

Chapter 1 : What is Urinary Incontinence in Young Adults? | DryDepot

Urinary incontinence means a person leaks urine by accident. While it may happen to anyone, urinary incontinence is more common in older people, especially women. Incontinence can often be cured or controlled. Talk to your healthcare provider about what you can do. What happens in the body to cause.

Women are more likely to develop stress incontinence than men, in part because pregnancy and childbirth can weaken the muscles that support the bladder. Female hormones also play a role in incontinence. The loss of estrogen after menopause can weaken and thin the pelvic muscles, leading to less control over bladder function. As you get older, your likelihood of getting incontinence increases. Age weakens your bladder, preventing it from holding as much urine as it once did. Your primary care doctor may be able to make a diagnosis. Your doctor may refer you to a urologist. Women may be referred to a urogynecologist if initial treatments are unsuccessful. Your doctor will start by asking about your symptoms: How often you feel the urge to go, what seems to trigger the problem, and whether you leak urine. After assessing your symptoms, your doctor may perform one of the following tests to help determine the cause of your incontinence: These can detect bacteria in your urine. Bacteria in the urine may be a sign of infection. You arrive to this test with a full bladder. The volume and rate of emptying your bladder is then measured. A post-void residual volume test is performed as part of this study. This shows how much urine is left in your bladder after you go to the bathroom. Your doctor will place a thin scope into your urethra, which is the tube that carries urine out of your bladder. This allows your doctor to look for any structural problems. A voiding cystogram is a similar procedure where the doctor continues to take X-rays while you urinate. Both tests can help in the investigation of bladder problems that may cause incontinence. Treatments for urinary incontinence are based on the cause of the problem. First-line treatments typically include: Options such as mirabegron Myrbetriq , Oxybutynin Ditropan , and tamsulosin Flomax relax overactive bladder muscles. This can strengthen weakened tissues in the urethra and vagina. Pessaries and urethral inserts: Pessaries are placed inside the vagina to prop up the bladder and treat stress incontinence. Urethral inserts act like plugs to prevent leaking. Material, such as collagen, is injected around the urethra. This procedure is primarily performed in women, but may also be used to treat stress incontinence in men. Botulinum toxin type A Botox: This is injected into the bladder muscle, causing it to relax. This may decrease your episodes of incontinence. This device is primarily recommended for people with severe urge incontinence. After being implanted under your skin, it sends electrical pulses to the muscles that regulate your bladder. This raises the neck of the bladder where it attaches to the urethra. Supporting the bladder neck helps prevent leakage in stress incontinence. If your bladder has dropped out of its normal position, this may help raise it. These are done if the pelvic floor muscles that support your bladder have weakened. Products to help manage incontinence Certain products can help manage leakage and prevent urine odor: These pads are similar to the ones used for menstrual periods, except they can hold more fluid. Incontinence pads stick to your underwear and absorb urine and odors. Incontinence panties and briefs: These products have an absorbent pad built into a pair of briefs. Some types of bladder control underwear are disposable. Others are washable and look like typical cotton underwear. These plastic briefs slip on over your underwear to prevent leaks. You can place these bed pads over your sheets to prevent you from having to change the bed if you leak during the night. A catheter is a thin, flexible tube that goes into your urethra to drain your bladder. Men can wear a condom-like catheter device that fits over the penis. The catheter drains urine into a bag. Most of these products are available at your local drugstore or supermarket, or online. Outlook Urinary incontinence can affect your work, social interactions, and just about every part of your life. They can help you develop an appropriate treatment plan to reduce your symptoms and improve your quality of life. Avoid drinking large amounts of water, fruit juice, and other fluids at once. Instead, drink small amounts at regular intervals during the day. You should also avoid diuretics like caffeinated soda, alcohol, and coffee—they make you go more often. Get on a bathroom schedule. Go to the bathroom at regular time intervals, such as once every hour. Try to gradually increase the amount of time between bathroom visits. Waiting to go will train your bladder to hold urine longer. Constipation can contribute to

incontinence. Eating more fresh fruits, vegetables, and whole grains can prevent constipation. You should aim to get 30 grams of fiber each day. Maintain a healthy weight. Being overweight can put extra pressure on your bladder, making you go more. Medically reviewed by Elaine K.

Chapter 2 : Urinary Incontinence - Causes, Risks, Types, Medications & Surgery | Everyday Health

Urinary incontinence is involuntary loss of urine. Incontinence can occur in both men and women at any age, but it is more common among women and older people, affecting about 30% of elderly women and 15% of elderly men. Although incontinence is more common among older people, it is not a normal.

That information will guide treatment decisions. Your doctor is likely to start with a thorough history and physical exam. You may then be asked to do a simple maneuver that can demonstrate incontinence, such as coughing. After that, your doctor will likely recommend: A sample of your urine is checked for signs of infection, traces of blood or other abnormalities. For several days you record how much you drink, when you urinate, the amount of urine you produce, whether you had an urge to urinate and the number of incontinence episodes. Then your doctor checks the amount of leftover urine in your bladder using a catheter or ultrasound test. A large amount of leftover urine in your bladder may mean that you have an obstruction in your urinary tract or a problem with your bladder nerves or muscles. If further information is needed, your doctor may recommend more-involved tests, such as urodynamic testing and pelvic ultrasound. Treatment Treatment for urinary incontinence depends on the type of incontinence, its severity and the underlying cause. A combination of treatments may be needed. If an underlying condition is causing your symptoms, your doctor will first treat that condition. Your doctor is likely to suggest the least invasive treatments first and move on to other options only if these techniques fail. Behavioral techniques Your doctor may recommend: Bladder training, to delay urination after you get the urge to go. You may start by trying to hold off for 10 minutes every time you feel an urge to urinate. Double voiding, to help you learn to empty your bladder more completely to avoid overflow incontinence. Double voiding means urinating, then waiting a few minutes and trying again. Scheduled toilet trips, to urinate every two to four hours rather than waiting for the need to go. Fluid and diet management, to regain control of your bladder. You may need to cut back on or avoid alcohol, caffeine or acidic foods. Reducing liquid consumption, losing weight or increasing physical activity also can ease the problem. Pelvic floor muscle exercises Female pelvic floor muscles Female pelvic floor muscles The pelvic floor muscles work like a hammock to support the pelvic organs, including the uterus, bladder and rectum. Kegel exercises can help strengthen these muscles. Male pelvic floor muscles Male pelvic floor muscles The male pelvic floor muscles support the bladder and bowel and affect sexual function. Your doctor may recommend that you do these exercises frequently to strengthen the muscles that help control urination. Also known as Kegel exercises, these exercises are especially effective for stress incontinence but may also help urge incontinence. Tighten contract the muscles you would use to stop urinating and hold for five seconds, and then relax for five seconds. If this is too difficult, start by holding for two seconds and relaxing for three seconds. Work up to holding the contractions for 10 seconds at a time. Aim for at least three sets of 10 repetitions each day. To help you identify and contract the right muscles, your doctor may suggest you work with a physical therapist or try biofeedback techniques. Electrical stimulation Electrodes are temporarily inserted into your rectum or vagina to stimulate and strengthen pelvic floor muscles. Gentle electrical stimulation can be effective for stress incontinence and urge incontinence, but you may need multiple treatments over several months. Medications Medications commonly used to treat incontinence include: These medications can calm an overactive bladder and may be helpful for urge incontinence. Used to treat urge incontinence, this medication relaxes the bladder muscle and can increase the amount of urine your bladder can hold. It may also increase the amount you are able to urinate at one time, helping to empty your bladder more completely. In men with urge or overflow incontinence, these medications relax bladder neck muscles and muscle fibers in the prostate and make it easier to empty the bladder. Examples include tamsulosin Flomax , alfuzosin Uroxatral , silodosin Rapaflo , doxazosin Cardura and terazosin. For women, applying low-dose, topical estrogen in the form of a vaginal cream, ring or patch may help tone and rejuvenate tissues in the urethra and vaginal areas. Medical devices Types of pessaries Types of pessaries Pessaries come in many shapes and sizes. The device fits into your vagina and provides support to vaginal tissues displaced by pelvic organ prolapse. Your doctor can fit you for a pessary and help you decide which type would best suit

your needs. Devices designed to treat women with incontinence include: Urethral insert, a small, tampon-like disposable device inserted into the urethra before a specific activity, such as tennis, that can trigger incontinence. The insert acts as a plug to prevent leakage, and is removed before urination. Pessary, a stiff ring that you insert into your vagina and wear all day. The device is typically used in someone who has a prolapse that is causing incontinence. The pessary helps hold up your bladder, which lies near the vagina, to prevent urine leakage. Interventional therapies Sacral nerve stimulation device Sacral nerve stimulator During sacral nerve stimulation, a surgically implanted device delivers electrical impulses to the nerves sacral nerves that regulate bladder activity. The unit is placed beneath the skin of the buttocks, about where the back pocket is on a pair of pants. In this image, the device is shown out of place to allow a better view of the unit. Interventional therapies that may help with incontinence include: A synthetic material is injected into tissue surrounding the urethra. The bulking material helps keep the urethra closed and reduce urine leakage. This procedure is generally much less effective than more-invasive treatments such as surgery for stress incontinence and usually needs to be repeated regularly. Botulinum toxin type A Botox. Injections of Botox into the bladder muscle may benefit people who have an overactive bladder. A device resembling a pacemaker is implanted under your skin to deliver painless electrical pulses to the nerves involved in bladder control sacral nerves. The device may be implanted under the skin in your buttock and connected to wires on the lower back, above the pubic area or with the use of a special device, inserted into the vagina. Surgery Sling procedures Sling procedures A sling is a piece of human or animal tissue or a synthetic tape that a surgeon places to support the bladder neck and urethra. Two sling techniques are shown – the retropubic and transobturator. Both are designed to reduce or eliminate stress incontinence in women. Bladder neck suspension Bladder neck suspension Bladder neck suspension adds support to the bladder neck and urethra, reducing the risk of stress incontinence. The surgery involves placing sutures in vaginal tissue near the neck of the bladder – where the bladder and urethra meet – and attaching them to ligaments near the pubic bone. The sling helps keep the urethra closed, especially when you cough or sneeze. This procedure is used to treat stress incontinence. This procedure is designed to provide support to your urethra and bladder neck – an area of thickened muscle where the bladder connects to the urethra. In women with mixed incontinence and pelvic organ prolapse, surgery may include a combination of a sling procedure and prolapse surgery. To urinate, you press a valve implanted under your skin that causes the ring to deflate and allows urine from your bladder to flow. Pads and protective garments. Most products are no more bulky than normal underwear and can be easily worn under everyday clothing. Request an Appointment at Mayo Clinic Clinical trials Explore Mayo Clinic studies testing new treatments, interventions and tests as a means to prevent, detect, treat or manage this disease. Lifestyle and home remedies Problems with urine leakage may require you to take extra care to prevent skin irritation: If you have urge incontinence or nighttime incontinence, make the toilet more convenient: Move any rugs or furniture you might trip over or collide with on the way to the toilet Use a night light to illuminate your path and reduce your risk of falling If you have functional incontinence, you might: Keep a bedside commode in your bedroom Install an elevated toilet seat Widen an existing bathroom doorway Alternative medicine There are no alternative medicine therapies that have been proved to cure urinary incontinence. Early studies have shown that acupuncture can provide some short-term benefit, but more research is needed. Yoga may also provide some benefit for urinary incontinence, but more study is needed. But effective treatments are available for urinary incontinence. What you can do To get ready for your appointment, it helps to: Be aware of any pre-appointment restrictions, such as restricting your diet. Write down your symptoms, including how often you urinate, nighttime bladder activity and episodes of incontinence. Make a list of all your medications, vitamins and supplements, including doses and how often you take the medication. Write down key medical information, including other conditions you may have. Ask a relative or friend to accompany you, to help you remember what the doctor says. Take a notebook or electronic device with you, and use it to note important information during your visit. Write down questions to ask your doctor. For urinary incontinence, some basic questions to ask your doctor include: What kinds of tests do I need? Do these tests require any special preparation? Is my urinary incontinence temporary? What treatments are available? Should I anticipate any side effects of the treatment? I have other health conditions. How can I best manage these conditions together?

What to expect from your doctor Your doctor may ask you a number of questions, such as: When did you first experience symptoms, and how severe are they?

Urinary incontinence is involuntary loss of urine; some experts consider it present only when a patient thinks it is a problem. The disorder is greatly underrecognized and underreported. Many patients do not report the problem to their physician, and many physicians do not ask about incontinence.

What is Urinary Incontinence in Young Adults? While many older people do experience Urinary Incontinence, it is also quite prevalent in young adults. Researchers have found in a study of 1, women aged 16 to 30, who had never been pregnant, found one in eight had incontinence. It is said that women experience bladder leakage twice as much as men. This may be due to the fact that men are less likely to report bladder leakage. Studies show that many young men would rather admit to impotence than incontinence. The most common type of Urinary Incontinence in young men is Overactive Bladder. It is very common. Almost more so than diabetes. Thanks to modern technology, young men have found talking on forums to be very helpful. In these forums, both men and women, are realizing that the more you talk about it the better you feel. When you discuss your symptoms you are relieving yourself of the stigma, and finding treatment! But because it is associated more with older age, young people tend to carry more shame with their condition. Younger people with Urinary Incontinence tend to talk about it less, prolonging treatment and possibly worsening their symptoms. These causes range from childbirth, injuries, and medical conditions like spina bifida. Other causes include chronic Urinary Tract Infections, obesity, smoking, injury and diabetes. Some people are born with a predisposition to Urinary Incontinence. But in general it comes down to the fact that your pelvic floor muscles have weakened for whatever reason. Depression and anxiety can cause incontinence. If you feel you have little control over your life, your body may react to that mindset. spurts of leakage can come with spurts of anxiety. This may happen frequently. If you believe you have no control over your bladder, then you expect to lose control and leakage occurs. Adult bedwetting may occur for these reasons as well. Many people with depression and or anxiety also get less sleep. The less sleep you have, the less time your body has to regenerate, so your muscles and health decline. Also, if you are tired all the time it might be harder to control your bladder. When there is no hard-medical diagnosis for your youth incontinence, talking to therapist or psychiatrist may help. There are plenty of treatments. And because you are young it is easier for you to bounce back.

Chapter 4 : Urinary incontinence - Wikipedia

Urinary incontinence is involuntary loss of urine. Incontinence can occur in both men and women at any age, but it is more common among women and older people, affecting about 30% of elderly women and 15% of elderly men.

According to the National Association for Continence, one in five individuals over the age of 40 suffer from overactive bladder or urgency or frequency symptoms, some of whom leak urine before reaching a restroom. In almost all cases, it is something a well-trained physician or nurse practitioner can help with. We can actually cure most of those people. In women, prior pregnancies, childbirth, and the onset of menopause can lead to incontinence. In men, prostate problems can hamper urination. Even drinking coffee or tea or taking prescribed medications can aggravate your bladder. As one ages, changes in the body can make elderly urinary incontinence a more likely occurrence. Elderly urinary incontinence can take several forms. Some people may only leak urine occasionally, others may constantly dribble urine, while still others experience a complete lack of both bladder and bowel control. Here are the main types of incontinence:

Urge Incontinence The most common diagnosis, this involves an urgent need to urinate resulting in the loss of urine before one arrives at the toilet. Conditions such as pelvic floor atrophy in women, prostate enlargement in men, or constipation in either sex can also lead to urge incontinence.

Stress Incontinence This occurs when an increase in abdominal pressure overcomes the closing pressure of the bladder. Abdominal pressure rises when you cough, sneeze, laugh, climb stairs, or lift objects. According to Judith Veit, R. Stress incontinence is more common in women due to pregnancy and childbirth, and a lack of estrogen in postmenopausal women can also cause muscular atrophy that may lead to the condition. Men who have enlarged prostates or who have had prostate cancer treatments or prostate surgery can also develop stress incontinence. Sufferers frequently feel the need to go and often leak small amounts of urine. This condition is often caused by an obstruction in the urinary tract system or by a bladder that either has very weak contractions or is unable to contract at all. Causes include an enlarged prostate or damage from prostate surgery, constipation, fecal impaction, and nerve damage from strokes or diabetes.

Functional Incontinence This diagnosis describes incontinence caused by other disabilities. Often the patient still feels the urge to void, but his mind cannot plan or carry out a trip to the bathroom.

Mixed Incontinence Sometimes patients experience more than one type of incontinence. Usually patients have a combination of stress and urge incontinence, especially women. Or perhaps one is unsure of whom to see: Maybe your loved one is using absorbent pads or protective underwear. But the best reason to see a doctor is this: If your loved one feels comfortable with his or her primary care doctor, start there. Women can also find a urogynecologist while men could visit a urologist; either can see a geriatrician. Often, you can locate nurse practitioners who specialize in incontinence issues. Whomever one sees, Rosenberg says, you should expect the following from a visit:

Postvoid Residual After urination, an ultrasound wand is placed on the abdomen, creating a bladder scan to show if any urine remains. Or a catheter is placed into the bladder to drain and measure any urine left.

Urodynamic Testing A catheter fills the bladder with water. This test looks at the anatomy of the urinary tract, the functioning ability and capacity of the bladder, and what sensations the patient feels.

Cystogram A catheter is inserted through which dye is injected into the bladder. An x-ray is then taken while the patient urinates, highlighting the urinary tract system. Usually the first line of treatment is behavioral therapy, which will often cure the incontinence. Treatments can include bladder training, scheduled bathroom trips, pelvic floor muscles exercises, and fluid and diet management. Bladder training can involve learning to delay urination by gradually lengthening the time between bathroom trips. Or one can practice double voiding: This teaches the patient to drain the bladder more thoroughly. Scheduled bathroom trips are effective for people with mobility issues or neurological disorders, even if this means someone else is in charge of taking you to the restroom. Pelvic floor muscle exercises, called Kegels, strengthen the muscles that help regulate urination. Learning how to contract the right muscles can be confusing, so a provider must check to see if the Kegels are performed correctly by inserting a finger in the anus or vagina to check pressure. Or one can work out with the aid of biofeedback. Transducers, connected to a computer, are placed on the body, and lines on a video monitor show when one is doing the exercises correctly. Medications are frequently used

in combination with behavioral therapies: The most common side effect is dry mouth. Less common side effects include blurred vision, constipation, and mental confusion. Hormone Replacement Estrogen therapy-with a vaginal cream, ring, or patch-is used to counteract the atrophy of the skin lining of the urethra and vagina in post-menopausal women. Antibiotics These are prescribed when incontinence is caused by a urinary tract infection or an inflamed prostate gland. In addition to these treatments, medical devices may be prescribed for women, including: Urethral Inserts This is a tampon-like insert that a woman places in her urethra, usually during activities related to her incontinence episodes, such as tennis. The woman removes it when she needs to urinate. These are not as commonly prescribed, says nurse practitioner Smith, as they can be uncomfortable and can cause urinary tract infections. Pessary This is an intra-vaginal device similar to a diaphragm that supports the bladder. A medical provider places the pessary, which needs to be taken out, inspected, and cleaned by the provider every three months. If your loved one suffers from elderly urinary incontinence, self care helps avoid complications such as skin rashes and urine odors. For cleaning, use a mild soap such as Dove. Petroleum jelly or cocoa butter can protect skin. Make sure to pat the skin dry after urinating. If he or she rushes to the restroom, slip-and-fall accidents can ensue, so try to set up the home to make bathroom trips easier. Although more than surgical procedures exist, the following are the most common types: For women, sling procedures support the urethra by placing abdominal tissue or synthetic materials under the urethra. Complications include the inability to void temporarily after surgery. Women can also have a doctor inject collagen around the urethra, which is a two to three minute procedure. This fix typically lasts 3 months, so it must be repeated. For men and infrequently for women with stress incontinence, an artificial urinary sphincter can be implanted around the neck of the bladder. This fluid-filled, doughnut-shaped device holds the sphincter closed and is attached to a valve implanted in the testicles or labia. To urinate, one presses the valve twice and the bladder empties. A sacral nerve stimulator, which is a device implanted in the abdomen with a wire connecting to a nerve related to bladder function, is a fairly rare procedure, used in roughly. Electrical impulses transmitted from the device prompt the nerve, helping the bladder function. Of course, the most important step is to seek professional medical help. If elderly urinary incontinence is keeping your loved one at home and away from his or her favorite pastimes, please realize that this is a highly treatable condition. With the proper and appropriate treatment, your loved one will soon be enjoying that stroll in the park or a night out at the movies again.

Chapter 5 : Bladder Control Problems (Urinary Incontinence) | NIDDK

Urinary incontinence is the loss of bladder control and is a common and often embarrassing problem. The severity ranges from occasionally leaking urine when you cough or sneeze to having an urge to urinate that's so sudden and strong you don't get to a toilet in time.

Management[edit] Treatment options range from conservative treatment, behavior management, bladder retraining, [19] pelvic floor therapy , collecting devices for men , fixer-occluder devices for incontinence in men , medications and surgery. This may involve avoiding or limiting consumption of caffeine and alcohol. Behavioral therapy has benefits as both a monotherapy and as an adjunct to medications for symptom reduction. By using electronic devices or diaries to track when the bladder and urethral muscles contract, the patient can gain control over these muscles. Biofeedback can be used with pelvic muscle exercises and electrical stimulation to relieve stress and urge incontinence. Time voiding while urinating and bladder training are techniques that use biofeedback. In time voiding, the patient fills in a chart of voiding and leaking. From the patterns that appear in the chart, the patient can plan to empty his or her bladder before he or she would otherwise leak. These techniques are effective for urge and overflow incontinence [26] A randomized controlled trial found no benefit of adding biofeedback to pelvic floor muscle exercise in stress urinary incontinence , but observing improvements in both groups. The use of mechanical devices has not been well studied in women as of These products come in a variety of materials and sizes for individual fit. Solutions exist for all levels of incontinence. Advantages with collecting systems are that they are discreet, the skin stays dry all the time, and they are convenient to use both day and night. Disadvantages are that it is necessary to get measured to ensure proper fit and you need a health care professional to write a prescription for them. Absorbent products include shields, undergarments, protective underwear, briefs, diapers, adult diapers and underpants are the best known product types to manage incontinence. They are generally easy to get hold of in pharmacies or supermarkets. The advantages of using these are that they barely need any fitting or introduction by a health care specialist. The disadvantages with absorbent products are that they can be bulky, leak, have odors and can cause skin breakdown. Fixer-occluder devices for men are strapped around the penis, softly pressing the urethra and stopping the flow of urine. This management solution is only suitable for light or moderate incontinence. Indwelling catheters also known as foleys are very often used in hospital settings or if the user is not able to handle any of the above solutions himself. The indwelling catheter is typically connected to a urine bag that can be worn on the leg or hang on the side of the bed. Indwelling catheters need to be changed on a regular basis by a health care professional. The advantage of indwelling catheters are, that the urine gets funneled away from the body keeping the skin dry. The disadvantage, however, is that it is very common to get urinary tract infections when using indwelling catheters. Medications[edit] A number of medications exist to treat incontinence including: Due to the risk of debilitating painful side effects such as vaginal erosion, [35] and in transvaginal mesh implants were classified as a high risk device by the US Food and Drug Administration. In those with problems following prostate surgery there is little evidence regarding the use of surgery. Difficulty with bladder control results in higher rates of depression and limited activity levels. Injury related to incontinence is a leading cause of admission to assisted living and nursing care facilities. About 10 percent of 5-year-olds, 5 percent of year-olds, and 1 percent of year-olds experience episodes of incontinence. It is twice as common in girls as in boys. However, bladder problems are most prevalent among older women. It is common with prostate cancer treatments. Both women and men can become incontinent from neurologic injury, congenital defects , strokes , multiple sclerosis , and physical problems associated with aging. While urinary incontinence affects older men more often than younger men, the onset of incontinence can happen at any age. Estimates in the mids suggested that 17 percent of men over age 60, an estimated , men, experienced urinary incontinence, with this percentage increasing with age. However, this situation changed some when Kimberly-Clark aggressively marketed adult diapers in the s with actor June Allyson as spokeswoman. Allyson was initially reticent to participate, but her mother, who had incontinence, convinced her that it was her duty in light of her successful career. The product proved a

success.

Chapter 6 : Urinary incontinence - Diagnosis and treatment - Mayo Clinic

Introduction. Urinary incontinence, the involuntary loss of urine so severe as to have social and/or hygienic consequences, is a major clinical problem and a significant cause of disability and dependency.

What Causes Urinary Incontinence? In other cases, you may experience only minor leakage. The condition may be temporary or chronic, depending on its cause. Urinary incontinence happens when you lose control of your bladder. The condition may be temporary or chronic, depending on its cause. According to the American Academy of Family Physicians, millions of adults in the United States experience urinary incontinence. But anyone can be affected by this condition. As you age the muscles that support your bladder tend to weaken. This can lead to urinary incontinence. The condition can also be caused by many different health problems. Symptoms can range from mild to severe, and can be a sign of an infection, kidney stones, enlarged prostate, or cancer. If you experience urinary incontinence, make an appointment with your doctor. The condition can interfere with your daily life and lead to potentially embarrassing accidents. Your doctor can also determine if a more serious medical condition is the cause. Types of urinary incontinence Urinary incontinence is divided into three general types. You can potentially experience more than one type at the same time. Stress incontinence Stress incontinence is triggered by certain types of physical activity. Such activities put stress on the sphincter muscle that holds urine in your bladder. This can cause it to release urine. Urge incontinence Urge incontinence occurs when you lose control of your bladder after experiencing a sudden and strong urge to urinate. You may not be able to make it to the bathroom in time, once that urge hits. Later, some of the remaining urine may leak from your bladder. Others are more serious and persistent. Aging As you get older, the muscles that support your bladder typically become weaker. This raises your risk of incontinence. The healthier you are, the better your chances of avoiding incontinence as you age. Damage Your pelvic floor muscles support your bladder. Damage to these muscles can cause incontinence. This damage can be caused by certain types of surgery, such as hysterectomy. This gland releases fluid that protects and nourishes your sperm. It tends to enlarge with age. Cancer Prostate or bladder cancer can cause incontinence. In some cases, treatments for cancer can also make it harder for you to control your bladder. Even benign tumors can cause incontinence by blocking your flow of urine. Other Other potential causes of incontinence include:

Chapter 7 : Elderly Urinary Incontinence – A Place for Mom

Urinary incontinence is a frequent problem among older adults, yet many never seek treatment. Urinary incontinence can lead to unwarranted physical, psychosocial, and economic burdens on both older adults and their caregivers.

Urinary incontinence is the involuntary leakage of urine. It means a person urinates when they do not want to. Control over the urinary sphincter is either lost or weakened. Urinary incontinence is a common problem that affects many people. According to the American Urological Association, one-quarter to one-third of men and women in the United States experience urinary incontinence. Urinary incontinence is more common among women than men. An estimated 30 percent of females aged are thought to suffer from it, compared to 1. Fast facts on urinary incontinence Here are some key points about urinary incontinence. More detail is in the main article. Urinary incontinence is more common in females than in males. There are a number of reasons why urinary incontinence can occur. Obesity and smoking are both risk factors for urinary incontinence. What is urinary incontinence? Urinary incontinence is a common problem. Urinary incontinence is when a person cannot prevent urine from leaking out. It can be due to stress factors, such as coughing, it can happen during and after pregnancy, and it is more common with conditions such as obesity. The chances of it happening increase with age. Bladder control and pelvic floor, or Kegel, exercises can help prevent or reduce it. Stress incontinence Pelvic floor exercises, also known as Kegel exercises , help strengthen the urinary sphincter and pelvic floor muscles - the muscles that help control urination. Bladder training Delaying the event: The aim is to control urge. The patient learns how to delay urination whenever there is an urge to do so. This involves urinating, then waiting for a couple of minutes, then urinating again. The person schedules bathroom at set times during the day, for example, every 2 hours. Bladder training helps the patient gradually regain control over their bladder. Medications for urinary incontinence If medications are used, this is usually in combination with other techniques or exercises. The following medications are prescribed to treat urinary incontinence: Anticholinergics calm overactive bladders and may help patients with urge incontinence. Topical estrogen may reinforce tissue in the urethra and vaginal areas and lessen some of the symptoms. Imipramine Tofranil is a tricyclic antidepressant. Medical devices The following medical devices are designed for females. A woman inserts the device before activity and takes it out when she wants to urinate. A rigid ring inserted into the vagina and worn all day. It helps hold the bladder up and prevent leakage. Tissue in the lower urinary tract is heated. When it heals, it is usually firmer, often resulting in better urinary control. Botox botulinum toxin type A: Injected into the bladder muscle, this can help those with an overactive bladder. Injected into tissue around the urethra, these help keep the urethra closed. This is implanted under the skin of the buttock. A wire connects it to a nerve that runs from the spinal cord to the bladder. The wire emits an electrical pulse that stimulates the nerve, helping bladder control. Surgery Surgery is an option if other therapies do not work. Women who plan to have children should discuss surgical options with a doctor before making the decision. A mesh is inserted under the neck of the bladder to help support the urethra and stop urine from leaking out. Lifting the bladder neck can help relieve stress incontinence. An artificial sphincter, or valve, may be inserted to control the flow of urine from the bladder into the urethra. Other options Urinary Catheter: A tube that goes from the bladder, through the urethra, out of the body into a bag which collects urine. A wide range of absorbent pads is available to purchase at pharmacies and supermarkets, as well as online. Causes The causes and the type of incontinence are closely linked.

Chapter 8 : Urinary incontinence: Treatment, causes, types, and symptoms

Lifestyle Changes, Medication, Exercises Can Help Treat Urinary Incontinence. May 23, -- If you've recently had a problem with bladder control, you're far from alone.. New surveys show that.

Foods that are high in spice, sugar or acid, especially citrus fruits Heart and blood pressure medications, sedatives, and muscle relaxants Large doses of vitamin C Urinary incontinence may also be caused by an easily treatable medical condition, such as: Infections can irritate your bladder, causing you to have strong urges to urinate, and sometimes incontinence. The rectum is located near the bladder and shares many of the same nerves. Hard, compacted stool in your rectum causes these nerves to be overactive and increase urinary frequency. Persistent urinary incontinence Urinary incontinence can also be a persistent condition caused by underlying physical problems or changes, including: Hormonal changes and the increased weight of the fetus can lead to stress incontinence. Vaginal delivery can weaken muscles needed for bladder control and also damage bladder nerves and supportive tissue, leading to a dropped prolapsed pelvic floor. With prolapse, the bladder, uterus, rectum or small intestine can get pushed down from the usual position and protrude into the vagina. Such protrusions can be associated with incontinence. Also, involuntary bladder contractions become more frequent as you get older. After menopause women produce less estrogen, a hormone that helps keep the lining of the bladder and urethra healthy. Deterioration of these tissues can aggravate incontinence. In women, the bladder and uterus are supported by many of the same muscles and ligaments. Especially in older men, incontinence often stems from enlargement of the prostate gland, a condition known as benign prostatic hyperplasia. In men, stress incontinence or urge incontinence can be associated with untreated prostate cancer. But more often, incontinence is a side effect of treatments for prostate cancer. A tumor anywhere along your urinary tract can block the normal flow of urine, leading to overflow incontinence. Urinary stones – hard, stone-like masses that form in the bladder – sometimes cause urine leakage. Risk factors Factors that increase your risk of developing urinary incontinence include: Women are more likely to have stress incontinence. Pregnancy, childbirth, menopause and normal female anatomy account for this difference. However, men with prostate gland problems are at increased risk of urge and overflow incontinence. As you get older, the muscles in your bladder and urethra lose some of their strength. Changes with age reduce how much your bladder can hold and increase the chances of involuntary urine release. Extra weight increases pressure on your bladder and surrounding muscles, which weakens them and allows urine to leak out when you cough or sneeze. Tobacco use may increase your risk of urinary incontinence. If a close family member has urinary incontinence, especially urge incontinence, your risk of developing the condition is higher. Neurological disease or diabetes may increase your risk of incontinence. Complications Complications of chronic urinary incontinence include: Rashes, skin infections and sores can develop from constantly wet skin. Incontinence increases your risk of repeated urinary tract infections. Impacts on your personal life. Urinary incontinence can affect your social, work and personal relationships. However, to help decrease your risk:

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Urinary incontinence occurs when the muscles in the bladder that control the flow of urine contract or relax involuntarily. This results in either leaking or uncontrolled urination.

What Is Urinary Incontinence? Medically Reviewed by Robert Jasmer, MD Bladder control problems can be embarrassing, but understanding what causes incontinence can improve your chances of getting it under control. Urinary incontinence occurs when the muscles in the bladder that control the flow of urine contract or relax involuntarily. This results in either leaking or uncontrolled urination. The condition affects nearly 1 in 10 people over age 65. Urinary incontinence can range from mild, occasional leaking to chronic uncontrolled urination. Incontinence itself is not a disease, but it can be a symptom of an underlying medical condition. Causes of Urinary Incontinence Incontinence may be a temporary problem caused by a vaginal or urinary tract infection UTI , constipation , certain medications, or it can be a chronic condition. The most common causes of chronic incontinence include: Overactive bladder muscles For some men, an enlarged prostate, or benign prostatic hyperplasia BPH Nerve damage that affects bladder control Interstitial cystitis chronic bladder inflammation or other bladder conditions A disability or limitation that makes it difficult to get to the toilet quickly Side effects from a prior surgery Stress Incontinence While there are many different types of urinary incontinence, the most common include stress incontinence and overactive bladder also called urge incontinence. Stress incontinence occurs when there is unexpected leakage of urine caused by pressure or sudden muscle contractions on the bladder. This often occurs during exercise, heavy lifting, coughing, sneezing, or laughing. Stress incontinence is the most common bladder control problem in young and middle-aged women. In younger women, the condition may be due to an inherent weakness of the pelvic floor muscles or an effect from the stress of childbirth. In middle-aged women, stress incontinence may begin to be a problem at menopause. Urge Incontinence Sometimes called overactive bladder, or OAB, urge incontinence occurs when a person feels the urge to urinate but is unable to hold back the urine long enough to get to a bathroom. In some cases, urge incontinence may be an early sign of bladder cancer. Other Types of Incontinence Overflow incontinence: This occurs when a person is unable to empty their bladder completely and it overflows as new urine is produced. Overflow incontinence sometimes occurs in men who have an enlarged prostate. This type of incontinence has less to do with a bladder disorder and more to do with the logistics of getting to a bathroom in time. This refers to the constant leaking of urine from a bladder that simply has no functioning storage capacity. This condition may result from an anatomical defect, a spinal cord injury, an abnormal opening in the bladder fistula , or as an aftereffect of urinary tract surgery. Risk Factors for Urinary Incontinence The most common risk factors for incontinence include: Women experience stress incontinence twice as often as men. Men, on the other hand, are at greater risk for urge and overflow incontinence. As we get older, our bladder and urinary sphincter muscles often weaken, which may result in frequent and unexpected urges to urinate. Even though incontinence is more common in older people, it is not considered a normal part of aging. Extra body fat increases the pressure on the bladder and can lead to urine leakage during exercise or when coughing or sneezing. How Is Incontinence Diagnosed? Urinary incontinence is easy to recognize. The primary symptom most people experience is an involuntary release of urine. However, determining the type and cause of incontinence can be more difficult and require a variety of exams and tests. Most physicians will use the following: Your doctor may have you track your fluid intake and output over several days. This may include any episodes of incontinence or urgency issues. To help you measure urine quantities, you may be asked to use a calibrated container that fits over your toilet to collect the urine. A urine sample can be checked for infections, traces of blood, or other abnormalities, such as the presence of cancer cells. A urine culture checks for signs of infection; urine cytology looks for cancer cells. Blood tests can look for chemicals and substances that may relate to conditions causing the incontinence. In this imaging test, an ultrasound device is used to create an image of the bladder or other parts of the urinary tract to check for problems. Postvoid residual PVR measurement: In this procedure, the patient empties the bladder completely and the physician uses a device to measure how much urine, if any, remains in the bladder.

A large amount of residual urine in the bladder suggests overflow incontinence. In this test, the patient is asked to cough or vigorously tense her midsection as though exerting herself while the physician checks for loss of urine. This test measures the pressure that the bladder muscles and urinary sphincter can tolerate both at rest and during filling. In this series of X-rays of the bladder, a dye is injected into the bladder and as the patient urinates, the dye shows up in the X-rays and can reveal abnormalities in the urinary tract. This procedure uses a thin tube with a tiny lens and a light at one end called a cystoscope. The cystoscope is inserted into the urethra and the physician visually checks the lining of the bladder and urethra.

Home Remedies for Urinary Incontinence The treatment of urinary incontinence varies depending on the cause of the bladder control problem. In most cases, a physician will try the simplest treatment approach before resorting to medication or surgery. This is the first approach for treating most incontinence issues. The goal is to establish a regular urination schedule with set intervals between urinations. A doctor will usually recommend starting by urinating at one-hour intervals and gradually increasing the intervals between urination over time. Also called Kegel exercises named after the gynecologist, Dr. Arnold Kegel, who developed them, this exercise routine helps strengthen weak pelvic muscles and improve bladder control. The person contracts the muscles used to keep in urine, holds the contraction for 4 to 10 seconds, then relaxes the muscles for the same amount of time. It may take weeks or months of regular pelvic exercise to show improvement. Another way to perform Kegel exercises is to interrupt the flow of urine for several seconds while urinating.

Incontinence Medications The drugs prescribed to manage incontinence work by relaxing the bladder muscles to stop abnormal contractions and therefore are most effective for treating urge incontinence.