



URINARY INCONTINENCE

Urinary incontinence, or accidental loss of urine, is a relatively widespread problem that affects as many as 20 million people in the U.S. It is twice as likely to occur in women as in men, due to physical differences between the genders and also to changes caused by pregnancy and childbirth.

The main types of incontinence are:

- Stress incontinence, caused by actions that put pressure on the bladder, such as coughing, sneezing or laughing
- Urge incontinence, defined as an overwhelming need to urinate and the inability to stop
- Overflow incontinence, which is leakage that occurs because the bladder doesn't empty properly
- Mixed incontinence, which is a combination of stress and urge incontinence
- Functional incontinence, due to physical or mental problems

Although incontinence becomes more common as people age, no one should assume that it is part of the normal aging process. There are a number of treatments, ranging from simple lifestyle changes to surgery, that can benefit most patients.

CAUSES

Stress incontinence

Stress incontinence is caused when the muscles that ordinarily keep the urethra closed cannot always maintain the necessary pressure. Stress incontinence does not occur frequently in men, and is often a result of prostate surgery.

Urge incontinence

Urge incontinence generally results when abnormal nerve signals cause the bladder to contract at inappropriate times. This can be caused by damage to the nervous system or to the nerves and muscles of the bladder as we get older. Multiple sclerosis, Parkinson's disease, Alzheimer's disease, stroke, spinal injury or disease can also cause urge incontinence.

Overflow incontinence

Most common in men, overflow incontinence occurs when the bladder doesn't empty completely, and the remaining volume of urine overcomes the muscles used to retain it. This may be caused by an enlarged prostate or other urinary tract blockage or to

weakened bladder muscles. It is often seen in diabetics and some patients with spinal cord injuries.

Mixed incontinence

A combination of stress and urge incontinence, mixed incontinence is the most common type for women. The combined causes include weakened muscles as well as abnormal nerve signals.

Functional incontinence

Usually occurring in physically or mentally disabled patients with normal bladder function, this type of incontinence is caused by their impairment, which makes it difficult to use the toilet appropriately without assistance.

DIAGNOSIS

Your doctor will ask about your symptoms and medical history, and will examine you for signs of medical conditions that could cause incontinence. You may be asked to keep a diary of the times you urinate and to measure the amounts of urine.

Other tests may also be used to determine the type of incontinence you have. These include urine analysis; ultrasound imaging of the bladder, kidney and urethra; cystoscopy, which uses a camera to view the inside of the urethra and bladder; and urodynamic testing, which measures pressure in the bladder and the mechanisms that control the flow of urine.

TREATMENT

Treatment of incontinence depends on the type and severity of the problem. Simple lifestyle changes can help some types of incontinence. These include limiting fluids at certain times or retraining the bladder by developing a schedule for trips to the bathroom. Kegel exercises are often recommended, to strengthen the pelvic muscles that help hold urine in the bladder.

Medication is sometimes prescribed to block the nerve signals that cause urgency and frequent urination, or to relax bladder muscles and prevent spasms. For men, drugs may be used to treat prostate enlargement that contributes to incontinence. Your doctor will probably also review the medicines you already take, to find any that may contribute to bladder control problems and suggest changes that could solve the problem.

Surgery can offer relatively permanent relief from some types of incontinence. One technique involves implantation of a sling or strip of material that maintains pressure on the urethra to prevent involuntary release of urine. Men with nerve-related incontinence can sometimes be helped by implantation of an artificial sphincter that keeps the urethra closed to prevent leakage but can be opened to allow urination.

Urinary diversion is a final resort if the bladder must be removed, or if bladder function is entirely lost due to disease or nerve damage. In this procedure, the ureters are redirected to a reservoir constructed from a piece of small intestine and urine is drained through an opening in the abdomen.

FAQ's

What are some of the risk factors for incontinence?

The likelihood of developing urinary incontinence increases with age, and incontinence in general is most common in women. The exact causes vary and are most often related to underlying conditions or diseases.

Are there any steps I can take to help prevent urinary incontinence?

- Start a regimen of Kegel exercises to strengthen pelvic muscles
- Maintain a healthy weight to reduce pressure in the abdomen
- Don't smoke
- Stay physically active with moderate exercise
- Increase the fiber in your diet
- Avoid liquids that can be irritants, such as caffeine