

**Patient presents with Urinary Incontinence**  
**Initial assessment to include:**

**History:**

- Urinary history (frequency, nocturia, urgency, stress incontinence, urge incontinence, voiding symptoms)
- Prolapse symptoms, Bowel symptoms, Sexual function
- Obstetric / Gynaecological / Surgical history.

- Past medical history, co-morbidities and BMI.
- Any neurological symptoms
- Treatment of underlying constipation

**Examination:**

- Abdominal, speculum and bimanual examination of pelvis

- Assessment of prolapse (NB: Prolapse only requires treatment if symptomatic or descend below introitus)

**Investigations:**

- Urinalysis (+/- MSU if indicated)
- 3 Day Bladder Diary (IN:OUT)

**Treat UTI if present and manage any underlying constipation**  
**Assess bladder diary**

**Urge dominant incontinence**

(Frequency / Urgency +/- urge incontinence)

- Lifestyle modifications (including weight loss)
- Fluid Management / caffeine
- Bladder retraining
- Pelvic Floor muscle advice
- Prescribe vaginal oestrogens if post menopausal

**Review after 3 months**

If symptoms persist consider referral to Continence Advisory Service (+/- repeat diary and bladder scan residual)

If symptoms persist treat overactive bladder and continue bladder training overactive bladder prescribing, consider vaginal oestrogen. Where possible, attempt all treatment options.

**Stress dominant incontinence**

- Pelvic floor exercises / drill x 3 months
- Consider vaginal oestrogens if post menopausal

**Review after 3 months**

If symptoms persist consider referral to Gynaecology Physiotherapy for supervised pelvic floor exercise.

**If after 6 months no significant improvement - refer to Uro-gynaecology clinic**

**Referral to Secondary Care if:**

- Abnormal examination e.g. mass fistula (UG)
- Symptomatic prolapse with incontinence or voiding difficulty (UG)
- Incontinence and voiding difficulty
- Recurrent incontinence (UG/Urol)
- Failed previous surgery (UG/Urol)
- Urinary retention (UG/Urol)
- Neurological signs (UG/Urol)
- Bladder pain (UG/Urol)
- Incontinence & recurrent UTI (UG/Urol)
- Haematuria (Urol)

**Mixed stress and Urge incontinence**  
Manage according to the dominant problem i.e. stress or urge

**Patient Information**  
[NHS Website](https://www.nhs.uk)

**Referral Proforma**  
N/a

**Local Guidance**  
N/a

**National Guidance**  
[NICE Urinary Incontinence](https://www.nice.org.uk/guidance/ng194)