

Urologic Surgical Associates of Delaware

FEMALE INCONTINENCE OVERVIEW

HOW COMMON IS INCONTINENCE?

Incontinence is extremely common. You probably know a friend or family member (or several friends and family members) with incontinence.

WHY SEEK HELP?

Incontinence can cause embarrassing odor and wetness, skin damage and can limit physical activity. Most incontinence can be treated or at least managed to allow full participation in a satisfactory life-style. Most important of all though, is that incontinence can be a sign or symptom of a significant health problem such as a bladder cancer or high pressure bladder storage.

DEFINITIONS

Incontinence can be simply defined as the unwanted loss of urine. There are actually several types of incontinence, and for successful treatment the type of incontinence must be defined properly. We generally use an office consultation, physical exam, office urodynamics, and office cystoscopy to help us define and evaluate female urinary incontinence.

The two common types of female incontinence are urge incontinence and stress incontinence. Urinary incontinence has been reported to affect 35% of American women over 50 years of age and almost 15% have leakage on a daily basis. Approximately 60% of women with incontinence will have stress incontinence. Urge incontinence and stress incontinence can occur together.

URGE INCONTINENCE

Urge incontinence is the unwanted loss of urine that is usually associated with an abrupt and very strong urge to urinate. Urge incontinence is often seen in people with nerve damage, spinal cord injury, multiple sclerosis, other neurologic disorders, a history of pelvic surgery, and sometimes urge incontinence occurs without obvious neurologic dysfunction. Urge incontinence can sometimes occur with aging. Another cause for urge incontinence is the presence of some irritating force within the urinary tract that causes the patient to lose urine involuntarily. This could be any type of infection or inflammation of the bladder or urethra. This would include various forms of cystitis or bladder inflammation or a bladder stone. This could also be seen in bladder wall-damaged patients such as those who have received radiation therapy. Urge incontinence can also occur from a long history of bladder outlet obstruction or voiding dysfunction. The treatment of urge incontinence depends on the causative factors. If the cause of the urge incontinence is any one of the irritating forces, then treatment may be directed at trying to relieve the bladder of the cause of the irritation (treating the infection, removing the stone). If the urge incontinence does not have a treatable cause (permanent nerve damage, advanced medical diseases, unknown causes) then the treatment could involve medications to limit the severity of the symptoms. In some cases *Interstim nerve modulation* can be used to improve bladder function. Interstim is a minimally invasive procedure similar to a pacemaker that helps improve neural function of the bladder.

STRESS INCONTINENCE

Stress incontinence is the unwanted loss of urine that occurs during periods of activity such as coughing, sneezing, laughing, or running. This is often seen in women who have had multiple children. Time, pregnancy, pelvic surgery, and deliveries can lead to weakness in the pelvic floor ligaments and muscles and the urethral sphincter muscle. This type of incontinence can be treated surgically, or with some forms of pelvic exercise. Doing exercises to strengthen the muscles of the sphincter area are sometimes helpful. These exercises, called Kegel's exercises, need to be done on a frequent and continuing basis to keep the muscle tone at its maximum. Women often use this exercise after pregnancy. In some cases a pessary ring can be positioned in the vagina to reduce stress urinary incontinence. Significant stress incontinence is most successfully treated by a surgical procedure for incontinence.