



Urinary incontinence – the loss of bladder control - is a common and often embarrassing problem. Some people experience minor leaks or dribbles of urine occasionally, others wet their clothes frequently.

Urinary incontinence affects the health of one in four Canadian women at some point in their lives.

Some types of urinary incontinence:

- *Stress incontinence*: wetting due to pressure on the lower stomach muscles, like coughing, sneezing or laughing.
- *Urge incontinence*: A sudden, strong need to urinate and being unable to reach the bathroom in time.
- *Overflow incontinence*: When an overfull bladder constantly leaks.
- *Mixed incontinence*: If you have symptoms of more than one type of urinary incontinence, you have mixed incontinence.

### What causes urinary incontinence?

There are many causes of urinary incontinence.

Some causes are temporary such as:

- drinking alcohol
- drinking too much liquid
- being dehydrated
- caffeine
- bladder irritation
- some medications
- illness or injury that stops you from getting to the bathroom in time

Some causes of on-going urinary incontinence that may require medical treatment:

- pregnancy and childbirth
- changes with aging
- hysterectomy
- other bladder problems

## What tests are done?

Your health care provider will ask about your symptoms and medical history. Common tests for urinary incontinence include:

- **Bladder diary.** You record how much you drink, when you urinate, the amount of urine you produce, and times when you leak urine.
- **Urinalysis.** A sample of your urine is sent to a lab where it is tested for signs of infection, traces of blood or other abnormalities. To get a sample you urinate into a cup.
- **Blood test.** A sample of your blood is sent to a lab for analysis.

If further testing is needed, you may be referred to a doctor who specializes in urinary disorders (urologist).

## How is urinary incontinence treated?

Treatment options for urinary incontinence fall into four broad categories – behavioural techniques, medications, devices and surgery. Usually you will try behavioural techniques first, and move on to other options if needed.

*Behavioural techniques:* work well for certain types of incontinence. They may be the only treatment you need.

- *Pelvic floor muscle exercises:* also called Kegels, tightening and relaxing the pelvic floor strengthens muscles that can help to control urination. These can be tricky to do correctly, so your health care provider can talk you through proper technique. Improvements may be noticed in 2-3 months.
- *Bladder training:* learning to wait to pee after you get the urge to go. At first you can try to hold off for 5-10 minutes every time you feel the urge to go. Then try increasing the waiting period to 20 minutes. The goal is to lengthen the time between trips to the toilet until you're urinating every two to four hours.
- *Scheduled toilet trips:* this means timed urination – going to the toilet according to the clock rather than waiting for the need to go. Following this technique you go to the toilet on a routine, planned basis, usually every two to four hours.
- *Adjusting your food and liquid intake to avoid irritating your bladder.* Drinking too little can lead to concentrated (strong) urine and bladder irritation. It can also shrink the bladder so it takes less liquid to signal the urge to pee.

*Medications:* Other times urinary incontinence can be corrected with the help of medications. Often medications are used together with behavioural techniques.

There are also medical devices designed specifically for women to help treat incontinence:

- *Urethral inserts*: small, tampon-like disposable devices that you put into your urethra (the tube where urine exits the body) to prevent urine from leaking out. These are used best when you have predictable incontinence during an activity that you can plan for, because the insert is put in before that activity. When you need to urinate, you remove the device.
- *Pessary*: a stiff ring that you insert into your vagina and wear all day. It helps to hold up your bladder, which lies near the vagina, to prevent urine leakage. You regularly remove the device to clean it.

*Physiotherapy*: In addition to medical treatments some physiotherapists specialize in pelvic floor rehabilitation, which can help with incontinence. There is a fee for service which may be partially or fully covered through private insurance plans.

*Surgery*: if other treatments aren't working, several surgical procedures have been developed to fix problems that cause urinary incontinence.

If medical treatments can't completely stop your incontinence, or if you need help until a treatment starts to work, it can be helpful to use absorbent pads or underwear which catch urine so it doesn't soak through your clothing.

**Other places to look for information: (Women's Health Clinic does not run these sites and is not responsible for information found there)**

What Older Women Want: Urinary Incontinence: <http://wowhealth.ca/myself/ui/ui1.html>

Canadian Women's Health Network: Incontinence fact sheet  
<http://www.cwhn.ca/resources/faq/incontinence.html>

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