



Urinary incontinence

The key to dealing with incontinence is proper diagnosis and persistence in following a treatment plan.

What is urinary incontinence?

Urinary incontinence is the involuntary loss of urine. Some women with incontinence may experience leaks often, but even infrequent leaks can have a significant impact on a woman's quality of life. The most common types of urinary incontinence in women are stress and urge incontinence. Some women may be affected by both types.

Stress incontinence

This occurs during activities requiring effort or physical exertion. Actions such as coughing, sneezing, laughing or exercising can lead to urine loss. This can occur if the pelvic floor muscles become weak and can no longer contract effectively to hold urine in. Leaks happen when the pressure on the bladder (particularly during sudden physical effort) becomes too strong. A full bladder can exaggerate this condition, increasing the risk of urine loss and leading to bigger leaks.

Stress incontinence is the most common type of urinary incontinence in women. Pregnancy and childbirth are the most common causes of pelvic floor weakening. Other contributing factors include menopause, aging, chronic coughing and obesity.

Urge incontinence

Urge incontinence, which is sometimes called Overactive Bladder Syndrome (OAB), is the frequent, sudden or urgent need to pee, followed by urine loss. Many women find that certain things trigger their urges, such as cold or the sound of running water. A full bladder can increase the risk of urine loss and lead to bigger leaks.

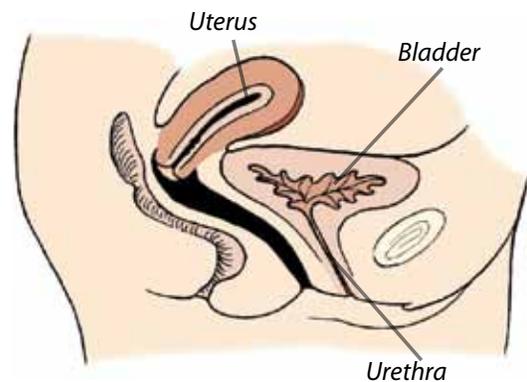
A common cause of urge incontinence is untimely involuntary bladder contractions. Abnormal nerve signals might be the cause of these bladder spasms, sending signals to the bladder at the wrong time and causing its muscles to squeeze without warning.

Is incontinence common in women?

Yes. Loss of bladder control is a common problem and there are many treatment options available. As many as 20 to 50 per cent of adult women will experience urinary incontinence at some point in their lives. However, many women are too embarrassed to speak about this problem.

If you are experiencing incontinence, it is important to discuss this with your health-care professional. In many cases, this condition can be greatly improved with treatment. Proper diagnosis and persistence in following a treatment regimen are key to successfully dealing with incontinence.

Normal bladder function



As your bladder fills with urine, its walls begin to stretch. Nerves sense this stretching, and send impulses to your brain letting you know that you will need to pee soon. The pressure on your bladder is offset by the strength of your pelvic floor muscles, a group of muscles which support the bladder and control urine flow. These muscles contract to keep the urine in. When you urinate, the pelvic floor muscles relax and your bladder contracts, forcing the urine out.



How is stress incontinence treated?

Pelvic floor retraining

The first step in treating stress incontinence is to strengthen the muscles used in bladder control. Pelvic floor retraining involves performing exercises (sometimes called Kegels) to contract and relax your pelvic floor muscles, with the help of a feedback tool (such as a vaginal cone or balloon).

Evidence shows that using a feedback tool to improve the effectiveness of your exercises is an important part of successful pelvic floor retraining. A typical exercise regimen involves a 15-minute exercise session, twice daily.

Vaginal cones

One example of a feedback tool is the *vaginal cone*. When you are doing pelvic floor exercises, you place a small cone in your vagina, above the pelvic floor muscles. You will have to contract these muscles to prevent the cone from slipping out. These cones come in different weights, so you can use increasingly heavier cones as your muscles get stronger.

It is important to maintain proper technique and be persistent. Pelvic floor retraining should be done on a regular basis and follow-up appointments with your health-care professional are a good idea. He or she can measure the strength of your muscles and evaluate if you are performing exercises effectively. This support may help you to stay motivated.

Like any exercise, pelvic floor retraining takes time to become effective — you won't see results immediately, but your muscles *will* be getting stronger. Stick to your exercise plan, always working towards performing stronger and longer exercises.

Continence pessaries

Sometimes, stress incontinence is exasperated by improperly-supported pelvic organs — over time, the connective tissue that holds your uterus in place is no longer effective. If your health-care professional determines that this is part of your condition, continence pessaries are another effective, low-risk option for treating stress incontinence. A thick rubber device, often ring-shaped, is inserted into your vagina. This pessary presses against the vaginal wall to provide support to the urethra.

Surgery

If pelvic floor retraining and continence pessaries are not giving you the results you need, surgery is another option that can be discussed with your health-care professional. Tape or mesh materials are surgically attached to your internal organs, to support the bladder and urethra in their proper positions. However, you will need to discuss the risks and benefits of surgery with your health-care professional.

How is urge incontinence treated?

Pelvic floor retraining and continence pessaries

Many women with urge incontinence are also affected by stress incontinence. If this is the case for you, pelvic floor retraining or a continence pessary may be an important part of your treatment plan.

Bladder training (bladder drill)

Bladder training can be effective in decreasing how often you feel the need to pee, and decreasing the sense of urgency you feel. Your health-care professional may recommend training that includes scheduling urination, monitoring and controlling your fluid intake (type, amount and timing) and keeping a bladder diary.

One aim of bladder training will be to increase your bladder's capacity. If urge incontinence causes you to empty your bladder frequently, and never allow it to reach capacity, your bladder will shrink. This is the start of a vicious cycle in which your bladder can handle only smaller and smaller amounts of urine. Increasing your bladder capacity will help increase the intervals between your urges.



Fact Sheet

It is also important to overcome sudden urges to urinate by performing your pelvic floor exercises. Instead of immediately running to the washroom, focus on contracting your pelvic floor muscles until the urge passes. If your bladder is full from consuming liquids, go to the washroom immediately after the urge has passed. But, if you have not had much to drink, work towards increasing your bladder capacity by waiting until your bladder is full to go to the washroom.

Functional electrical stimulation (FES)

This can be an effective method of treatment for urge incontinence. A health-care professional places small electrodes near your pelvic floor muscles, and pulses of electricity cause those muscles to contract.

Are you experiencing incontinence?

If you think you may be experiencing incontinence, evaluation by a health-care professional is very important. He or she can determine what type of incontinence you have, and whether there might be a different cause, such as an infection. Treatment for incontinence can be very successful with a proper diagnosis.

Further resources on urinary incontinence

The Society of Obstetricians and Gynaecologists of Canada's clinical practice guideline on *Conservative Management of Urinary Incontinence*
www.sogc.org/guidelines

The SOGC has developed a collection of information materials for women with menopause-related concerns, however your health-care provider remains the best front-line resource to answer your questions.

Visit www.menopauseandu.ca for more information about menopause and other women's health issues.