

# Bitesize Guide to:



## Urinary Incontinence

A reliable bladder is something many take for granted. However, at least 3 million adults suffer from urinary incontinence (UI), a condition in which individuals cannot control their bladders or urinary habits. There are a number of ways to treat urinary incontinence, making it important to seek medical help. This is our bitesize guide to the condition.

### What is it?

Urinary incontinence is the unintentional or accidental loss of urine. When and how urine is lost varies depending on the type or cause of incontinence. The most common forms are:

- Stress incontinence - accidental loss of urine that occurs when you cough, sneeze, laugh, or exercise
- Urge incontinence - strong and sudden urges to urinate accompanied with, or closely followed by, some leakage
- Mixed incontinence - a combination of the symptoms of stress and urge incontinence
- Overflow incontinence - overfill of the bladder causing leakage

### Who gets it?

Far more women than men experience urinary incontinence. One in five women over the age of 40 are affected by UI. Instances of incontinence also increase with age.

### Why does it happen?

Urinary incontinence can happen for a number of reasons:

- Stress incontinence happens when the muscles used to contain urine in the bladder are weakened to the point that the bladder cannot withstand any extra pressure put on it. This is why urine escapes when you cough or sneeze.
- Urge incontinence occurs when bladder muscles contract in an uncontrolled manner. The contraction of these muscles causes unplanned urination.
- Overflow incontinence occurs when the bladder muscles cannot push urine out of the bladder completely, or a blockage stops the bladder from emptying properly. The remaining urine eventually builds up and leaks out

### Diagnosing Urinary Incontinence

Many people are reluctant to discuss their toilet habits and tend to tolerate their symptoms. However, incontinence is a common condition and there are multiple ways to manage it. Therefore, it is important to consult your GP to discuss treatment plans.

In a typical consultation, your GP will ask you about your urinary habits and medical history. Physical examinations, such as urine tests, are an integral part of your GP's examination.

If the results of your consultation prove inconclusive, you may be referred to a hospital for more thorough testing. These tests may include ultrasound scans, cystoscopies (examinations of the bladder using a small camera), or urodynamic tests (examinations testing bladder storage and ability to urinate).

### **Treating Urinary Incontinence**

Treatment will depend on the type of incontinence and the seriousness of the symptoms. Non-medical and moderate treatments to improve bladder control are usually explored first. Your doctor may recommend the following:

- Avoid caffeinated drinks, alcohol, and antidepressants
- Eat more fruit and vegetables to avoid constipation
- Drink fluids in moderation, especially before bed
- Stop smoking since nicotine irritates the bladder
- Practice pelvic floor exercises daily
- Retrain your bladder to pass urine less often

If these are ineffective, other options include medication and surgery. A number of surgical operations can be performed that give extra support to your bladder and urethra, reducing accidental leakage.

### **4 Key Facts about Urinary Incontinence**

1. Enlarged prostate glands in men can create blockages which cause overflow incontinence
2. Women who have given birth or had hysterectomies are more likely to experience stress incontinence
3. Pelvic floor exercises strengthen the muscles which help support the bladder and control urination. They are recommended to prevent incontinence or alleviate it
4. The outlook for those suffering from incontinence is very good

**If you think you may be suffering from urinary incontinence, speak to your healthcare professional.**

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