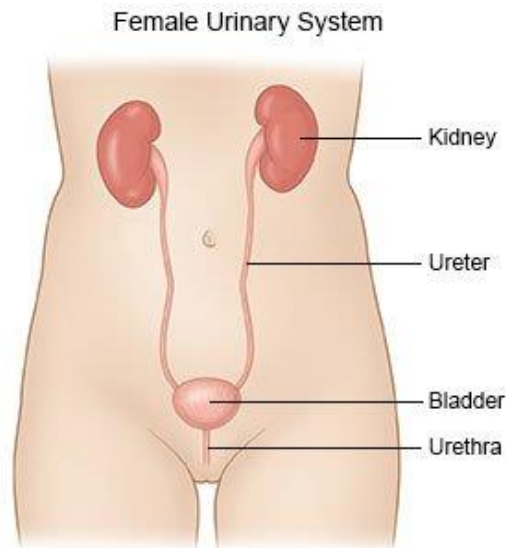


Female Urinary Incontinence

Patient Information – Urology Service

The female genitourinary system



The kidneys continually produce urine that passes down the ureters (tubes) into the bladder, where it is collected and stored. When your bladder is empty, it lies in the pelvis behind the pubic bone, and as it fills with urine it stretches up into the abdomen.

Normally as the bladder fills, the nerves that supply the bladder signal the brain to make you aware of the presence of urine. As the volume increases, the stronger and more frequent these signals become, alerting you to the need to pass urine. Urine passes out of a tube called the urethra. At a time and place convenient to you, the bladder may be emptied. This process is called voiding or micturition.

Urinary incontinence

Incontinence is the involuntary loss of urine and is a problem that affects both men and women, although it is more common in women.

There are two main types of urinary incontinence – urge incontinence and stress incontinence. There are some people who also experience mixed incontinence, a combination of both urge and stress incontinence. The different types of incontinence require different treatments.

What is urge incontinence?

Urgency is the compelling desire to empty the bladder and if not obeyed promptly, may result in

urine leaking without control (urge incontinence). It is often associated with a need to go to the toilet more often (increased frequency) and the need to get up several times at night to pass urine (nocturia).

These symptoms are known as **overactive bladder**, and may indicate an irritable or overactive bladder muscle, which spontaneously contracts when it should be relaxed.

There are many causes for urge incontinence with the incidence often increasing with age. Other causes include urinary tract infections, bladder inflammation, bladder stones, following bladder surgery, medications and some medical conditions.

Alcohol and caffeine (found in tea, coffee, energy drinks and cola drinks) are bladder irritants that may also aggravate these symptoms.

What can be done for urge incontinence?

Bladder retraining

The goal of bladder retraining is to break the cycle of frequency, urgency and urge incontinence, to restore voluntary control over bladder function. It aims to give you confidence in your bladder's ability to hold urine.

The training involves the use of deferment techniques to increase the time between visits to the toilet.

An important part of learning to control your bladder is to record how your bladder behaves. A bladder diary is used to do this. The time and volume of each occasion you empty your bladder, including any leakage episodes, is noted. The type and amount of what you drink is also noted. This information becomes the starting point for treatment.

Bladder retraining programmes are usually developed in conjunction with a continence nurse or specialist physiotherapist.

Medication

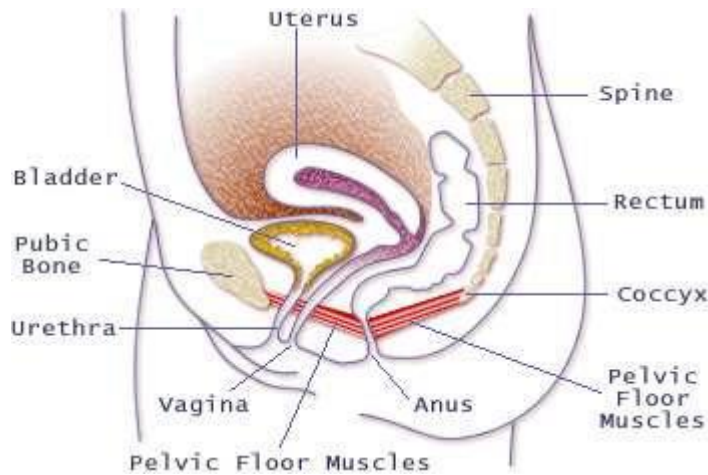
You may be prescribed medication to help suppress the overactive bladder contractions or to treat any other urinary symptoms.

What is stress incontinence?

Stress incontinence is leakage of urine that occurs with activities that cause an increase in abdominal pressure, such as coughing, sneezing, jumping, lifting, exercising and, in some cases, walking.

This leakage occurs because the muscles at the bladder neck and urethra have lost their supports and strength. As a valve mechanism, the urethra no longer stays closed when extra pressure is put on the bladder.

The pelvic floor muscles support the pelvic organs and lie between the pubic bone in front of the bladder and the tail bone (coccyx), and act as a sling or hammock.



Some of the causes for weakness of the pelvic floor muscles and valve mechanism can be childbirth, nerve damage, chronic straining when passing a bowel motion and menopausal hormonal changes. Being overweight also puts extra strain on this valve mechanism and may worsen your symptoms.

What can be done for stress incontinence?

Pelvic floor muscle exercises

Pelvic floor muscle exercises can strengthen these muscles, so they once again give support. This may help your bladder control to improve or stop leakage of urine.

Like any other muscles in the body, the more you use and exercise them, the stronger the pelvic floor muscles will be.

Continence surgery

Continence surgery aims to correct the bladder neck support so that the bladder neck is not pushed down and open by the increase in abdominal pressure that occurs with coughing, laughing, sneezing or exercising.

There are several types of continence operations, such as the rectus fascia sling, TVT mesh sling or bulking agents. These are performed through an abdominal incision, combined abdominal and vaginal incisions or sometimes by a simple injection of a bulking agent into the urethral walls to help them close off.

Your surgeon will discuss the options available and advise you which procedure is the most appropriate for you, according to:

- Cause and degree of incontinence that you have
- Your age
- Your fitness for surgery and anaesthetic
- Other medical problems
- Other prolapse surgery that may need to be done at the same time.

Research indicates that the success rates for these types of operations are between 80-85%, but if

it is a second continence operation there is a reduction in the success rate. Your urologist will talk to you about the expected outcome in your case.

Possible complications

Any type of continence surgery may result in changes to how the bladder behaves, both in the short and long-term. All procedures have a potential for side effects. You should be reassured that, although these complications are well-recognised, the majority of patients do not suffer any problems after a urological procedure.

Failure of the operation

For some women, stress incontinence may not be perfectly cured, or the operation may fail at a later date. It is rare for it to fail immediately, however over time there may be some women who find that their stress incontinence returns. This is usually mild and it is unusual to require a further operation.

Bladder overactivity

Following continence surgery, about 30% of women may experience temporary bladder overactivity. Symptoms include increased urinary frequency and urgency that may lead to urge incontinence.

These symptoms usually last only a few weeks but sometimes may be an ongoing problem that needs further treatment. It may be managed with a course of medication or bladder retraining arranged through your urologist or continence nurse.

Changes in voiding habits

After surgery, you may find that your urinary stream does not start to flow immediately as you attempt to pass urine. The stream may also deviate and tend to stop and start. There may also be a feeling that you have not completely emptied your bladder. You might need to alter your usual toileting posture. These problems are not usually permanent and will resolve over time.

Retention of urine

Following surgery to correct urinary incontinence, there may be a delay in the return of normal bladder emptying. This may be due to swelling of the tissues surrounding the urethra and bladder while healing occurs or due to the operation itself.

Initially, 15-30% of patients may not be able to pass any urine. Should this occur, you would be taught how to use a fine plastic tube (catheter) to empty your bladder until this resolves. This is called intermittent self-catheterisation (ISC).

Up to 5% of patients have urinary retention that does not improve, and this may require further surgery to loosen the sling. This is usually a minor operation done through the vagina and requires an overnight stay in hospital.

Contact information

If you have any concerns or questions, please call one of our continence nurse specialists on (03) 364 0541 or (03) 364 1008.

For more information about:

- Hospital and specialist services, go to www.cdhb.health.nz
- Your health and medication, go to www.healthinfo.org.nz
- NZ Continence Association, go to www.continence.org.nz

For information on parking, how to get to the hospital, and visiting hours, please visit www.cdhb.health.nz