

Urinary Incontinence

What is urinary incontinence?

Urinary [YUR-in-air-ee] incontinence [in-KON-tin-enss] is not a disease. It's leaking urine (pee), needing to urinate a lot, or an uncontrollable feeling that you need to urinate. It's not a normal part of aging, even though your risk for getting it increases with age.

For most people, simple lifestyle changes or medical treatment can ease symptoms or stop urinary incontinence. Many people don't get treatment because they may be too embarrassed or think that nothing can be done. However, it's important to talk with your healthcare provider about your symptoms because they may:

- Indicate a more serious health concern
- Keep you from your daily and social activities
- Increase your risk for falls if you need to rush to the bathroom

Types of urinary incontinence

There are different kinds of urinary incontinence:

- Stress incontinence is when urine leaks when you cough, sneeze, laugh, exercise, or lift anything heavy.
- **Urge incontinence** is when you have a sudden, strong urge to urinate with leaking urine. You may need to go often, including at night.
- Overflow incontinence is when you have frequent or constant dribbling. This is caused by a bladder that doesn't empty completely.
- Functional incontinence is when physical or mental problems keep you from making it to the toilet in time.
- **Mixed incontinence** is when you have more than one type of urinary incontinence.



Things to avoid

Certain foods, drinks, and medications may act as diuretics [die-yur-EH-tiks], stimulating your bladder and increasing your volume of urine. These include:



Alcohol, caffeine, and carbonated drinks.



Chocolate and sugar.



Foods containing high amounts of spice, chili peppers, or acid, especially citrus fruits and fruit juices.



Medications. Talk to your doctor about which ones to avoid.



Large doses of vitamin C.

Underlying conditions and risk factors

Underlying conditions are health concerns that you don't know about. Risk factors are things that make it more likely for you to have a disease or condition. Some examples include:

- Menopause and hysterectomy. In women, estrogen helps keep the bladder lining and urethra healthy and strong. After menopause or a hysterectomy, your body produces less estrogen.
- Age. Aging of the bladder muscles can lower its ability to hold urine.
- Enlarged prostate and prostate cancer. In older men, incontinence is often caused by prostate growth. It's also a side effect of prostate cancer.
- Urinary tract infections and constipation. These conditions can irritate your bladder, causing strong urges to urinate.
- **Obstruction (blockage).** A tumor in the urinary tract or urinary stones can block urine, leading to overflow incontinence.
- **Disease.** Diabetes and high blood pressure may increase your risk for incontinence.
- **Neurological disorders**. Parkinson's disease, a stroke, and other health conditions can cause problems with bladder control nerve signals.
- Obesity. This increases your risk, while weight loss improves bladder function and symptoms.
- **Smoking**. Tobacco use may increase your risk of urinary incontinence.
- Family history. Your risk of developing the condition is higher if a family member has it.

Prevention

To prevent urinary incontinence:

- Maintain a healthy weight.
- Practice pelvic floor or Kegel exercises.
- Avoid caffeine, alcohol, acidic food, and other bladder irritants.
- Eat more fiber, which can prevent constipation.
- Don't smoke, or get help to quit smoking.

Treatment

Treatment for incontinence depends on type, severity, and cause. If symptoms are caused by an underlying condition, your doctor will treat that condition first, starting with the least invasive therapy. Treatments include:

- **Changing your actions.** This includes bladder training and liquid and diet management.
- Pelvic floor or Kegel exercises. These exercises help strengthen the muscles that help control urination.
- Medications. Your doctor may prescribe a medication to help control your bladder.

Medical devices

There are a number of medical devices that can help strengthen and support your bladder.

- **Urethral insert.** A small, tampon-like disposable device inserted into the urethra to prevents leaks.
- **Pessary.** A stiff ring is inserted into the vagina to hold up a prolapsed bladder.
- **Absorbent pads and catheters.** Products that ease the discomfort and inconvenience of leaking urine.

Talk to your doctor about the best options for you.

Interventional therapies

There are 2 different interventional therapies (injections) you can choose from, depending on your doctor's recommendation:

- **Bulking material**. A synthetic material is injected into the tissue around the urethra to help keep it closed and reduce urine leakage.
- Botulinum toxin type A (Botox). Botox is injected into overactive bladder muscles to paralyze movement.

Surgery

Your doctor may recommend surgery if your incontinence is severe. These are the different types of surgical procedures:

- Sling procedures. Strips of your body's tissue, synthetic material, or mesh are used to create a pelvic sling around your urethra and the bladder neck to keep it closed and prevent leakage.
- Bladder neck suspension. This procedure is designed to support your urethra and bladder neck.
- Prolapse surgery. In women with incontinence and pelvic prolapse, treatment may include a sling procedure combined with prolapse surgery.
- Artificial urinary sphincter. In men, a small fluid-filled ring is implanted around the bladder neck to keep the urinary sphincter shut until you are ready to urinate.

Don't forget your flu shot

People ages 65 and older are at greater risk for serious complications from the flu.

Flu activity often begins to increase in October and can last as late as May, so the sooner you get your shot in the fall, the better.

You can get your flu shot at any pharmacy participating in your plan or call your doctor.

Also, talk with your doctor about the shots for pneumonia, shingles, and whooping cough.

What did your doctor recommend to mprove your urinary incontinence?				

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