

Incontinence Patient Guide



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Becca's Story: A Patient Story



Urinary incontinence is often a problem with bladder control (as with overactive bladder, OAB). It may be a problem with poor urethral function (as with stress urinary incontinence, SUI). It can cause feelings of urgency, frequency or urine leaks. For Becca Martin, it was about her problems with OAB and leaking. Unfortunately, she had to deal with OAB for much of her life.

Becca, in her mid-40s, lives outside of Aberdeen, Washington. Before she was treated, Becca sometimes went to the bathroom 40 times a day – as often as every 20 minutes.

This made it difficult and embarrassing for her to even take the bus to work. Though she had to, she didn't like asking the bus driver to pull over during the 25-mile drive.

"My symptoms got to the point where I could not get to work without making sure I had time to stop somewhere or I would have accidents," she says.

Her primary care doctor referred Becca to a urologist, who diagnosed her with OAB and urgency incontinence. Tests showed Becca's bladder was always telling her brain "I have to go", instead of just when the bladder was full. For medical reasons, Becca couldn't take OAB oral drugs. Her urologist explained other treatment options. Becca chose a bladder pacemaker, which delivers electrical pulses to change how the nerves in her bladder work. This pacemaker (the size of a silver dollar) was implanted into her buttocks.

As a result of her surgery, Becca had a positive outcome. Soon after her surgery, she was able to go up to 6 hours without having to go to the bathroom. This was a far cry from the several times an hour she used to go. "I don't have to worry about running to the restroom every 20 minutes!" she exclaims.

Becca urges anyone with OAB or incontinence symptoms to talk with their doctor. Together, you can find out if you have OAB or another type of incontinence. From there, you and your urologist can find out what treatment is best for you.

As Becca knows, treating bladder symptoms or incontinence can change your life for the better.

Patient Story Adapted from the Summer 2015 *UrologyHealth extra*® article

Introduction: Don't Wait, Learn More

Millions of people in the United States live with incontinence and bladder control symptoms. It prevents men, women and children from living the life they want. The fear of being far from a bathroom can limit decisions involving work, activities and just about everything.

The Urology Care Foundation's goal is to get people to talk openly about their incontinence issues with their health care provider. Many people don't talk about their symptoms or think there are no good treatments. Because of this, many

people wait years before dealing with it when in reality, they could have been feeling better all that time.

The information in this guide can provide you with answers to some of your questions about incontinence. We encourage you to talk openly with your health care provider about your symptoms. There are many ways to manage and treat these problems. Working together, you can find relief.

How Does the Urinary Tract Work?

FEMALE URINARY TRACT

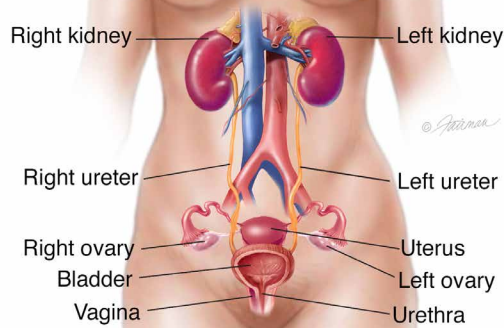


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MALE URINARY TRACT

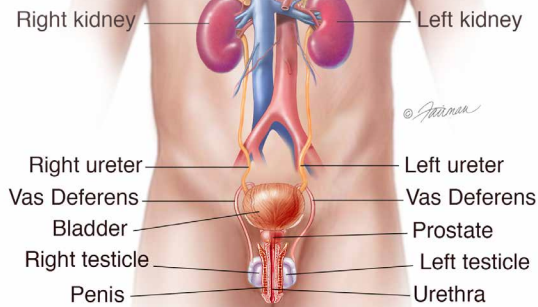


Image © 2016 Fairman Studios, LLC

The **kidneys*** and **bladder** are part of the **urinary tract**—the organs in our bodies that make, store and pass **urine**. You have two kidneys that make urine. The urine is stored in the bladder. The muscles in the lower part of your **abdomen** hold your bladder in place.

When it is not full of urine, the bladder is relaxed. Nerve signals in your brain let you know when your bladder is getting full. When full, you feel the need to go to the bathroom. If your bladder is normal, you can hold urine in for some time. Once you are ready, the brain sends a signal to the bladder and the **sphincter muscle** located below the bladder. The bladder muscle squeezes (or contracts) and the urethral sphincter muscle opens. This forces the urine out through the **urethra**. After going to the bathroom, the sphincter muscle closes to keep urine in. It only opens again when your brain says you're ready to go to the bathroom.

With **urinary incontinence**, some parts of this system don't work the way they should.

What is Urinary Incontinence?

Urinary incontinence is a problem with bladder and sphincter control. It is the uncontrolled leaking of urine. Millions of Americans, about 1 out of 2 of all women and 1 out of 4 men, suffer from urinary incontinence symptoms. If the fear of leaking stops you from doing things you enjoy, it's time to consider treatment. Don't be embarrassed to talk to your doctor about this medical condition. There are treatment options waiting for you!

Don't Let Urinary Incontinence Keep You from Enjoying Life.

***All words that appear in blue are explained in the glossary.**

What Causes Urinary Incontinence?

Urinary incontinence is not a disease. It is a symptom of a wide range of conditions.

It can be a short-term problem from:

- **Urinary tract infections**
- **Constipation** (hard, dry stool)
- Medicine (such as diuretics, antidepressants, antihistamines, others)

Or it could be a long-term problem from:

- Diabetes
- Stroke
- **Multiple sclerosis**
- **Enlarged prostate** or prostate surgery for men
- Childbirth or **menopause** for women

Urine Leaks Are Not a Normal Part of Aging.

What are the Types of Urinary Incontinence

STRESS URINARY INCONTINENCE (SUI)

SUI is the most common type of urinary leakage. With SUI, the **pelvic floor muscles** (which hold the pelvic organs in place) have become weak. They don't work well enough to hold urine in the body. A cough, sneeze or even laughing could put pressure on the bladder and cause leaks. For more information on SUI visit our SUI webpage at UrologyHealth.org/SUIUC.

OVERACTIVE BLADDER (URGE INCONTINENCE)

OAB is a condition where you feel a sudden, strong need to urinate. This "gotta go" feeling makes you feel that you'll leak if you don't use a bathroom NOW. If you live with OAB, you may need to go many times each day. You may wake from sleep more than once each night to go. It is a very common condition for many people; up to 33 million Americans. It is also common for people with diabetes, multiple sclerosis or stroke. For more information on OAB, visit our OAB webpage at UrologyHealth.org/OABUC.

OVERFLOW URINARY INCONTINENCE

This type of incontinence is when the bladder stays full. It can't empty and so it overflows and leaks. Signs include small urinations each day or ongoing dribbling. This is rare in women. It is more common in men who have had **prostate** problems, diabetes or a non-functional, underactive bladder.

MIXED URINARY INCONTINENCE

Some people have more than one type of urinary incontinence. Some people leak urine with activity (SUI) and often feel the urge to urinate (OAB). This is mixed urinary incontinence. The person has both SUI and OAB. In this case, it helps to understand what's happening and what's causing leaks, and learn how to manage problems.

GET DIAGNOSED

A **urologist** or primary care doctor will start by asking questions. They'll want to know about your symptoms and your medical history. They'll ask about your health habits and fluid intake. They'll want to know how much incontinence has affected your quality of life.

A physical exam will look for conditions that cause leaks but can be reversed. These may include impacted stool

(constipation), **hernias** or pelvic organ prolapse. Or a urinary tract infection or a reaction to medicine may also be the cause of leaks.

Your provider may suggest a cough stress test. S/he may test your urine for bacteria or blood (**urinalysis**). Or test how well your bladder and urethra work (**urodynamic tests**).

GET TREATED

There are many ways to help you take control over your bladder. You may not need to wear pads or diapers. Some problems are short-term and can be easily relieved. Others take more time to treat. Treatments range from lifestyle changes to bladder training to surgery.

Lifestyle Changes, Bladder Training

FLUID CONTROL

You will likely be asked to track what you drink, when and how much. You may learn that you should limit caffeine, alcohol, some fruit juices and fizzy colas. These beverages bother the bladder. You may also be asked to drink more water. Six to eight glasses of water per day is ideal. And, you may be asked not to drink for a few hours before bed. This will help reduce your need to get up and go to the bathroom at night.

DIETARY CHANGES

There are a few foods that are known to irritate the bladder. For example, spicy foods, coffee, tea and colas are often bothersome. Some patients also find that their problems are relieved with weight loss.

BLADDER TRAINING OR RETRAINING

A **bladder diary** is the starting point for **bladder training**. For 3 days you write down what you drink and how often you go to the bathroom. You note when you leak urine.

This diary can help you and your provider find things that may make your symptoms worse. It will also help your provider make a training schedule with you. This is when you empty your bladder in a controlled way at set times. With regular bladder emptying, you should have fewer leaks. Timed urination, **scheduled voiding** or **double voiding** are methods that help with both OAB and SUI. Go to **UrologyHealth.org/BladderDiary**.

If you go to the bathroom too often, retraining your bladder can help. The goal is to hold urine in for longer and longer amounts of time. This takes small steps. Start with 5-10-15 minutes. The goal is to retrain your bladder to hold urine for 2 to 4 hours with less urgency and leaking.

PELVIC FLOOR EXERCISES

Kegel exercises can strengthen the sphincter and pelvic floor muscles. This works for both men and women. If you can learn to tighten and relax these muscles, and then learn to control these muscles, you can often improve bladder control.

Kegels can prevent bladder spasms that trigger the urge to go. This can stop or pause leaks. A health care provider can teach you how to do this exercise with success. Kegels can help with SUI or OAB symptoms. Like any fitness program, you must often practice the exercise to keep its benefits.

Drug Treatment

DRUG OPTIONS

- Pseudoephedrine (decongestant) can tighten the **bladder neck**. This can help to control leaks from stress urinary incontinence (SUI). It may not be an option if you have a history of high blood pressure.
- **Anticholinergic drugs** can treat OAB. They allow the bladder muscles to relax. These drugs work but may have side effects. For example: dry mouth, confusion, constipation, blurred vision, and preventing urination. Be sure to mention any other bladder relaxing drugs you've tried when you talk with your urologist.
- For women, hormone treatment can help if you have incontinence after menopause. Hormone replacement may improve the health of the bladder neck and urethral tissues. This may relieve symptoms. There are some medical reasons not to use hormones. Speak to your provider about what's best for you.

Surgical Treatment

SURGICAL TREATMENTS FOR SUI

Slings

- Female Sling: The most common surgical treatment for female SUI is sling surgery. For this, a strip of tissue or soft mesh is placed under the urethra to support urethral closure. The tissue used to make the sling can be from the patient's abdominal wall, donated tissue or made from mesh. If using donated tissue or mesh, women often recover quickly because only a small cut is made. Many women find that they feel almost 100% better after this surgery.
- Male Sling: A **sling** procedure may be offered to treat SUI in some men. The male sling is for urethral sphincter muscle support. For this, a soft mesh tape is placed under the urethra through an incision (cut) between the scrotum and rectum. It supports the urethra and sphincter muscle to prevent leaks. It may help to ask your healthcare provider if this is an option for you.

Bladder Neck Suspension

Burch, colposuspension or bladder neck suspension is surgery for female SUI that attaches the bladder neck to the pubic bone with permanent sutures. This is a major surgery with a cut through the abdominal wall. It may take a long time to recover from this, but it can also prevent leaks for a long time.

Bulking Agents (Injections)

This option is used to treat female SUI by increasing the closure of the urethra. Bulking agents are placed into the tissues around the urethra and sphincter muscle. This improves how well the urethral closure function can work to stop leaks.

Note that bulking agents are not FDA approved for male SUI. Also they do not strengthen or alter the sphincter muscle.

Artificial Sphincter

The most common treatment for male SUI is to implant an **artificial sphincter**. Women may also get this implanted too. This is a device with 3 parts:

1. The artificial sphincter: a fluid filled cuff which is placed around the urethra.
2. A fluid-filled, pressure-sensing balloon that regulates pressure in the cuff: placed in the abdomen.
3. A pump: placed in the **scrotum** for men and labia for women, and controlled by the patient.

At rest, the artificial sphincter cuff is closed and prevents leaks. When you decide to empty the bladder, you would inflate the pump to push fluid from the cuff to the reservoir balloon. This opens the urethra and allows urination. This surgery can cure or greatly improve urinary control in over 70% to 80% of men. However, if you've had radiation, other bladder problems, or scar tissue in the urethra, then this option may not be for you.

SURGICAL TREATMENTS FOR OAB

Neuromodulation Therapy (Stimulating Nerves)

Neuromodulation involves the placement of a lead wire to stimulate the nerves that control the bladder. This bladder pacemaker can help both men and women. For this surgery, a small electrode is placed near the nerves that control your bladder. It sends electrical pulses to the bladder to stop the spasms which cause leaks. There are two types:

- **Percutaneous Tibial Nerve Stimulation (PTNS):** This therapy stimulates the tibial nerve. For this type of neuromodulation you will not have to have surgery. PTNS is performed during an office visit that takes about 30 minutes. Your health care provider places a needle electrode near your ankle. It sends electrical pulses to the tibial nerve which runs along your knee to the sacral nerves. The electrical pulses help block the nerve signals that aren't working correctly. Often, patients receive 12 weekly treatments, depending on how well they are doing.
- **Sacral Neuromodulation (SNS):** This therapy works by stimulating the sacral nerve (near the base of the spine). This nerve carries signals between the spinal cord and the bladder. In OAB, these nerve signals don't work the right way. This device delivers electrical impulses to the bladder to stop the signals that can cause OAB.

BOTOX® Injections

A urologist may offer botulinum toxin (Botox®) injections to stop bladder spasms. Botox® relaxes the bladder muscle to relieve bladder spasms. Over time, this relaxing effect can wear off. Most patients say the effect lasts for about 6 months. After that, the injections can be repeated. Your urologist should make sure your bladder can empty fully after injections.

Bladder Enlargement

Surgery can be done to enlarge the bladder so it holds more urine. This surgery adds a piece of the patient's intestine to the bladder. With the bladder now larger, it often loses its ability to empty. As a result, people who choose this surgery may need to learn how to self-catheterize. **Catheterization** would empty the bladder.

If other treatments don't relieve symptoms, this may be an option. For some people, this surgery can become a cure. Still, it's important to note that it's a serious and rare surgery. It's only used if other treatments do not help.

SURGICAL TREATMENTS FOR OVERFLOW INCONTINENCE

If overflow urinary incontinence is from a blockage, surgery is needed. Surgery depends on the type and cause of the block.

In general, surgery can relieve symptoms for a man or a woman. But, choosing the right type of surgery is important. You should speak with your urologist to learn the pros and cons of your options.

PRODUCTS AND DEVICES

For some people, products and devices are the only way to manage bladder problems. They can give older and disabled persons more freedom. Examples:

- Indwelling catheter (stays in your body day and night, connected to a drainage bag)
- Intermittent catheters that are used several times each day
- External collecting systems (condom style for men, funnel and pouch for women)
- Absorbent products (pads, adult diapers, tampons)
- **Pessaries** for women
- Toilet substitutes (like portable commodes)

Urinary incontinence treatment aims to improve your quality of life. In most cases, you will feel much better after treatment, and might even be cured. Try lifestyle changes first then consider other options. Adjust what you try until you feel better. If you opt for an implant and/or medical device, you may need follow-up surgery after time. You will always want to be aware of what you drink and when you go to the bathroom. Ask your doctor about your long-term plan.

AFTER TREATMENT

In most cases, managing or treating symptoms leads to great improvements and even a cure. To avoid a setback after surgery try to:

- Keep a healthy weight
- Practice Kegel exercises
- Avoid foods or drinks that are known to bother the bladder
- Eat more fiber and drink plenty of fluids to prevent constipation

After treatment and lifestyle changes, most people feel a lot better. Still, be careful about how much fluid you drink and when. You may also need to plan regular bathroom breaks as part of your everyday life.

Taking care of yourself in these ways will help the benefits from surgery last. Overtime, the surgical implants may need to be adjusted. Try not to do things that can strain your belly and pelvis. It helps to stay in touch with your healthcare provider about your follow-up care.

QUESTIONS TO ASK YOUR DOCTOR

- What is my diagnosis? (What type of incontinence do I have?)
- What diagnostic tests will tell us the type and level of my incontinence?
- Can you help me or do I need to see a specialist?
- If I need a specialist, how can I find the right one for me?
- What do you think is causing my type(s) of incontinence?
- Can I use the Urology Care Foundation's OAB Assessment Tool to help determine the type of incontinence I may have?
- Should I keep a bladder diary?
- Without treatment, what will happen to me?
- What steps (e.g., diet and lifestyle changes) can I first take to manage my condition?
- Do you recommend Kegel exercises? If so, how do I perform these exercises correctly?
- What other treatment(s) do you recommend for me and why?
- Are there problems that can come from treatment? What are the potential side effects?
- If leaking is related to menopause, could hormone replacement therapy (HRT) help?
- If you recommend surgery for me, what type and how would it help?
- What are the pros and cons of surgery?
- What does recovery look like after surgery?
- If I continue to have problems, what other options are available?
- What follow-up care do I need?
- What is my long-term plan?

GLOSSARY

ABDOMEN

Also known as the belly. The part of the body that holds all internal structures between the chest and the pelvis.

ARTIFICIAL SPHINCTER

Device used to treat urinary incontinence. It has three parts: a pump, balloon reservoir and a cuff that surrounds the urethra. It prevents urine from leaking out.

ANTICHOLINERGIC DRUGS

One type of drug used to treat OAB. It relaxes the bladder muscle to stop it from contracting when it isn't full.

BENIGN PROSTATIC HYPERPLASIA (BPH)

An enlarged prostate not caused by cancer. BPH can cause problems going to the bathroom because as it grows the prostate squeezes the urethra.

BLADDER

The hollow, balloon-shaped organ where urine is stored in the body.

BLADDER DIARY

For 3 days you write down what you drink and how often you go to the bathroom. You note when you leak urine. This diary can help you and your provider find things that may make your symptoms worse.

BLADDER NECK

The area of thick muscle where the bladder joins the urethra. The bladder neck muscles react to signals from the brain to hold urine in or allow it out. In males, these muscles also tighten during ejaculation.

BLADDER TRAINING

A technique to use the bathroom on a schedule. It can also include pelvic floor exercises, avoiding foods, and drinking lots of water. Some people feel better quickly; others may not for several weeks.

CATHETERIZATION

A thin tube inserted through the urethra to allow urine to drain from the bladder.

CONSTIPATION

When a person cannot easily push out stool. Feces are hard and dry.

DOUBLE VOIDING

After urinating, wait a few minutes and then try again to empty your bladder.

ENLARGED PROSTATE

See Benign Prostatic Hyperplasia (BPH).

KEGEL EXERCISES

Exercises used to strengthen muscles of the pelvic floor, often recommended to reduce incontinence and symptoms of other urinary problems.

KIDNEY'S

Two large bean shaped structures that remove waste from the blood.

HERNIA

When part of the intestine pushes through the wall of the abdomen. The lump is clearly seen and felt.

MENOPAUSE

The time in a woman's life when menstrual periods permanently stop.

MULTIPLE SCLEROSIS

A disease that affects the brain and spinal cord and slows down or blocks messages between the brain and the body.

OVERACTIVE BLADDER (OAB)

A condition that causes strong sudden urges to go to the bathroom that are difficult to ignore. OAB may cause an unexpected leaking of urine, frequent trips to the bathroom and getting up more than once at night to go to the bathroom.

SCHEDULED VOIDING

Instead of going when you feel the urge, you urinate at set times. Your provider will ask you to try to go whether or not you feel the need.

SCROTUM

The sac of tissue that hangs below the penis holding the testicles. Also known as the scrotal sac.

SLING/SLING PROCEDURE

Surgery to place a strip of tissue or soft mesh under the urethra to keep it closed and stop leaking.

SPHINCTER MUSCLE

A muscle at the bottom of the bladder that stays closed tightly to keep urine in. It only opens when your brain says you're ready to use a toilet.

STRESS URINARY INCONTINENCE (SUI)

An expected loss of urine caused by sneezing, coughing, laughing or exercising.

PELVIC FLOOR MUSCLES

These muscles serve as a hammock to hold the pelvic organs in place. You can notice them when you squeeze to keep yourself from urinating.

PESSARY

A firm yet flexible tool placed in the vagina to help treat SUI. It repositions and supports the urethra and/or uterus. There are a few types of pessaries.

PROSTATE

This walnut-shaped gland in men surrounds the urethra at the bladder neck. The prostate makes fluid for semen.

URINARY TRACT

This is the body's system for cleaning waste and extra fluid from the body. The organs in the urinary system include the kidneys, ureters, bladder and urethra. All parts of the urinary tract must work well together for normal urination.

URINALYSIS

A urinalysis is a tool to test your urine. First you urinate into a sterile cup. The sample is then sent to a lab to look for infection, blood, proteins and other signs of a problem.

URODYNAMIC TESTING

A series of tests to see how well the urologic system collects, stores and releases urine.

URETHRA

A thin tube that carries urine from the bladder out of the body. In men this tube also carries semen.

URINARY INCONTINENCE

An uncontrolled leaking of urine.

URINARY TRACT INFECTIONS (UTIs)

An illness caused by harmful bacteria, viruses or yeast growing in the urinary tract.

URINE

A liquid, usually yellow in color, made by the kidneys that contains wastes and water.

UROLOGIST

A doctors who specialize in the stud, diagnosis and treatment of problems in the urinary tract.

ABOUT THE UROLOGY CARE FOUNDATION

The Urology Care Foundation is the world's leading urologic Foundation—and the official Foundation of the American Urological Association. We provide information for those actively managing their urologic health and those ready to make healthy changes in their lives. Our information is based on the American Urological Association resources and is reviewed by medical experts.

To learn more about different urologic issues, visit **UrologyHealth.org/UrologicConditions**. Go to **UrologyHealth.org/FindAUrologist** to find a doctor near you.

This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please talk to your urologist or health care provider about your health concerns. Always consult a health care provider before you start or stop any treatments, including medications.

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