

BLADDER HEALTH

# Loss of Bladder Control

URINARY INCONTINENCE

AUA  
FOUNDATION  
OFFICIAL FOUNDATION OF THE  
AMERICAN UROLOGICAL ASSOCIATION





Don't Let Urinary Incontinence Keep You from Enjoying Life.

### What is Urinary Incontinence?

Urinary incontinence is the accidental loss of urine. More than 15 million American men and women suffer from urinary incontinence.

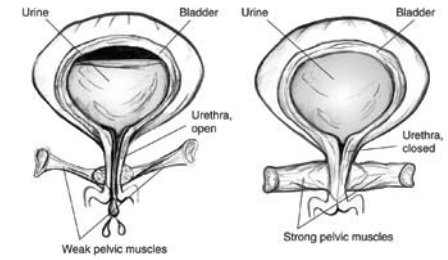
Any Leakage of Urine Is Abnormal.

If urinary incontinence prevents you from doing the activities that you want to do, talk to your health care provider.

### What Causes Urinary Incontinence?

Urinary incontinence is not a disease. It is a symptom of a wide range of conditions. These may include diabetes, stroke, multiple sclerosis, Parkinson's disease, some surgeries or even childbirth or **menopause\*** for women. Certain types of medications can cause or make incontinence worse. These medications include diuretics, sedatives, narcotics, antidepressants, antihistamines, calcium channel-blockers and alpha-blockers. In men, the most common cause of incontinence is surgery of the **prostate**. There are three different types of incontinence.

**STRESS URINARY INCONTINENCE (SUI):** SUI is the most common type of leakage. This occurs when urine is lost during activity. This may include walking, exercise or even sneezing and coughing. The added pressure on the abdomen from these activities can cause urine to leak. When pelvic floor muscles, which support the **bladder** and **urethra** become weak or damaged, they may not work well enough to hold urine in the body.



Weak pelvic muscles and strong pelvic muscles



In stress incontinence, weak pelvic muscles can let urine escape when a cough or other action puts pressure on the bladder.

It is Possible for You to Experience more Than One Type of Urinary Incontinence.

**URGE URINARY INCONTINENCE:** Urge urinary incontinence is another form of leakage and is sometimes called overactive bladder or OAB. It happens when you have a strong urge to urinate but cannot reach the bathroom in time and have an accident. Cold weather or hearing running water may cause you to leak urine, or you may have no warning. You may leak just by changing body position (e.g., getting out of bed). You may also be more likely to develop OAB if you have had a stroke or spinal cord injury or suffer from multiple sclerosis.

**OVERFLOW URINARY INCONTINENCE:** This type of urinary incontinence occurs when the bladder is full. For many reasons, the bladder is unable to empty and may leak urine. Frequent small urinations and constant dribbling are symptoms. This is rare in women and more common in men with a history of prostate problems or surgery.

\*Bold words are defined in the Glossary.

## How Is Urinary Incontinence Diagnosed?

A urologist or other health care provider will ask questions about your habits and fluid intake. He or she will also want to know about your family, medical and surgical history. A medical exam will look at reasons for leakage that can be corrected. This includes impacted stool, **constipation**, and **hernias**. Your health care provider may recommend tests such as a cough stress test. He or she may conduct a urinalysis, which is a test of your urine sample that can show problems of the urinary system, or **urodynamics testing**, which includes several painless tests.

## How Is Urinary Incontinence Treated?

Some of the causes of incontinence are temporary and easily reversible. These include urinary tract infection, vaginal infection or irritation, medication, constipation and restricted mobility. Although pads or diapers may prevent embarrassing accidents, other treatment options currently available can eliminate your need to wear such protection. The options listed here are good ways to start taking control of your bladder.

**FLUID MANAGEMENT:** If you have urinary incontinence you may need to keep track of the fluids you drink. You may need to reduce your intake of caffeine or other dietary fluids that irritate the bladder. These include some fruit juices, colas, coffee and tea. You should also increase your water intake. This helps to produce an adequate amount of non-irritating, diluted urine. Six to eight glasses per day is a recommended water intake.

**BLADDER TRAINING:** A bladder diary is the starting point for bladder training. You write down your fluid intake and urination times. You also record when your urinary accidents occur. If you are someone who urinates infrequently, this information will help your health care provider instruct you to do “timed urination.” This is a way of learning to urinate every one to two hours while you are awake. With regular bladder emptying, you should have fewer accidents. Timed urination may help with both urge and stress urinary incontinence.

**BLADDER RETRAINING:** If you urinate often, you may benefit from retraining your bladder. The goal of retraining is to increase the amount of urine that you can hold within your bladder. You keep a bladder diary to write down how often and when you

urinate. You gradually increase the time between urinations by 15 to 30 minutes per week. The goal is to have you urinate every two to four hours while awake with less urgency and less incontinence.

### **PELVIC FLOOR EXERCISES:**

Known as Kegel exercises, these exercises can help strengthen the external **sphincter muscle** and the **pelvic floor muscles**. If you are able to contract and relax your pelvic floor muscles, you can improve their strength by doing the exercises regularly. The contraction of the pelvic floor with the Kegel exercise can interrupt a contraction of the bladder that would otherwise trigger the urge to urinate. This may stop or delay an accident. You may need help from a health care professional to learn how to contract these muscles. Whether you have stress incontinence or urge incontinence, you will benefit from Kegel exercises. Like any fitness program, you must continue to do the exercises to maintain their benefit.

**DRUG TREATMENT:** Drugs that tighten the **bladder neck** can also treat stress incontinence. The decongestant pseudoephedrine causes constriction of the blood vessels in the nose. It also causes the muscles at the bladder neck to contract, helping to

control bladder leakage. If you have a history of high blood pressure please discuss this option with your physician.

**Anticholinergic drugs** can also treat urge incontinence. They allow the bladder muscle to relax. These drugs work well to treat urge incontinence but may have side effects. These may include dry mouth, confusion, constipation, blurred vision and an inability to urinate.

You may also be using other medications that cause the bladder muscle to relax or the smooth muscles at the bladder neck to contract, so you should mention these to your health care provider.

If you have incontinence after menopause, you may benefit from hormone treatment. Hormone replacement may improve the health of the bladder neck and urethral tissues. This may help incontinence symptoms. There are some medical reasons not to use hormones. Speak to your health care provider about the best treatment options for you.

All therapies mentioned can improve incontinence but may not be a cure. Improvement may take a while and it takes time to learn new behaviors. It may take three to six months



# Where Can You Go for More Information about Incontinence?

For more information about urinary incontinence and other urologic conditions, please visit the AUA Foundation's website, [www.UrologyHealth.org](http://www.UrologyHealth.org) or call the Urology Health Line at 1-800-828-7866 for assistance in English and Spanish.

## ABOUT THE AUA FOUNDATION:

The AUA Foundation is the world's leading non-profit urologic health organization and the Official Foundation for the American Urological Association. Our mission is to promote health, provide hope and promise a future free from all urologic diseases, including cancer.

The AUA Foundation provides this information based on current medical and scientific knowledge. This information is not a tool for self-diagnosis or a substitute for professional medical advice. It is not to be used or relied on for that purpose. Please see your urologist or other healthcare provider regarding any health concerns and always consult a health care professional before you start or stop any treatments, including medications.

Additional resources may be available.

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## Urology Health For Life!

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