

URINARY INCONTINENCE

About Your Diagnosis

Urinary incontinence is the uncontrollable loss of urine. The two most common types of incontinence are "stress incontinence" and "urge incontinence." If you lose urine in a spurt or gush with a cough or sneeze, you probably have stress incontinence. If you lose urine on the way to the toilet because you waited too long or run to the toilet frequently (every 1—2 hours), you probably have urge incontinence.

Stress incontinence can be caused by childbirth or growing older. Urge incontinence can be caused by medication, too much caffeine or alcohol, or growing older. Many women notice bladder problems worsen at the time of menopause.

Urinary incontinence is very common. It is estimated that up to 60% of women have incontinence. The type of urinary incontinence can be diagnosed with "urodynamic testing." Fortunately, most cases of urinary incontinence can be cured or at least improved significantly.

Living With Your Diagnosis

If you occasionally leak a very small amount of urine with a cough or sneeze, or on the way to the toilet, you have very mild incontinence and you may not be interested in treating it. Usually, treatment requires some time and effort. If you leak daily and/or wear a pad for protection, you have mild-to-moderate incontinence and may definitely be interested in treatment options. If you can soak a pad when you lose urine and do it frequently (several times each day), you have severe incontinence. If you have moderate or severe incontinence, you may have found yourself restricting your activities or not going out as much as previously.

Treatment

Fortunately, there are many treatment options available for urinary incontinence. Strengthening the pelvic floor muscles is usually the first step to cure stress incontinence. Contracting the pelvic floor muscles is called "Kegel" exercise. A Kegel is done by pulling in the pelvic floor muscles; it should feel like you are pulling in your rectum or "sucking up water with you pelvic floor." Make sure you are performing the Kegel exercises correctly by having someone observe you who knows what a correct Kegel is. Usually, 40—50 Kegels are recommended each day, i.e., 10 Kegels in a row, 4 or 5 sets each day. Also, it is very important that you try to Kegel (tighten your pelvic floor muscles) when you cough, sneeze, or lift something.

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If Kegel exercises do not seem to help, you may be referred for physical therapy to help improve bladder control. Specialized physical therapy for the pelvic floor muscle includes biofeedback and/or functional electrical stimulation. This type of physical therapy is usually done in special centers.

More recently, special types of pessaries have been designed to treat stress incontinence. Sometimes pessaries are very useful for women who only lose urine during certain activities such as jogging, aerobics, and horseback riding, but are otherwise fine. These incontinence pessaries can be placed before the activity and then removed after the activity or left in all day.

Usually, the first step in treating urge incontinence is bladder training. Bladder training is done by voiding (emptying your bladder) at certain intervals. The intervals are gradually lengthened. The goal is to be able to go 3 hours before voiding during the daytime without any episodes of leaking. Sometimes medication is prescribed to help with the bladder training. Medications used to treat urge incontinence may cause some dryness of the mouth or eyes. This side effect is expected and as long as the dryness is tolerable, the medication can be continued.

Surgery can also be used to resolve stress incontinence. There are a variety of different types of surgical procedures. The type of surgical procedure that is best for you should be discussed by you and your specialist. The specialist may be a gynecologist or a urologist.

The DOs

- * Do your Kegel exercises as directed. Sometimes a good place to remember to do them is in the car every time you come to a red light or stop sign.
- * Take your medication (if one is prescribed) as directed.

The DON'Ts

- * Avoid drinking lots of liquids with caffeine in it such as coffee, black tea, and sodas with caffeine (Coca Cola, Pepsi). Caffeine is a diuretic; it makes the kidneys produce more urine at a faster-than-normal rate. This will make both stress and urge incontinence worse, and can cause frequent urination as well.
- * Avoid drinking excessive amounts of alcoholic beverages such as beer and wine. Alcohol is a diuretic as well, so it will also make stress and urge incontinence worse. Alcohol can also cause increased urinary frequency.
- * Avoid drinking excessive amounts of liquid during the day; most individuals do not need more than 64 ounces (eight 8-ounce glasses) of liquid each day. Also, avoid drinking a lot of fluid at one time. It is better to space out fluid intake evenly during the day.
- * If you get up more than twice during the night to urinate, avoid drinking liquids after 7—8 pm.

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When to Call Your Doctor

- * If your symptoms are not improving.
- * If you cannot tolerate the side effects of any prescribed medication.

For More Information

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