Diagnosis, Treatment, & Management of Incontinence

Incontinence [in-CONT-ti-nunce], or loss of bladder or bowel control, is a symptom — not a disease in itself. A broad range of conditions and disorders can cause incontinence, including birth defects, pelvic surgery, injuries to the pelvic region or to the spinal cord, neurological diseases, multiple sclerosis, poliomyelitis, infection, and degenerative changes associated with aging. It can also occur as a result of pregnancy or childbirth.

Incontinence is a problem of the urinary system, which is composed of two kidneys, two ureters, a bladder, and a urethra. The kidneys remove waste products from the blood and continuously produce urine. The muscular, tube-like ureters move urine from the kidneys to the bladder, where it is stored until it flows out of the body through the tube-like urethra. A circular muscle called the sphincter controls the activity of the urethra. It is not a part of the urinary system but can play a role in incontinence.

Normally, the bladder stores the urine that is continually produced by the kidneys until it is convenient to urinate, but when any part of the urinary system malfunctions, incontinence can result.

Based of multiple studies and expert opinion, NAFC estimates that 25 million adult Americans experience transient or chronic urinary incontinence. Consumer research reveals that one in four women over the age of 18 experience episodes of leaking urine involuntarily. One in five adults over age 40 are affected by overactive bladder or recurrent symptoms of urgency and frequency, a portion of whom do not reach the toilet before losing urine. At least half of all nursing home residents are incontinent of urine and many of them experience loss of bowel control.

Sufferers may experience emotional as well as physical discomfort. Many people affected by loss of bladder or bowel control isolate themselves for fear of ridicule and lose self-esteem. Adults may find employment impossible or compromised.

Types of Incontinence

There are different types of incontinence:

- Stress incontinence occurs when sphincter or pelvic muscles have been damaged, causing the bladder to leak during exercise, coughing, sneezing, laughing, or any body movement which puts pressure on the bladder. A problem that commonly affects women, stress incontinence may occur after multiple childbirths or menopause. Pelvic fracture, radical prostatectomy in men, or bladder neck surgery can also damage the sphincter muscle and cause stress incontinence.
- Urgency incontinence, the urgent need to pass urine and the inability to get to a toilet in time, occurs when nerve passages along the pathway from the bladder to the brain are damaged, causing a sudden bladder contraction that cannot be consciously inhibited. While the cause of urgency incontinence can be unknown, stroke, dementia, Alzheimer's Disease, and multiple sclerosis (MS) can all cause urgency incontinence.
- Mixed incontinence is common and occurs when symptoms of stress and urge incontinence are present. Symptoms of one type of incontinence may be more severe than the other. Treatment depends on which symptom is more bothersome to the patient.
- Chronic retention of urine may lead to leakage that occurs when the quantity of urine produced exceeds the bladder's holding capacity. It can result from diabetes, pelvic trauma, extensive pelvic surgery, injuries to the spinal cord, shingles, MS, or polio. Retention may also occur due to blockage of urine flow, such as caused by enlarged prostate in men or a prolapsed organ in women.

Incontinence from surgery is a transient condition that follows such operations as hysterectomies, caesarean sections, lower intestinal surgery, or rectal surgery. This is not considered a diagnostic category. Incontinence can also occur due to other reversible factors, often outside of the urinary tract, such as restricted mobility. Mobility aids can help remove barriers to self-toileting on a timely basis. Other factors such as arthritis, may interfere with managing zippers, buttons, and articles of clothing – or moving quickly enough to reach the toilet.

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Treatment Options

Approximately 80% of those affected by urinary incontinence can be cured or improved. Diagnosis includes a medical history and a thorough physical examination. Tests such as X-rays, cystoscopic examinations, blood chemistries, urine analysis, and special tests, called urodynamics, to determine bladder capacity, sphincter condition, urethral pressure, and the amount of urine left in the bladder after voiding may be required.

Because incontinence is a symptom and not a disease, the method of treatment depends on diagnostic results. Sometimes simple changes in diet or the elimination of medications such as diuretics can cure incontinence. More frequently, treatment involves a combination of behavioral intervention as well as medications or surgery.

The three major categories of treatment are: behavioral, pharmacologic, and surgical.

- Behavioral techniques sometimes include:

  Scheduled Toileting. This technique involves going to the bathroom every 2-4 hours in order to establish a regular voiding schedule. The goal is simply to avoid episodes of urine loss.

  Bladder Retraining. This involves scheduled toileting, as the length of time between bathroom trips is gradually increased. This therapy trains the bladder to delay voiding for longer time intervals and has been proven effective in treating urgency and mixed incontinence.

  Pelvic Muscle Rehabilitation. This technique involves pelvic muscle exercises (PME). PMEs may be used alone or in conjunction with biofeedback therapy, vaginal weight training, pelvic floor stimulation, and magnetic therapy.

- Pharmacologic therapy (medications or drugs) is another common treatment for urgency incontinence. Physicians can prescribe medications to help control incontinence, and sometimes they will take a person off a drug that is causing or contributing to incontinence. Of course, only your physician or nurse practitioner should tell you to stop using a drug he/she has prescribed.
- Surgical treatment should be performed only after receiving a thorough diagnosis from a healthcare provider. All appropriate non-surgical treatments should be tried before deciding on surgery. There are many different surgical procedures that may be used to treat incontinence. The type of operation recommended depends on the type and cause of your incontinence. Some of the more common procedures performed to treat urinary incontinence include bladder neck suspension or sling procedures, periurethral bulking injections (injections around the urethra), the use of radiofrequency energy and implantation of an artificial urinary sphincter or sacral nerve stimulation. Your healthcare professional will thoroughly discuss any procedure you might need.

For Further Information

For those people whose incontinence cannot be cured or for those who are awaiting treatment, there are devices or products to help manage incontinence. These include catheters, pelvic organ support devices, urethral inserts or patches, external collection systems, penile compression devices, and absorbent products.

To receive more information about your options, call 1-800-BLADDER or visit www.nafc.org. By becoming a Quality Care® donor you will receive our quarterly newsletter, Quality Care. Every issue includes helpful information about the causes of and treatments for incontinence. You will also receive the Resource Guide – Products and Services for Incontinence, a complete directory of incontinence products and services; access to our Find an Expert database of healthcare professionals; and free NAFC educational leaflets ($25 annually).