**Urinary Incontinence**

The experience of uncontrollably leaking urine can be an embarrassing issue for many people. Urinary incontinence is a loss of bladder control that’s commonly seen in older adults and women who have given birth or gone through menopause. Urinary tract infections (UTIs), pelvic floor disorders and an enlarged prostate are other causes.

**What is incontinence?**

Urinary incontinence is a condition that impacts many people’s lives. When you have incontinence, you may experience bladder control issues and leak urine. This leakage is often uncontrollable and can negatively impact your life.

Your [urinary system](https://my.clevelandclinic.org/health/articles/21197-urinary-system) is made up of the kidneys, ureters, bladder and urethra. These parts do several jobs. They filter, store and remove waste from your body. Your kidneys are the filters of your body. Waste products are removed from your blood by the kidneys, creating urine. The urine then moves down through two thin tubes called the ureters. The ureters connect to the bladder, where the urine will collect until it’s time to leave the body. Your bladder is like a storage tank — once the bladder is full, the brain sends a signal that it’s time to urinate. Urine then leaves the bladder when a muscle opens up (sphincter), allowing the urine to flow freely out of the body through the urethra.

When this system is working smoothly, you usually have time to get to a bathroom before needing to urinate and you don’t experience any leakage of urine. Urinary incontinence can happen when these parts don’t operate as they should. This can happen for many different reasons throughout your life.

Many people think that incontinence is a normal part of aging that can’t be helped. While it is true that your risk of incontinence increases as you get older, there are also treatments available to help you manage this condition. Incontinence doesn’t have to disrupt your life and keep you from being active.

**What are the different types of incontinence?**

There are several different types of incontinence. These types have different causes, characteristics and triggers for urine leakage. Knowing the type of incontinence is often an important part of the diagnosis and treatment plan for incontinence.

The types of incontinence include:

* **Urge incontinence**: This type of incontinence is characterized by an intense need to urinate right away. Often, this happens too quickly for you to make it to a toilet and you end up leaking urine. Urge incontinence can be caused by a condition called [overactive bladder (OAB)](https://my.clevelandclinic.org/health/diseases/14248-overactive-bladder). You could have OAB for a variety of reasons like having weak pelvic muscles, nerve damage, an infection, low levels of estrogen after menopause or a heavier body weight. Some medications and beverages like alcohol and caffeine can also cause OAB.
* **Stress incontinence**: When you leak urine during activities, this is often stress incontinence. In this type of incontinence, your pelvic floor muscles are weak and no longer support your pelvic organs as they should. This muscle weakness means that you’re more likely to accidently leak urine when you move around. For many people, leakage issues happen when they laugh, cough, sneeze, run, jump or lift things. These actions all place pressure on your bladder. Without the support of strong pelvic muscles, you’re more likely to leak urine. Women who have given birth are at a higher risk of having stress incontinence. Men who have had prostate surgery may develop stress incontinence.
* **Overflow incontinence**: If your bladder doesn’t empty completely each time you urinate, you could have overflow incontinence. Think of the bladder as a juice jug. If you only pour some of the juice out of the jug, but not all of it, there’s still a risk that you could spill when you move around. People with overflow incontinence never completely empty the bladder — placing them at risk for a spill. Usually, this results in small amounts of urine dripping out over time instead of one big gush of urine. This type of incontinence is more common in people with chronic conditions like multiple sclerosis (MS), stroke or diabetes. This may also occur in men with a large prostate.
* **Mixed incontinence**: This type of incontinence is a combination of several problems that all lead to leakage issues. When you have mixed incontinence, you might be dealing with stress incontinence and an overactive bladder. It’s often important to pay attention to what you’re doing when you have leakage issues with this type of incontinence. Identifying what triggers mixed incontinence is usually the best way to manage it.

**Who gets incontinence?**

Incontinence can happen to anyone. However, it’s more common in certain groups and at certain times in your life. Incontinence is much more common in women than in men. This is often related to [pregnancy](https://my.clevelandclinic.org/health/articles/16094-pregnancy-and-bladder-control), childbirth and [menopause](https://my.clevelandclinic.org/health/diseases/15224-menopause-perimenopause-and-postmenopause). Each of these experiences can cause a woman’s pelvic support muscles to weaken over time.

You’re also more likely to experience incontinence as you get older. The muscles that support your pelvic organs can become weaker over time, causing you to experience leakage issues.

**Am I at a higher risk of incontinence at an older age?**

Your body constantly changes throughout your life. As you age, the muscles that support your pelvic organs can weaken. This means that your bladder and urethra have less support — often leading to urine leakage. Your risk for developing incontinence as you age might be higher if you have a chronic health condition, have given birth to children, went through menopause, have an [enlarged prostate](https://my.clevelandclinic.org/health/diseases/9100-benign-prostatic-hyperplasia) or have had prostate cancer surgery. It’s important to talk to your healthcare provider over time about the risks of incontinence and ways you can manage it without interference to your daily life.

**Is incontinence more common in women?**

Incontinence is much more commonly seen in women than in men. A large part of this is because of pregnancy, childbirth and menopause. Each of these events in a woman’s life can lead to bladder control issues. Pregnancy can be a short-term cause of incontinence and the [bladder control issues](https://my.clevelandclinic.org/health/diseases/7064-bladder-control-issues) typically get better after the baby is born. Some women experience incontinence after delivery because of the strain childbirth takes on the pelvic floor muscles. When these muscles are weakened, you’re more likely to experience leakage issues. Menopause causes your body to go through a lot of change. Your hormones (estrogen in particular) change during menopause and this can alter your bladder control.

Men can also experience incontinence, but it isn’t as common as it is in women.

**Symptoms and Causes**

**What causes incontinence?**

There are many different reasons that you could experience incontinence. These causes can vary depending on if you’re a woman or man. Some causes are temporary health conditions that usually go away once treated. In those cases, your incontinence also usually stops once the condition is treated. Incontinence can be caused by long-term (chronic) medical conditions. When you experience leakage issues because of a chronic condition, it’s usually something you will have to manage over a longer period of time. Even with treatment, chronic conditions usually don’t go away. Incontinence may have to be managed over time as a symptom of your chronic condition.

Temporary or short-term causes of incontinence can include:

* [**Urinary tract infections (UTIs)**](https://my.clevelandclinic.org/health/diseases/9135-urinary-tract-infections): An infection inside your urinary tract (urethra, ureters, bladder and kidneys) can cause pain and increase your need to pee more often. Once treated, the urge to urinate frequently usually goes away.
* **Pregnancy:** During pregnancy, your uterus places extra pressure on the bladder as it expands. Most women who experience incontinence during pregnancy notice that it goes away in the weeks after delivery.
* **Medications**: Incontinence can be a side effect of certain medications, including diuretics and antidepressants.
* **Beverages**: There are certain drinks — like coffee and alcohol — that can make you need to urinate much more often. If you stop drinking these beverages, your need to urinate frequently typically goes down.
* [**Constipation**](https://my.clevelandclinic.org/health/diseases/4059-constipation): Chronic constipation (stool that’s hard and dry) can cause you to have bladder control issues.

Chronic or long-term causes of incontinence can include:

* [**Pelvic floor disorders**](https://my.clevelandclinic.org/health/diseases/14459-pelvic-floor-dysfunction): When you have an issue with your pelvic floor muscles, it can impact the way your organs function, including your bladder.
* [**Stroke**](https://my.clevelandclinic.org/health/diseases/5601-stroke-understanding-stroke): A stroke can cause you to experience issues with muscle control. This can include the muscles that regulate your urinary system.
* [**Diabetes**](https://my.clevelandclinic.org/health/diseases/7104-diabetes-mellitus-an-overview): When you have diabetes, your body produces more urine. This increase in the amount of urine can cause leakage issues. In addition, peripheral neuropathy can affect the bladder’s function.
* **Menopause**: Menopause is another time of change in a woman’s body when hormone levels change rapidly and pelvic floor muscles can also become weaker — something that also can happen as you get older.
* **Multiple sclerosis (MS)**: If you have MS, you may experience a loss of control with your bladder, leading to leakage issues.
* **Enlarged prostate**: When the prostate is larger than normal, it can cause several bladder control issues. You might also hear this condition called benign prostatic hyperplasia, or BPH.
* **After prostate cancer surgery**: During prostate cancer surgery the sphincter muscle can sometimes be damaged leading to stress incontinence.

**Why does pregnancy cause incontinence?**

During pregnancy, your body goes through a lot of physical changes. As your uterus stretches to hold the growing baby, a few things happen. Your bladder can be squished by the expanding baby, making your bladder hold less than before. You might experience an increased urgency to pee during pregnancy because your bladder cannot hold as much as before. This might become even more challenging towards the end of pregnancy when the baby is at its largest.

Another reason for incontinence during pregnancy is the weakening of your pelvic floor muscles. These muscles are the support structures for all of the organs in your pelvis. During pregnancy, they can be stretched and weakened as your uterus expands.

**What are the symptoms of incontinence?**

The main symptom of incontinence is a leakage of urine. This could be a constant dripping of urine or an occasional experience of leakage. If you have incontinence, you might have large amounts or small amounts of leaked urine. You might experience leakage for a wide variety of reasons — often depending on the type of incontinence you have.

You might leak urine when you:

* Exercise.
* Cough.
* Laugh.
* Sneeze.
* Have an urge to urinate, but can’t make it to the toilet on time.
* Have to get up in the middle of night to urinate ([nocturia](https://my.clevelandclinic.org/health/diseases/14510-nocturia)).

**Diagnosis and Tests**

**How is incontinence diagnosed?**

Often, the diagnosis process for incontinence will start with a conversation with your healthcare provider about your medical history and bladder control issues. Your provider might ask you questions like:

* How often do you urinate?
* Do you leak urine between trips to the toilet, how often does this happen and how much urine do you leak each time?
* How long have you been experiencing incontinence?

These questions can help your provider figure out a pattern with your leakage, which often points to a specific type of incontinence. When your provider is asking about your medical history, it’s important to list all of your medications because some medications can cause incontinence. Your provider will also ask about any past pregnancies and the details around each delivery.

There are also several specific tests that your provider might do to diagnose incontinence, including:

* **Physical exam**: Your healthcare provider will typically do a physical exam early in the diagnosis process. During this exam, your provider will look for any physical reason that could be causing your incontinence. This could include doing a pelvic exam if you’re a woman or checking the size of a man’s prostate.
* **Urine samples**: Your provider may take samples of your urine to test for infections or blood. Testing your urine is also called urinalysis.
* **An**[**ultrasound**](https://my.clevelandclinic.org/health/treatments/4995-your-ultrasound-test)**of your bladder**: An ultrasound is a painless test that uses sound waves to create an image of your internal organs. This imaging test will allow your provider to look at the contents of your bladder and assess the emptying ability of your bladder in a non-invasive way.
* **Stress test**: During this test, your provider will ask you to cough to see if any urine leaks from this action. If you’ve noticed leakage during other activities, like running or jumping, your provider may ask you to repeat those actions to see if you have a leakage issue.
* [**Cystoscopy**](https://my.clevelandclinic.org/health/diagnostics/16553-cystoscopy): A cystoscope is a thin flexible tube with a camera on the end that can be inserted into your urethra and bladder to get a close look at the inside of your urinary tract. This tool allows your provider to see a lot of detail inside your body.
* [**Urodynamic testing**](https://my.clevelandclinic.org/health/diagnostics/15684-urodynamic-testing): This testing involves several tests that check how much your bladder can hold and how well your urethral sphincter muscle (the muscle that holds your urethra shut) is working. One part of this testing may involve inserting a tube into your bladder that will fill the bladder up with fluid. This checks how much your bladder can actually hold.
* **Pad test**: Your provider may give you a pad to wear, which will catch any leaked urine. At the end of the test, this pad will be checked to see how much urine you lost.

While at home, your provider might recommend you keep track of any leakage in a journal for a few days. By writing down how often you experience incontinence issues over the span of a few days, your provider might be able to identify a pattern. This can really help in the diagnosis process. Make sure to write down how often you need to urinate, how much you are able to go each time, if you leak between trips to the bathroom and any activities you might be doing when you leak urine. You’ll then bring this journal with you to your appointment and talk about it with your provider.

**When should I see a doctor about incontinence?**

It’s important to know that incontinence can be treated. Many people believe that it’s something that just goes along with aging and is an unavoidable issue. If you find that incontinence is disturbing your daily activities and causing you to miss out on things you typically enjoy, talk to your healthcare provider. There are a wide range of options to treat incontinence.

**Management and Treatment**

**How is incontinence treated?**

There are many different factors that your healthcare provider will consider when creating a treatment plan for your incontinence. The type of incontinence and the ways it affects your life are both big considerations. Your provider will also talk to you about the type of treatment you are most comfortable with. There are three main types of treatment you can explore for incontinence — medications, lifestyle changes and surgery. Each option has pros and cons that your provider will discuss with you.

**Medications to treat incontinence**

There are quite a few medications that can reduce leakage. Some of these drugs stabilize the muscle contractions that cause problems with an overactive bladder. Other medications actually do the opposite thing — relaxing muscles to allow your bladder to empty completely. Hormone replacement therapies can — often involving replacing estrogen that’s decreased during menopause — may also help restore normal bladder function.

In many cases, medications can work very well to return normal function to the bladder. Your provider will carefully select a medication that matches your specific needs. Often, your provider will start you on a low dose of the medication and then increase it slowly. This is done to try and reduce your risks of side effects and to keep track of how well the medication is working to treat your incontinence.

Common medications that can be used to treat incontinence include:

* Oxybutynin (Ditropan®), oxybutynin XL (Ditropan XL®), oxybutynin TDDS (Oxytrol®).
* Tolterodine (Detrol®).
* Solifenacin (Vesicare®).
* Fesoterodine (Toviaz®).
* Darifenacin (Enablex®).
* Trospium (Sanctura XR®).
* [Antidepressant medication](https://my.clevelandclinic.org/health/treatments/9301-antidepressants-depression-medication) — Imipramine (Norfranil, Tipramine, Trofranil).
* Mirabegron (Myrbetriq®).

**Lifestyle changes to manage incontinence**

Sometimes, there are changes to your everyday life that can actually help your incontinence. These changes often include exercises you can do to strengthen your pelvic floor muscles, changes to your normal habits and an improved diet. Some people notice improvements by making these changes at home and don’t need additional treatment.

Talk to your healthcare provider about these home treatment options for incontinence before starting any of them. You might not be able to treat all types of incontinence with these lifestyle changes. Your provider might also make detailed suggestions to you about the best lifestyle changes to try given your incontinence diagnosis.

Lifestyle changes to help improve incontinence can include:

* Emptying your bladder on a regular schedule. This is also called timed voidings — a practice of going to the bathroom on a regular schedule instead of waiting for the urge to go.
* Emptying your bladder before physical activities. If you’re planning to exercise or do a physical activity, plan to empty your bladder before the activity starts to avoid leakage.
* Avoiding lifting heavy objects. If you need to move something large, grab an additional person to help you.
* Doing regular Kegel exercises to help strengthen your pelvic floor muscles.
* Avoiding drinking caffeine or a lot of fluids before staring an activity. If you experience frequent urination and leakage at night, you might also want to avoid drinking beverages right before bed.
* Wearing pads and products that are designed to catch any leaked urine can also be a useful way to manage incontinence. These products can usually be worn under your clothes without anyone noticing and they provide reassurance that you won’t experience urine leaking through your clothes.
* Practicing bladder training to help stretch out the amount of time between each trip to the bathroom. The goal in bladder training is to try and wait a little longer between urinating each time to build up strength.
* Maintaining a healthy body weight. Having excess body weight can be one cause of incontinence. By eating a healthy diet and exercising, you can reduce the risk of incontinence.

There are also devices that you can use at home to help with incontinence. One over-the-counter device that you can use is a:

* **Vaginal insert:**There are over-the-counter devices that can be placed in the vagina that can compress the urethra and help reduce stress incontinence in women.

**Procedures and surgeries to treat incontinence**

If other non-invasive treatment options have failed to treat your incontinence, there are several procedures that your provider might suggest. These procedures range from simple injections to more complicated surgeries. Your provider will discuss the best procedural option for you based on the type of incontinence you have and your symptoms.

Procedures to treat incontinence can include:

* **Bulking agents**: This treatment option is an injection that’s typically used in women with stress incontinence. A permanent substance is injected into the lining of your urethra to help increase the size of the urethra’s lining.
* [**Botulinum toxin injections**](https://my.clevelandclinic.org/health/treatments/8312-botulinum-toxin-injections)**(Botox®)**: You might think of Botox® as a cosmetic treatment, but it can also be used to relax muscles in your body. Your provider might inject Botox® into your bladder to help relax the muscles — helping with urge incontinence. This treatment isn’t permanent and will need to be repeated over time.
* **Neuromodulation devices**: Pacemakers that stimulate the nerves to the bladder to improve control can be implanted. Furthermore, a nerve near your ankle can be stimulated to achieve better bladder control.
* **Sling procedures**: There are sling procedures to treat incontinence for both men and women. In women, either a synthetic material or strip of your own tissue is typically used to support the urethral channel.
* **Artificial urethral sphincter**: This is a device that’s used in men with stress incontinence that is placed to close the urethra when not urinating. It’s typically used for leakage after prostate cancer surgery.

**How do I do Kegel exercises?**

[Kegel exercises](https://my.clevelandclinic.org/health/articles/14611-kegel-exercises) are a simple way to build strength in your pelvic floor muscles. These exercises are done by lifting, holding and then relaxing your pelvic floor muscles. You can find these muscles by stopping the flow of urine mid-stream while you’re urinating. Only do this until you learn how to find the muscles — stopping the flow of urine mid-stream isn’t healthy over a long period of time.

When you’re doing Kegel exercises, start small. Only hold it for a few second. Over time you can slowly work your way up to longer and longer stretches of holding the muscles tight.

Unlike other types of workouts, no one can tell when you’re doing Kegel exercises. Aim to do several sets of Kegel exercises (a set is made up of 10 exercises) twice a day.

**Prevention**

**Can incontinence be prevented?**

Different events throughout your life can lead to many of the things that cause incontinence. The muscles that support your pelvic organs can weaken over time. For women, these muscles can also be weakened by big life events like pregnancy and childbirth. However, in the same way you work out to build strength in your legs or arms, you can do exercises to strengthen your pelvic floor muscles. Doing exercises to strengthen your pelvic muscles may not prevent you from having any issues with incontinence, but it can help you regain control of your bladder. Maintaining a healthy body weight can also help with bladder control. Talk to your healthcare provider about the best ways to maintain strong pelvic floor muscles throughout your life.

**Outlook / Prognosis**

**Will I have incontinence for my entire life?**

Sometimes incontinence is a short-term issue that will go away once the cause ends. This is often the case when you have a condition like a urinary tract infection (UTI). Once treated, frequent urination and leakage problems caused by a UTI typically end. This is also true for some women who experience bladder control issues during pregnancy. For many, the issues end in the weeks after delivery. However, other causes of incontinence are long-term and related to conditions that are managed throughout your life. If you have a chronic condition like diabetes or multiple sclerosis, you may have incontinence for a long period of time. In those cases, it’s important to talk to your provider about the best ways to manage your incontinence so that it doesn’t interfere with your life.

**A note from Cleveland Clinic**

It can be embarrassing to talk about bathroom habits with your healthcare provider. This embarrassment shouldn’t stop you from treating incontinence, though. Often, your healthcare provider can help figure out the cause of your bladder control issue and help make it better. You don’t need to deal with it alone. Talk to your healthcare provider about the best ways to treat incontinence so that you can lead a full and active life without worrying about leakage.