The British Association of Urological Surgeons

Patients

I think I might have...

Incontinence of Urine

Quick Links

- What should I do if I have incontinence of urine?
- What are the facts about incontinence of urine?
- What should I expect when I visit my GP?
- What could have caused my incontinence?
- What treatment is available for this problem?

Pages in this section contain graphic images (including genitalia) that some may find upsetting.

What should I do if I have incontinence of urine?

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If you have any involuntary loss of urine which is a social or hygienic problem, you should contact your GP for further advice

Incontinence can be divided broadly into the following types but 90% of patients suffer from stress and/or urge incontinence:

- **Stress** incontinence - leakage during periods of abdominal pressure (coughing, sneezing, lifting, straining);
- **Urge** incontinence - leakage which follows an irresistible urge to pass urine;
- **Mixed** incontinence - combined stress & urge incontinence;
- **Overflow** incontinence - inability to empty the bladder with resulting overflow of urine;
- **Functional** incontinence - inabilty to use the toilet in time due to poor mobility or brain disorders;
- **Continuous** incontinence - constant leakage of urine due to an inherited abnormality or sphincter (valve) injury (often caused by surgery);
- **Post-**micturition **dribble** - leakage from the urethra **a few minutes after** passing urine (not to be confused with terminal dribbling when it is difficult to shut off the stream immediately after passing urine - usually a sign of prostatic obstruction); and
- **Giggle** incontinence - tends only to occur in young girls and normally resolves as the child grows.

What are the facts about incontinence of urine?

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- there may be as many as 3 million people in the UK with urinary incontinence;
- 60-80% of these patients have never sought medical advice for their condition and 35% view it simply as part of the ageing process;
- incontinence is caused by bladder abnormalities and/or sphincter (valve) weakness;
- stress incontinence is due to sphincter weakness for which the commonest causes are multiple childbirth or prolonged labour;
- urge incontinence is caused by bladder abnormalities for which the commonest cause is an overactive bladder (OAB);
- conservative treatment can be successful in improving most forms of incontinence; and
- surgery is effective in incontinence if conservative measures do not work, but there is a late failure rate for all types of surgery.

What should I expect when I visit my GP?

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Your GP should work through a recommended scheme of assessment for incontinence of urine. This will normally include one or

all of the following:

1. A full history

2. A physical examination

3. Additional tests

What could have caused my incontinence?

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The causes of incontinence are many and depend on the type of incontinence. In some patients, there is more than one cause and different types of incontinence may also co-exist (e.g. combined urge & stress incontinence)

Stress incontinence

This is usually the result of sphincter weakness cause by childbirth, loss of hormone support due to the menopause, hysterectomy or increasing age. It is also made worse by obesity

Urge incontinence

This is due to bladder muscle overactivity. In most patients, the underlying cause is unknown. Urinary infections, bladder stones, bladder cancer, neurological disease (*e.g.* stroke, Parkinson's disease) and obstruction (usually prostatic enlargement) can all cause urge incontinence

Overflow incontinence

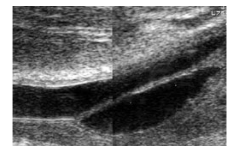
This is usually due to chronic retention of urine (in men) but may also be caused by a congenital abnormality of the bladder or by spinal cord injury

Continuous incontinence

This is usually due to an inherited problem, injury to the pelvis, a fistula from the bladder to a point below the sphincter or a complication of surgery

Post-micturition dribble

A cause is rarely found for this type of incontinee. In a small proportion of patients, it may be due to to a urethral diverticulum (*pictured*) or a stricture of the urethra. These abnormalities can be demonstrated by a special ultrasound scan of the urethra which your urologist may arrange.



What treatment is available for this problem?

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If you have an enlarged bladder, a mass arising from the pelvis (or urinary tract), blood in your urine or a large, troublesome vaginal prolapse, your GP will arrange your referral to a urologist or uro-gynaecologist.

In most patients, however, your initial management will take place under the supervision of your GP.

1. General measures

2. Stress incontinence

3. Urge incontinence

4. Overflow incontinence

5. Continuous incontinence

6. Post-micturition dribble

More resources on Incontinence of Urine

Some/all of these resources are links to external sites, the content on which BAUS accepts no reponisibility for.

NICE
Guidelines on incontinence management from the National Institute of Health & Clinical Excellence

The Bladder and Bowel Foundation
In-depth information about all types of incontinence

NHS Choices
NHS-approved information about urinary incontinence with video commentary by Mr Julian Shah, Consultant Urological Surgeon

Dry For Life
Commercial information about appliances to treat urinary incontinence

Mitrofanoff Support
Primarily a website which provides patient-to-patient support for those who have undergone or are about to undergo a Mitrofanoff urinary diversion (includes a chat-room, a blog, videos and links to other organisations)

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