

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)
<https://mft.nhs.uk/app/uploads/sites/4/2018/04/06-39-Bladder-Diary-Feb-2015.pdf>

**Treat UTI if present and manage any underlying constipation
Assess bladder diary (link above)**

Over-Active Bladder

(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.

- Oxybutynin 5mg twice daily (unless frail, elderly or cognitive impairment) OR:
- Alternative antimuscarinic with lowest acquisition cost
- Consider mirabegron 50mg once daily (as per GMMG guidance)

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](#)

Referral Proforma

N/a

Local Guidance

N/a

National Guidance

[NICE Urinary Incontinence](#)