**Urinary Incontinence**

Urinary incontinence (UI) affects women of all ages and can be emotionally and physically debilitating. If you leak urine when you laugh, cough, or sneeze, you are not alone. Many women suffer with this. However, there is help and often times can be treated successfully.

**FAQ’s**

**What is UI?**

Urinary incontinence is urinary leakage that is involuntary.

**What causes UI?**

Urinary incontinence is caused by a loss of nerve and muscle control within the bladder and in the pelvic floor muscles which support it.

Pregnancy- pressure from the fetus on the bladder, urethra and pelvic floor weakens the muscles and lead to leaking or problems passing urine.

Menopause- the process of menopause stops the body from making and secreting estrogen which in turn weakens the urethral tissue where urine passes.

Cystocele – occurs when the wall between the vagina and the bladder weakens causing the bladder to bulge into the vagina.

Rectocele – occurs when the wall between the rectum and the vagina weakens so that the rectum bulges into the vagina.

Fibroids – benign tumors that grow in the muscle wall of the uterus.

**Other Causes**

Constipation – not have regularity in your bowel movements and repeated rectal strain from hard bowel movements can weaken the pelvic floor muscles. Stool sitting in the colon and not moving on regular basis will put pressure on the bladder.

Medicines – diuretics or “Water Pills” cause the bladder to fill quickly and often lead to poor control when muscles are already weakened. Hormone replacement therapy has also caused urinary incontinence to worsen.

Caffeine and alcohol- drinks with caffeine such as coffee or soda and alcoholic drinks cause the bladder to fill quickly.
Infection – infections of the bladder and urinary tract can cause a temporary leakage of urine. This leakage resolves with healing of the infection.

Obesity – being overweight puts pressure on the bladder leading to incontinence.

Are there different types of UI?

Stress Incontinence – this type of involuntary urine leakage occurs with coughing, sneezing, laughing, lifting heavy objects, and other movements that put pressure on the bladder. This is very treatable.

Urge Incontinence – This is often called “overactive bladder”. Involuntary urine leakage happens when there is a strong sudden urge to urinate. This may occur when you least expect it or when you hear or touch running water.

How do I talk to my doctor about UI?

Many women are embarrassed and do not want to initiate the conversation about urinary incontinence with their doctor. But remember that UI is a common problem shared by many women and your healthcare provider is there to help. Here are some questions that you can ask:

Could my diet cause bladder problems?

Could my daily medicines (prescription and over-the-counter) cause bladder problems?

Could other medical conditions cause a loss of bladder control?

What treatments are available and which one is right for me?

What can I do about the odor and rash caused by urine leakage?

Keep a bladder diary by writing down when you leak. Also note what you were doing at the time. Were you laughing, coughing, sneezing, lifting something heavy, or sleeping?

You can also contact the Women’s Health Navigator and discuss other ways to be able to talk about this important health problem with your physician. She is here to assist you with those needs.

How is Urinary Incontinence diagnosed?

First, schedule a visit with your healthcare provider. Your doctor will take a medical history and ask you pertinent questions about your bladder function. Your doctor will do a physical exam to look for signs of health problems attributing to incontinence. Your doctor may perform tests such as:
**Bladder stress test:** you will cough or bear down as the doctor watches for loss of urine.

**Urinalysis:** a lab test conducted with a urine sample given in a cup and tests for signs of infection.

**Ultrasound:** sound waves are used to take a picture of the kidneys, bladder, and urethra.

**Cystoscopy:** a doctor places a thin tube connected to a tiny camera in the urethra to look at the inside of the urethra and bladder.

**Urodynamics:** a doctor places a thin tube into your bladder and the bladder is filled with water. The doctor then measures the pressure in the bladder.

**How is UI treated?**

There are several ways to treat UI. Your doctor will work with you to find the best treatment for you.

Treatments for Urinary Incontinence include behavioral health such as:

- Pelvic muscle exercises
- Bladder retraining
- Weight loss
- Dietary changes
- Smoking cessation

Medications for bladder control

- Pessary - a pessary is a stiff ring inserted into the vagina which pushes up against the wall of the vagina and urethra. This helps reposition the urethra to reduce stress leakage.

- Nerve Stimulation - small doses of electrical impulses given through the vagina or by using patches on the skin can strengthen pelvic muscles.

- Biofeedback – used with pelvic muscle exercises during physical therapy or electrical stimulation therapy.

- Surgery – most effective for women who have not responded successfully to other treatments. Discuss with your doctor whether surgery is right for you and what type is best for your individual needs.
Catheterization – Your doctor may suggest a catheter if you are incontinent because of overflow incontinence (the bladder never empties completely). This is also an option if your bladder cannot empty due to poor muscle tone, past surgery, or a spinal cord injury.

For more information about urinary incontinence contact the Women’s Health Navigator, Trish Reggio.

You can reach Trish at 240-215-1447 or ask Trish a healthcare question online. You will receive a response within 24 hours, Monday – Friday.

(The information on this page was received from U.S. Department of Health and Human Services, Office on Women’s Health, http://www.womenshealth.gov)