

What is Urinary Incontinence?

Urinary incontinence is the loss of control of your bladder, which affects both men and women. Urinary incontinence can occur for several different reasons and can be treated. There is not an accurate number of people who have urinary incontinence, as it often causes embarrassment, leading people to keep their symptoms to themselves. So what causes urinary incontinence?

If your bladder muscles are weak, the muscles can release unexpectedly.

If your bladder muscles are overactive or spasmodic, you may find leaking occurs at inopportune moments.

If the nerves around your bladder are damaged in any way

If you are a man with an enlarged prostate, a blockage may occur causing incontinence.

If you have arthritis, you may also find it hard to control your bladder.

If you are taking certain medications, they may cause temporary incontinence.

Symptoms and Risk Factors

There is a range in severity and type of instigation of urinary incontinence. Some patients find that the urge to urinate comes upon them suddenly, with urgency and frequency. In fact, you may find it difficult to get to the bathroom in time; accidents with urinary incontinence are not unusual. While aging is linked to incontinence, it does not mean that everyone experiences it as they get older. In fact, there is a greater link between gender and incontinence than between age and incontinence:

Women:

- Urinary incontinence often develops as a result of pregnancy. You may develop it during pregnancy, and if so, your chances of having it after pregnancy increase. Some women only experience it after they've given birth. The chance of incontinence increases with the birth of each child.
- Post-menopausal women are also at greater risk.

Men: Prostate problems are what put men at greater risk for incontinence

General Risk Factors:

- Parkinson's disease
- Multiple sclerosis
- Alzheimer's disease
- Arthritis

- Certain medicines
- Stroke
- Spinal cord injuries
- Nerve damage as a result of injury or surgery

Types of Incontinence:

There are several different types of incontinence. Keep in mind that incontinence is considered a symptom for other conditions, not a disease in and of itself. This also means it is not hereditary nor guaranteed to happen with age.

Stress Urinary Incontinence (SUI) is a result of weak pelvic muscles. Because the pelvic floor muscles are weak, and/or stretched out, leakage occurs. This type of incontinence mostly affects older women and is less common among men. SUI happens during physical activity, which puts pressure on your bladder, causing the leak. This may occur during exercise, when walking, with bending or lifting, or even sneezing, coughing or laughing. The leakage may be mild, moderate or severe, ranging from just a few drops of urine up to a tablespoon, sometimes more.

Overactive Bladder (OAB) is another type of urinary incontinence, whereby the brain tells your body that you need to empty your bladder when in reality, it is not full. You may feel a very abrupt urge to go that you cannot ignore, or you find you feel you have to urinate constantly whether it's day or night. With OAB, patients really feel an impact and tend to stay home or limit their activities, so as to be near a bathroom. Some patients with OAB find it hard to sleep at night with all of the urges to go disrupting their sleep pattern. This type of bladder incontinence shows up more in menopausal women and men with prostate problems.

Mixed Incontinence happens when a patient experiences both stress urinary incontinence and overactive bladder at the same time. This means there are moments of strong urges to urinate on a frequent basis, as well as bladder leaks that occur due to activity.

Overflow Incontinence is from a bladder that always thinks it is full, and therefore leaks fairly regularly. Additionally, you may find it difficult to completely empty your bladder. This could be due to a blockage or the bladder muscle's inability to fully contract and empty the bladder completely. As a result, there are "dribbles" or leaks as your bladder attempts to release some of the pressure of what it thinks is a full bladder. This is actually rare in women and much more common in men, especially if they have prostate problems or have had prostate surgery.

Functional Incontinence means your bladder is functioning normally, but you may have a physical or mental limitation, such as arthritis or Alzheimer's disease, that does not allow you to react or move quickly enough to urges, or otherwise impairs you.

Temporary urinary incontinence occurs when certain food, drinks or medications are in your system that stimulate your bladder more frequently than usual. These include:

- Alcohol consumption
- Caffeine
- Consuming tea and coffee, whether regular or decaffeinated
- Soda and other carbonated beverages
- Artificial sweeteners
- Corn syrup
- Foods and beverages that are spicy, sugary or acidic, particularly citric fruits
- Heart and blood pressure pills, muscle relaxants and sedatives
- Taking large doses of vitamins B or C
- Urinary tract infection
- Constipation

With Testing Comes Diagnosis

There are many different types of tests that can tell your doctor how your bladder is functioning. But there are a few other things your doctor can do initially to rule some things out.

- Your doctor should perform a history and physical (H&P) on you, to rule out other diseases or ailments that might be causing the bladder incontinence. He can also perform a basic physical test to see how your bladder holds, right there in the office: close your mouth, pinch your nose and exhale as hard as you can.
- Urinalysis
- Bladder diary, where you track your eating and drinking habits as well as the frequency of your incontinence episodes
- Post-void residual measurement is a test where the doctor asks you to urinate in a cup to see how much your bladder is voiding on its own, then does a test to see if there is any urine leftover in your bladder. Tests may include the insertion of a catheter or an ultrasound.

- Urodynamic testing involves a catheter that injects water into your bladder and a pressure machine, to note the pressure inside your bladder.
- Cystoscopy uses a tiny tube with a lens on it that is inserted into your urethra, so the doctor may note and even remove any abnormalities that are occurring in your urinary tract.
- Cystogram also uses a tiny tube inserted into your urethra, however this time, the doctor would be injecting dye that he then watches through X-ray imaging to see how your bladder expels liquid.
- Pelvic ultrasound is used to check for physical abnormalities of your organs and genitalia.

Treatments: from Least Invasive to Most Invasive

- Bladder training, where you train your body to go longer and longer between bathroom breaks
- Double voiding means going to the bathroom, waiting a few moments to see how your body feels, then trying to go again to ensure an empty bladder
- Scheduling your trips to the bathroom
- Managing your food and fluid intake
- Kegel exercises to strengthen your pelvic floor muscles
- Electrical stimulation
- Medications such as anticholinergics, mirabegron, alpha blockers, or topical estrogen cream
- Urethral insert is a tampon-like device that you would insert before activities that trigger your incontinence, such as sports
- Pessary is a stiff ring inserted into your vagina to hold your bladder up and prevent leaks
- Bulking material injections, botox injections or nerve stimulators
- Surgery is a doctor's last resort. At this point, your doctor may:
 - Perform a sling procedure
 - Perform a bladder neck suspension
 - Perform a prolapse surgery
 - Put in an artificial urinary sphincter

If all else fails, or there are medicines or surgeries you would prefer not to try, you can always choose between one of two other things: pads and protective garments or wearing a catheter.