Caring Choice
Women's Center
Obstetrics & Gynecology

Urinary Incontinence – Do not accept it!

There are changes we accept as normal parts of growing older. Urinary incontinence should not be one of them. Urinary incontinence is the involuntary loss of urine. It is a problem that becomes more common with age. Though some studies suggest that it effects up to 41% of women over 65, it is a problem for many women in their 30's, 40's and 50's as well.

Urinary incontinence is a social problem, leading to the gradual isolation of women who more and more often choose to stay home, rather than risk an accident in public or with friends. It is a hygienic and health problem where it becomes impossible to stay clean, and can lead to inflammation and breakdown of skin that remains in contact with urine.

Unfortunately, most women do not seek help for urinary incontinence, either because of social embarrassment or because they are unaware that help is available. This is especially sad because advances in treatment over the past ten years have turned urinary incontinence into a problem that can be cured or markedly improved in 90-95% of women.

With few exceptions, urinary incontinence can be divided into two types:
urge incontinence or **stress incontinence**.

In **urge incontinence** one gets a sudden strong ***urge*** to urinate, but can't get to the bathroom quickly enough before losing a large amount of urine.

In **stress incontinence** one loses smaller amounts of urine with coughing, sneezing, laughing, picking up heavy objects, etc..

Many women have a combination of urge and stress incontinence.

In **urge incontinence** the bladder muscles are overactive. These muscles normally contract and squeeze the bladder to allow urination. In urge incontinence they randomly spasm, contracting the bladder with much greater force than usual, producing the strong urge to urinate, and an outflow that is

often impossible to resist. The result is a large urine loss before getting to the bathroom.

Treatment for mild to moderate urge incontinence may include the elimination of bladder stimulants such as caffeine, urinating frequently on a routine basis to keep the bladder empty and, in a sense, retrain the bladder to know that you are in charge.

For moderate to severe urge incontinence, the mainstay of treatment includes medicines such as Ditropan, Detrol, or Sanctura, which calm the overactive bladder muscles. Because the tissues of the urinary tract are dependant upon estrogen for strength and vitality, estrogen in post-menopausal women is often helpful.

Stress incontinence is a problem that you can blame on your children if you'd like. Largely because of childbirth, the supportive tissues around the urethra have been stretched, torn or weakened, allowing the urethra to fall with a cough, a sneeze, or a laugh, etc. It is this falling of the urethra that allows urinary loss to occur. This is no laughing matter. In some cases, the anatomy of the urethra itself is damaged so it can't close properly.

Mild stress urinary incontinence can be reduced with Kegel exercises, frequent urination to keep the bladder empty, biofeedback and other techniques.

Moderate to severe stress incontinence can be eliminated with procedures that either prevent the fall of the urethra or restore the urethra's normal ability to close. Fortunately, these procedures have advanced dramatically over the past several years. Surgical procedures for stress incontinence once were invasive and complex, requiring several days in the hospital and a catheter for days or weeks thereafter. Today, the procedures are typically done as an outpatient, can take thirty minutes or less, with little post-operative pain, rapid recovery, a quick return to work, and are most often catheter-free.

Advances in our ability to treat urinary incontinence are wonderful and revolutionary. The idea that urinary incontinence is a 'normal' part of the aging process is no longer acceptable. It is not something that one should 'just live with'. See your gynecologist for evaluation, advice and treatment.

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