Mixed incontinence.** Some people have a combination of stress and urge incontinence. More than 9 in 10 cases of urinary incontinence are due to the above causes. Other causes are less common. They include
- **Neuropathic incontinence.** This is when the nerves that control the bladder and surrounding structures are affected in some way. For example, some people with multiple sclerosis, spinal cord damage, brain disorders, etc, develop this type of incontinence.
- **Overflow incontinence.** This is when there is an obstruction to the outflow of urine. The obstruction prevents the normal emptying of the bladder. A pool of urine constantly remains in the bladder that cannot empty properly. However, pressure builds up behind the obstruction. The normal bladder emptying mechanism becomes faulty and urine may leak past the blockage from time to time. An enlarged prostate gland in men is the common cause of this. Treatment depends on the cause. For example, removal of the prostate (prostatectomy) if an enlarged prostate is the cause.
- **Bedwetting (enuresis)** occurs in many children, but some adults are affected.

What can be done about urinary incontinence?

Urinary incontinence can usually be improved, and can be cured in many cases. Each type of urinary incontinence is treated differently.

Assessment

It is important to know which type of incontinence you have. Tell your doctor if you leak urine on a regular basis. He or she will be able to assess your symptoms, examine you, and may do some simple tests to try to clarify the cause. You may also be asked to keep a diary for a few days to assess how often you go to the toilet, how much urine you pass each time, and how often you leak urine. Sometimes a referral to a specialist is needed to clarify the type of incontinence. The sort of tests that may be done by your GP or specialist to clarify the cause include the following:

- **Urinalysis.** This is a simple 'dipstick' test to check for infection, blood or protein in urine.
- **Residual urine.** This test finds out if any urine is left in your bladder, and how much urine is left, after you have gone to the toilet. The most accurate way of doing this is for a doctor or nurse to pass a thin catheter (a thin soft tube) into the bladder via the urethra. Urine then drains out to be measured. Another way this test may be done is by using an ultrasound scan of the bladder (although this can be a less accurate measurement).
- **Vaginal and anal examination.** A doctor or nurse may insert a gloved finger into the vagina and rectum (back passage). This can assess the strength and tone of the pelvic floor muscles. For men, the rectal examination can also assess the size of the prostate gland.
- **Urodynamics.** These are tests of urine flow that are sometimes done in a hospital unit if the cause of the problem is not clear.

Treatment

Treatment depends on the type of incontinence. Separate leaflets discuss stress incontinence, urge incontinence, and enuresis (bedwetting in children). For example: pelvic floor muscle exercises may cure stress incontinence; bladder training may cure urge incontinence; an alarm system may cure enuresis; medicines are sometimes used to help stop urge and stress incontinence, and also to stop enuresis. Other types of incontinence are less common and treatments vary, depending on the cause.

Your GP may advise on treatment or refer you to a continence advisor for advice on such things as pelvic floor exercises or bladder training.

In some situations, you and your doctor may decide to 'wait and see' how things go before trying treatment. This is because some mild cases get better on their own over time without treatment. Sometimes a specialist needs to be involved in more difficult cases. Surgery is sometimes used to treat incontinence, especially stress incontinence.

If your incontinence persists and is not helped by treatment, your local continence advisor can give practical advice on how to manage. They may be able to supply incontinence pants, pads, etc. These days there are many different aids, gadgets and appliances that can greatly help when living with incontinence.

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Hospital Contact Numbers

If you have any questions or are unsure about any of the information provided in this booklet, please contact a member of our Urology team on one of the numbers listed below.

Urology Nurse Specialists:-
Monday – Friday 08:00 – 16:00
Tel: 01384 456111 Extension 2873 or Mobile 07787512834
Out of Hours (16:00 – 08:00 Monday – Friday) and at weekends
Ward C6 Tel: 01384 244282

Ask to speak to the nurse in charge. If the nursing staff are unable to address your questions, they will suggest alternative contacts.

Other Resources

www.rcseng.ac.uk/patient _ information
www.patient.co.uk
www.patientinformation.org.uk
www.rcoa.ac.uk (for information about anaesthetics)
www.prodigy.nhs.uk.PILS
www.besttreatments.co.uk
www.nhs.uk

This Information can be made available in large print, audio version and in other languages, please call 0800 0730510.

ਜੇਕਰ ਇਹ ਲੀਫਲੈਟ (ਫੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਬਿਧਾ ਕਰ ਕੇ ਪੇਸ਼ੇਟ ਇੱਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫ਼ਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

ਯਦੀ ਆਪਕੇ ਯਹ ਦਸਤਾਵੇਜ਼ ਆਪਨੀ ਭਾਸ਼ਾ ਮੌਜੂਦ ਚਾਹਿਏ ਤਾਂ ਪੇਸ਼ਾਨਟ ਇਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਕੋ ਟੈਲੀਫ਼ਨ ਨੰਬਰ **0800 0730510** ਪਰ ਫੋਨ ਕਰੋ।

ਜੇ ਤੁਸੀਂ ਆਪਨੀ ਭਾਸ਼ਾ (ਗੁਜਰਾਤੀ) ਮਾਂ ਜਾਇਤੀ ਹੋਏ, ਤਾਂ ਕੁਪਾ ਕਰੀਨੇ ਪੇਸ਼ਾਨਟ ਇਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨੂੰ **0800 0730510** ਪਰ ਕੰਪਾਈ ਕਰੋ।

ਆਪਨਿ ਯਦੀ ਏਹੀ ਪ੍ਰਚਾਰਪ੍ਰਤਿ ਆਪਨਾਰ ਨਿਜੇਰ ਭਾਸ਼ਾ ਪੇਤੇ ਚਾਨ, ਤਾਹਲੇ ਦਵਾ ਕਰੋ ਪੇਸ਼ੇਟ ਇਨਫਰਮੇਸ਼ਨ ਕੋ-ਅਰਡੀਨੇਟਰ ਦੇ ਸਾਥੋ **0800 0730510** ਏਹੀ ਨੱਬਰੇ ਯੋਗਯੋਗ ਕਰੋ।

إذا كنت ترغب هذه الورقة مترجمة بلغتك الأصلية (اللغة العربية)، فرجاء اتصل بمنسق المعلومات للمرضى
0800 0730510 على التلفون **Information Co-ordinator**

حسب ضرورة اسیف اب کوئلی زبان (اُردو) میں ماحصل کرنے کے لئے برداہیانی ٹیਲੋਫ਼ਨ نੰਬਰ **0800 0730510** پر ڈیਲਟ ਅੱਫਿਸ਼ਨ ਕو اور ਮੁਖੀ (ਮਰੀਜ਼ਾਂ) کے لئے معلومات کی فراہਮی کے طبق میں (اُرپ) کے ساتھ دایلਾਫ਼ ਕریں۔

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