Intermountain® Healthcare

Stress Urinary Incontinence

Millions of Americans have some type of **urinary incontinence**, meaning they have trouble controlling the release of urine from their bladder. Stress urinary continence is the most common type, particularly among women. It's described in more detail in the paragraph below. Other types of incontinence include **urge incontinence** (a sudden strong need to urinate, which causes urine leakage) and **mixed incontinence**, which combines symptoms of urge and stress incontinence.

What is it?

Stress urinary incontinence is when extra pressure on your full bladder — for example, pressure from an activity like coughing, sneezing, laughing, running, jumping, or lifting — causes you to leak urine. The leakage stops when the activity stops.

Most people leak urine from time to time. Leakage is also common immediately after vaginal childbirth or after a surgery involving the **pelvic organs** (the internal organs in the hip area). But if you leak urine often or in large amounts — and if leakage gets in the way of normal activities — talk to your doctor. You may have urinary incontinence, and treatment will likely help.

What causes it?

Stress incontinence is caused by weakness in the muscles and tissues that surround the bladder and urethra. The weakness prevents the urethra from closing completely, so urine leaks out.

Risk factors for stress incontinence include anything that can lead to muscle and tissue weakness around the pelvic organs. For example, a **prolapse** — when the bladder, urethra, or other pelvic organ bulges or sinks down out of its normal position — is sometimes an underlying cause. Risk factors for stress incontinence include:

- Childbirth and menopause
- Excess weight, increasing age, and behaviors like smoking

Urinary incontinence is common, but it's not a normal part of aging. If you have symptoms, see your doctor. Medical care may ease your symptoms and improve your quality of life.

How is it diagnosed?

Your doctor can diagnose stress incontinence and evaluate the factors that may be contributing to it. To do this, your doctor will:

- **Take a medical history.** This simply means asking questions about your symptoms, your health and lifestyle, when your symptoms started, and how they affect your daily life.
- **Conduct a physical exam.** To check for physical conditions linked to your symptoms, your doctor may perform a pelvic exam. Your doctor may also need to examine your abdomen and rectum.
- **Order other tests.** Your doctor may order lab tests of blood or urine. Your doctor may also recommend an **ultrasound** (using sound waves to create a picture of the inside of your body), **urodynamics** (measuring the pressure, capacity, and flow rate of your bladder as it fills or empties), or **cystoscopy** (inserting a thin, lighted tube through the urethra to look inside the bladder and urethra).

During your visit with the doctor, try not to feel embarrassed. Incontinence is very common, and your doctor has probably dealt with this condition many times before. You're in the right place — medical care may ease your symptoms and improve your life.

How is it treated?

Treatment can cure or improve most cases of stress incontinence. The treatment possibilities listed below may be used alone or in combination:

- **Lifestyle changes.** Your doctor may suggest a weight loss program or a change in your diet. You may need to take steps to regulate the timing of your trips to the bathroom. If you smoke, your doctor will suggest you quit and will help you do so.
- **Strengthening the pelvic floor muscles.** Certain exercises can strengthen the muscles around your urethra and may help control urine leakage. Kegel exercises — tightening and relaxing the muscles that control urine flow — are commonly recommended for this. (Kegel exercises are described at right.) For people who have difficulty with Kegels, a doctor may recommend biofeedback or electrical stimulation to help strengthen the pelvic floor muscles.
- **Medication.** Medication is sometimes used to treat mixed incontinence, in which symptoms of stress incontinence and urge incontinence are combined.
- **Pessary.** For a woman with stress incontinence, the doctor may recommend using a **pessary**, a device that fits in the vagina to support the pelvic organs.
- **Injections.** Your doctor may suggest injecting a bulking agent — for example, collagen or another material — into the tissues around the urethra and lower part of the bladder. The bulking agent can thicken the tissues to help close the bladder opening.
- **Surgery.** Most of the time, a doctor will suggest surgery only after other treatments haven't worked. The specific surgery recommended will depend on the cause of your incontinence.

How to do Kegel exercises

To prevent and treat stress incontinence, Kegel exercises are commonly recommended. They strengthen the muscles around your pelvic organs and are easy to do anywhere, any time. Here's how:

- To start, tighten the muscles you use to stop the flow of urine. (If you're not sure you're using the right muscles, first try it while you're urinating.)
- Keep squeezing the muscles for a count of ten, then slowly relax.
- Repeat several times a day, working up to 100 Kegels a day.

There are several variations on this basic exercise. Follow your doctor's specific advice for you.

Following up with your doctor

It may take some trial and error to find what works best to improve or cure your stress incontinence. So don't give up — and stay in touch with your doctor. It's especially important to call your doctor if:

- Your incontinence is not improving
- You have questions about your treatment or its side effects
- You need additional support to quit smoking or lose weight

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