



Saint Mary's Managed Clinical Service
Division of Gynaecology

PATIENT INFORMATION LEAFLET

STRESS URINARY INCONTINENCE

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

It is the most common type of incontinence that women experience (up to 40%). It is more common over 40 years of age, with 1 in 5 having some degree of stress incontinence.

WHAT CAUSES STRESS INCONTINENCE?

It is caused by a weak muscle at the bladder outlet (the sphincter), 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 recommend treatment if you are finding the leakage bothersome.

IS THERE ANYTHING I CAN DO TO HELP MY STRESS INCONTINENCE?

You can reduce pressure on your bladder and pelvic floor muscles by making lifestyle changes.

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 may help your incontinence.

Eat a balanced diet and drink 1.5 – 2 litres of water a day to keep your bowels regular.

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: A sample of urine will be tested to find out if there is any infection or any blood.

Bladder diary: You will be given a chart to 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. This is done on the computer and can be completed at home or in the clinic.

Voiding study: You may need this test to see if any urine is left in your bladder after you have passed urine. The nurse will check this 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. This is an 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?

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 several devices that are inserted into the vagina and aim to support the urethra. They are not a cure, but their aim is to keep you dry whilst in use e.g., 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 people being unable to take it. Your consultant will discuss whether this treatment is suitable for you.

If these treatments do not improve/cure your urinary stress incontinence, then surgical options that aim to support the structures around the bladder are available. These include, Periurethral Bulking Injections, Colposuspension or a Fascial Sling. 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/

If you require any further information or clarification of terminology, please do not hesitate to talk to one of the doctors or nurses, who will be happy to discuss your concerns.

CONTACT DETAILS



(0161) 701 6150/6151/6776 – Clinical Nurse Specialists

(0161) 701 4455 (choose option 3 “Urogynaecology”) – appointment queries.



<https://mft.nhs.uk/saint-marys/services/gynaecology/urogynaecology/>