

Urinary incontinence

Embarrassing but treatable

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What is urinary incontinence?

Urinary incontinence means that you can't always control when you urinate, or 'pee'. As a result, you wet your clothes. This can be embarrassing, but it can be treated.

Millions of adults in North America have urinary incontinence. It's most common in women over 50 years of age, but it can also affect younger people, especially women who have just given birth.

Be sure to talk to your doctor if you have this problem. If you hide your incontinence, you risk getting rashes, sores, and skin and urinary tract (bladder) infections. Also, you may find yourself avoiding friends and family because of fears about your urine leaking and embarrassment. This can be avoided.

What causes incontinence?

Urinary incontinence may be caused by different medical conditions including weak pelvic muscles or diabetes. Some other common causes of urinary incontinence include the following:

- For women, thinning and drying of the skin in your vagina or urethra, the tiny tube that empties the bladder when you urinate, especially after menopause (the change of life)
- For men, an enlarged prostate gland or prostate surgery
- Certain medicines
- Build-up of stool in your bowels (constipation)
- Not being able to move around
- Urinary tract (bladder) infection
- High calcium levels

Are there different types of incontinence?

Yes. There are four types of urinary incontinence.

Stress incontinence is when urine leaks because of sudden pressure on your lower stomach muscles, such as when you cough, sneeze, laugh, rise from a chair, lift something, or exercise. Stress incontinence usually occurs when the pelvic muscles are weakened, sometimes by childbirth, or by prostate or other pelvic surgery. Stress incontinence is common in women.

Urge incontinence is when the need to urinate comes on too fast—before you can get to a toilet. Your body may only give you a warning of a few seconds or minutes before you urinate. Urge incontinence is most common in the elderly and may be a sign of an infection in the kidneys or bladder.

Overflow incontinence is when you have a constant dribbling of urine. It's caused by an overfilled bladder. You may feel like you can't empty your bladder all the way and you may strain when urinating. This often occurs in men and can be caused by something blocking the urinary flow, such as an enlarged prostate gland, or tumor. Diabetes or certain medicines may also cause the problem.

Functional incontinence occurs when you have normal urine control but have trouble getting to the bathroom in time because of arthritis or other diseases that make it hard to move around.

Sometimes more than one of the four types may co-exist.

Is urinary incontinence just part of growing older?

No. But changes with age can reduce how much urine your bladder can hold. Aging can make your stream of urine weaker and can cause you to feel the urge to urinate more often. This doesn't mean you'll have urinary incontinence just because you're aging. With treatment, it can be controlled or cured.

How can it be treated?

Treatment depends on what's causing the problem and what type of incontinence you have. If your urinary incontinence is caused by a medical problem, the incontinence will go away when the problem is treated. Simple treatments often work so talk to your doctor. Medicine and surgery are other options.

Some types of incontinence can be treated with bladder training or special exercises, called Kegel exercises. Although designed for women, Kegel exercises can also help men. These exercises help strengthen the muscles that control the bladder and can be done anywhere, any time. It may take from three to six months before you see an improvement. Women may have a better sexual response as a result of these exercises.

Kegel Exercises

- To locate the right muscles, try stopping or slowing your urine flow without using your stomach, leg, or buttock muscles. Another method is to pretend as if you're trying not to pass gas. When you're able to slow or stop the stream of urine, you've located the right muscles.
- Squeeze these muscles. Hold for a count of 10. Relax for a count of 10.
- Do this 20 times, three to five times a day.
- You may need to start slower, perhaps squeezing and relaxing your muscles for four seconds each and doing this 10 times, three or four times a day. Work your way up from there. Talk to your doctor about the best plan for you.

What is Bladder Training?

Some people with urge incontinence can learn to lengthen the time between urges to go to the bathroom. Start by urinating at set intervals, such as every 30 minutes to two hours--whether you feel the need to go or not. Then gradually lengthen the time between when you urinate--say by 30 minutes--until you're urinating every three or four hours.

You can practise relaxation when you feel the urge to urinate before your time is up. Breathe slowly and deeply. Think about your breathing until the urge goes away.

After the urge passes, wait five minutes and then go to the bathroom even if you don't feel you need to go. If you don't go, you might not be able to control your next urge. When it's easy to wait five minutes after an urge, begin waiting 10 minutes. Bladder training may take from three to 12 weeks.

Losing weight if you're heavy may also help.

Biofeedback has also been used to treat incontinence. Biofeedback uses complex machines that give pictures and sounds to show how well you are controlling your pelvic muscles.

Functional electrical stimulation is another option for those unable to voluntarily contract their pelvic muscles.

Vaginal cones and pessaries are other options that your doctor may recommend. These devices are placed in the vagina to help control urinary flow when the muscles of the pelvic organs are weak.

Will medicine or surgery help?

Sometimes medicine helps some types of urinary incontinence. For example, estrogen cream to put in the vagina can be helpful after menopause for some women who have mild stress incontinence.

Oxybutynin, a medicine whose brand name is Ditropan, or similar types of medicines can be used for urge incontinence, and too-frequent urination.

Surgery may be an option to treat urinary incontinence if other measures discussed above haven't worked or if the incontinence is severe.



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