

## **Urinary Incontinence**

Women's Edition Magazine

To Your Good Health – August 1997

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Urinary incontinence is a disorder involving the involuntary loss of control over bladder function, causing urine leakage. It is a physical problem with emotional consequences. Incontinence can cause those who experience this condition to lose sleep, make travel difficult or reduce physical activity. Embarrassment can keep its sufferers from participating in many of life's normal activities, and losing this sense of control and dignity can negatively affect self-image.

Incontinence is a common condition that can afflict people of any age. The National Association for Continence (NAFC) estimates 13 million Americans suffer from incontinence, and approximately 11 million of those are women. Women who have given birth commonly experience incontinence, and up to half of all obstetrical/gynecologic patients are at high risk of becoming incontinent. Last year, \$16.4 billion was paid out by insurance companies to cover surgeries and other incontinence-related treatments. More than 15 percent of all nursing home admissions are sought because of incontinence. Unfortunately, less than half of all incontinence sufferers seek treatment due to embarrassment or lack of information on treatment options.

If you or a loved one suffers from this disorder, you should be aware that most incontinence cases can be improved or even cured with proper diagnosis and treatment. The first step to getting help is understanding the problem and some possible options.

A common characteristic throughout all types of incontinence is a weak external sphincter, part of the pelvic floor muscles which surround the canal through which urine leaves the body. Other symptoms vary, depending on the type of incontinence that has developed. There are five different types of incontinence, the three most common being stress, overflow and urge incontinence.

Stress incontinence involves a loss of urine during activities such as coughing, sneezing, laughing, lifting heavy objects, or getting out of a bed or chair. Stress incontinence usually occurs when weak pelvic floor muscles cause the bladder neck to move out of position (prolapse). In men, it may temporarily occur after prostate surgery.

Overflow incontinence occurs when the bladder cannot completely empty, overfills, and begins to frequently leak small amounts. This usually results from scar tissue or prolapsed organs blocking the urine flow. The muscles in the bladder may also function improperly due to medications, nerve damage, or

overstretching of the bladder tissue. Temporary overflow incontinence can also arise after childbirth or pelvic surgery.

Urge incontinence is characterized by the frequent urge to urinate, even when the bladder is almost empty, followed by the uncontrollable loss of urine. Urge incontinence can be caused by urinary tract infections (UTIs), nerve problems, pelvic surgery, or growths inside the bladder. It can also occur in conjunction with stress or overflow incontinence, combining the symptoms of both types.

An accurate diagnosis must be made before treatment can begin. A complete medical evaluation includes a review of the patient's medical history, evaluation of urination and leakage patterns, a detailed physical screening including pelvic and rectal exams, and performance of diagnostic tests.

There are many treatment options available for incontinence, and individual recommendations vary. Some mild cases of stress incontinence may be cured with electrical stimulation therapies and biofeedback, which can teach the brain to control the involuntary nervous system. Medications may be prescribed to control certain types of incontinence - for example, estrogen therapy may be effective for women when stress incontinence is caused by changes in hormone levels.

Sometimes changes in certain behaviors are the best treatment options. Timed voiding, or drinking and urinating at regular intervals, can make a difference in controlling incontinence. Another technique is self-catheterization, which is a relatively painless process that is used to manage overflow incontinence.

Kegel exercises can be used to strengthen the pelvic floor muscle and may help in mild cases of urge incontinence. Avoiding certain foods and beverages that irritate the bladder, such as artificial sweeteners, caffeine, carbonation, alcohol, spicy foods, and citrus may also help to manage incontinence.

Your doctor may recommend surgery for improving or correcting certain forms of incontinence. Collagen implants can stop leakage with stress incontinence.

If you are afflicted with incontinence, schedule a visit with a urologist or physical therapist for a proper diagnosis. Depending on the evaluation, suggested treatment options are sometimes handled by both urologists and physical therapists. Check into local support groups for people dealing with incontinence; you will see you are not alone. Incontinence should not be the end of leading a normal life, and treatment is available for the asking. Don't let incontinence keep you from doing the things you love. You *can* do something about it!