

Information for Patients

Stress Urinary Incontinence

What is stress incontinence?

Stress incontinence is a leakage of urine occurring on physical exertion. It may occur when coughing or sneezing, walking or exercising.

How common is stress incontinence?

It is the most common type of incontinence that women experience and can affect up to 40% of women. It is more common in older women with 1 woman in 5 aged over 40 years old having some degree of stress incontinence.

What causes stress incontinence?

It is caused by a weak sphincter (a muscle at the bladder outlet), or by poor support to the bladder outlet from the pelvic floor muscles and ligaments. This usually happens because the muscles of the pelvic floor are weak or damaged. Things that can weaken these muscles include pregnancy, childbirth, menopause, and some medication. People who are obese, have a cough or who have been constipated for a long time may also be prone to stress incontinence.

When should I have treatment for stress incontinence?

Stress incontinence does not usually cause any health problems but can be extremely bothersome and cause embarrassment.

Many people wrongly think that incontinence is a normal part of ageing or that it cannot be treated. We would recommend treatment for you if you are finding the leakage bothersome.

Is there anything I can do to help my stress incontinence?

Lifestyle changes: These are changes that you can make to reduce pressure on your bladder and pelvic floor muscles:

- Exercise regularly, including pelvic floor muscle exercises. Avoid exercises that increase the pressure on your abdomen such as high impact aerobics, jogging/running.
- Avoid smoking, which can aggravate bladder weakness through coughing.
- Avoid gaining excess weight. If you are overweight, a weight loss diet can help your incontinence.
- Eat a balanced diet and drink enough water to keep your bowels regular (1.5 to 2 litres of fluid per day).
- Limit the amount of caffeine and alcohol you drink to prevent bladder irritation and avoid increased urine production.

All of these can be discussed when you attend for your consultation with the doctor, physiotherapist or nurse specialist. They will be able to advise and support you make these changes.

Will I need any tests?

These are some tests that you may have as part of your assessment:

- **Urinalysis:** This test needs a sample of urine to find out if there is any infection or any blood in the urine.
- **Bladder diary:** You will be given a chart (bladder diary) so that you can keep a record of the amount of fluid you drink and the amount of urine you pass, for a 3 day period. You can also record other information on the chart such as incontinence.
- **EPAQ questionnaire:** You will be asked to complete a questionnaire about your bladder, vagina and bowel symptoms as part of your assessment as well as following treatment for stress incontinence. This is done on the computer and can be completed at home or in the clinic.
- **Voiding study:** This is to find out if there is any urine left in your bladder after you have passed urine. The nurse will check the residual urine using an ultrasound machine to scan the bladder.
- **Urodynamics:** There should be no need for this test, unless you are thinking of having an operation for your problem. This is a more advanced test to find out the cause of your bladder problems. It involves filling your bladder with water via a thin tube. The tube is removed as soon as the test is over.

What treatments are available for stress incontinence?

Pelvic floor exercises: These are exercises that improve and strengthen the pelvic floor muscles. It is important that you are shown how to do these correctly and you will be referred to the physiotherapist for this treatment. They will assess your pelvic floor muscle strength and then advise a programme of exercises for you to follow. Depending on the strength of the muscles, they may use other treatments, such as vaginal cones or neuromuscular electrical stimulation, to help you improve muscle strength. Around 50-60% of patients will be cured of their stress incontinence with pelvic floor exercises.

Devices: There are a number of devices that aim to support the urethra. They are inserted into either the urethra or vagina. They are not a cure but their aim is to keep you dry whilst in use eg, during exercise.

Medication: There is a medication called Duloxetine hydrochloride (Yentreve) that can be used to treat urinary stress incontinence. It is commonly used to treat depression. It works by increasing the strength of the muscle at the bottom of the bladder. The main side effect is nausea which may lead to many women being unable to take it. Your consultant will discuss whether this treatment is suitable for you.

If these conservative treatments do not improve or cure your urinary stress incontinence then surgical options are available.

These aim to support the structures around the bladder. These operations include periurethral bulking injections, tension free vaginal tape (TVT), Colposuspension or the fascial sling procedure. Your doctor can discuss these with you.

Other sources of information

Bladder and bowel foundation: www.bladderandbowel.org/bladder/bladder-treatments/

British society of urogynaecology: www.bsug.org.uk/

NHS choices: www.nhs.uk/conditions/urinary-incontinence/