

Urge Incontinence

What is urge incontinence?

Urge incontinence is trouble holding your urine once you feel the urge to urinate. You lose bladder control and leak urine because you cannot hold the urine until you reach a bathroom. This is a very common bladder control problem. Problems with bladder control are an embarrassing problem for as many as 1 in 3 Americans age 60 or older.

What is the cause?

Urge incontinence often happens in people with neurologic problems. For example, it can be a problem for people who have Parkinson's disease or multiple sclerosis (MS), or who have had a stroke, but it can happen in healthy people, too. It can be made worse by conditions that squeeze the bladder, such as constipation, or conditions that irritate or block the bladder, such as infection, bladder stones, or a tumor in the bladder.

What are the symptoms?

Symptoms may include:

- Inability to hold urine long enough to get to the toilet (The urge to urinate is followed by a release of urine that continues until the bladder is empty.)
- A release of urine that is often triggered by a change in position, for example, from sitting to standing
- The smell of urine on your clothes and in the house

How is it diagnosed?

Your healthcare provider will ask about your medical history and examine you to see if the incontinence is caused by an underlying condition that can be corrected. Your blood and urine will be checked for infection or other problems. You may be referred to a urologist for more tests and treatment.

How is it treated?

There are many ways it might be treated. For example:

- Medicine may be given to relax an irritable bladder or to treat infection.
- Bladder training (described below) teaches you to empty the bladder on schedule rather than waiting for the urge.
- Electrodes may be placed in the rectum or vagina to electrically stimulate and strengthen muscles of the pelvis and urethra. (The urethra is the tube that drains urine from the bladder.)

Sometimes surgery may be recommended.

Catheters can be inserted into the bladder so that the bladder can be mechanically drained on schedule, but this is usually a last resort.

How can I take care of myself?

- Follow your healthcare provider's advice for correcting or managing your incontinence.
- Train your bladder: Instead of waiting for your bladder to signal the need to urinate (too late for many people), set a schedule for emptying your bladder. Use the toilet 20 to 30 minutes after each meal, at least twice between meals, and before you go to bed. You can set a timer to remind you. Adjust the schedule as you learn how often you need to use the toilet to best meet your needs.
- Find ways to stay within easy reach of a bathroom. Have a night-light and grab bars in your bathroom to help prevent falls when you are in a hurry. Don't try to hold your urine, and be willing to ask where the toilet is when you are away from home.
- Wear incontinence pads if you need to prevent wetting your clothing. (The pads are expensive.) Be sure to change the pads regularly.
- Drink a moderate amount of fluids (about 6 glasses a day), mainly water. Don't try to control urinary incontinence by cutting back on fluids. It won't help and may even be harmful to you.
- Keep your groin area as clean and dry as possible.
- Avoid common bladder irritants such as alcohol, carbonated beverages, coffee or tea, chocolate, citrus fruits, tomatoes, or acidic fruit juices.

Developed by RelayHealth.

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