

A Focus on Bladder Control Issues

A Common Occurrence in Women of All Ages

What are Bladder Control Issues?

Up to 95% of women in their reproductive and post-menopausal years will report experiencing the involuntary loss of urine. This does not mean that the overwhelming majority of these women have urinary incontinence. To qualify as having urinary incontinence, the involuntary loss of urine must have a negative impact on the quality of the individual's life, particularly for hygienic and/or social standpoints. As such, the only person who can ultimately determine the presence of urinary incontinence is the woman herself.

As with any medical condition, there are always new words to learn. It's important to know how to talk about your symptoms so you can understand your condition and its treatment options. Here are some words that should be useful to you:

Stress Incontinence: Stress urinary incontinence is loss of urine that occurs at the same time as physical activities that increase abdominal pressure (such as sneezing, coughing, laughing, and exercising). These activities can increase the pressure within the bladder, which behaves like a balloon filled with liquid. The rise in pressure can push urine out through the urethra, (the tube you urinate out of) especially when the support to the urethra has been weakened.

Often referred to as overactive bladder (OAB), this condition is characterized by a sudden, uncomfortable need to urinate with or without urine leakage. It is a common and distressing problem in both men and women and may have a profound impact on one's quality of life. People with urge incontinence also tend to have increased urinary frequency, an increased need to rush to the bathroom frequently, or wake up more than once or twice at night to urinate.

Leakage or "spill-over" of urine when the quantity of urine exceeds the bladder's capacity to hold it. This generally happens when there is some blockage or obstruction to the urethra or if the nerves to the bladder are damaged and the bladder doesn't contract well. With overflow incontinence small amounts of urine may leak out frequently. This kind of leakage is less common among women, unless they have had bladder surgery, vaginal prolapse, or certain neurological conditions.

A patient with this type of urine loss has two or more causes that contribute to the urinary incontinence. For example, someone has the combination of stress incontinence (leaking with coughing, sneezing, exercise, etc.) and urge incontinence (leaking along with a need to get to the bathroom). Often, a woman may first experience one kind of leaking, and finds that the other begins to occur later.





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F O U N D A T I O N

How is Urinary Incontinence evaluated?

The first step is to talk to your physician. Your doctor will perform an exam and look for signs of medical conditions which cause urinary incontinence. Keeping a bladder diary, which is a way to document your symptoms, will also help your doctor make the proper diagnosis. Based upon your doctor's findings, other tests may be needed. These can include a bladder stress test, urinalysis, blood tests, ultrasound, or cystoscopy.

What Treatment Options are there?

The good news is that 80-90% of women who seek help will experience significant improvement. A wide array of treatment options, ranging from behavioral and diet changes all the way through surgical options exist, and are being used every day to help women improve their quality of life and lead more active lifestyles.

Lifestyle and Behavioral Changes: Examples of behavior modification are drinking less fluid, avoiding caffeine, alcohol or spices, not drinking at bedtime and urinating more often and not at the last moment. Exercising the pelvic muscles by doing Kegel exercises can also help. Your doctor may suggest changing your diet; losing weight and that you stop smoking.

Pharmacologic Treatment: Based upon the type of overactive bladder, your doctor may prescribe a medication. Medications help relax the bladder muscle or prevent a bladder contraction that can help with overactive bladder.

Nerve Stimulation: Electrical stimulation of the nerves that control the bladder can improve symptoms of urgency, frequency and urge incontinence, as well as bladder emptying problems. This treatment is usually offered to patients who do not tolerate or benefit from medications.

Surgery: Doctors may suggest surgery to improve bladder control if other treatments have failed. Surgery helps only stress urinary incontinence and it has proven to be very effective. The best surgical procedures improve or cure the incontinence associated with coughing, laughing, sneezing and exercise in about 85% of women. When mixed incontinence or a component of urge incontinence is also present, the surgical success rates for complete bladder control are reduced because these procedures are not designed to treat the urge incontinence component.

Combination: Many times your physician may recommend a combination of the treatments mentioned above.

Your doctor will know which treatment option is right for you. Get evaluated and review treatment options appropriate to your bladder control problems. The more you know, the more confident you will be in choosing the direction of treatment.

For more information, please visit: www.mypelvichealth.org.