

FREQUENTLY ASKED QUESTIONS

Incontinence

Incontinence is a condition that tends to be more common as patients age, but can be experienced by individuals of all age groups and sexes. Incontinence is generally a very treatable condition; however, it is important to have a thorough evaluation by a trained healthcare provider prior to treatment.

Incontinence should not be considered an inevitable part of getting older, and you should not feel embarrassed or apprehensive about talking to your physician about this condition. The majority of patients can be successfully treated using either conservative or surgical treatment.

DO ONLY THE ELDERLY TYPICALLY EXPERIENCE INCONTINENCE?

Incontinence is more common as a patient ages, but can be seen in children, adolescents, and adults—both male and female.

IS INCONTINENCE A PROBLEM SEEN WITH PEOPLE WHO HAVE DIABETES?

Incontinence can be seen in the diabetic patient, who tends to have multiple factors that contribute to their incontinence. Diabetic patients require a complete evaluation prior to treatment.

DOES PREGNANCY LEAVE A LASTING PROBLEM WITH URINARY INCONTINENCE?

Not all pregnant women experience incontinence following delivery; however, pregnancy and vaginal delivery can lead to pelvic organ prolapse, which can be associated with pelvic organ dysfunction and urinary incontinence. Trauma during vaginal delivery can also lead to anal sphincter injuries, which may lead to fecal incontinence.

HOW DO I KNOW IF I REALLY HAVE A PROBLEM?

If you are bothered by symptoms that are impacting your quality of life, you may wish to consult your physician. If you experience a sudden onset of incontinence, yet are healthy and have not delivered children, you should seek medical advice. You might also consult your physician if you experience incontinence after surgery or a trauma.

IS THERE ANY ADVICE REGARDING THE EMBARRASSING NATURE OF THIS PROBLEM?

Health care has evolved to address quality of life issues as well as health issues. If incontinence troubles you, you should visit your physician for an evaluation. Sometimes, incontinence is a manifestation of an underlying disorder.

WHAT IS THE MOST EFFECTIVE TREATMENT FOR INCONTINENCE IN OLDER WOMEN?

The evaluation for an older woman should be similar to that for a woman of any age. Once your physician identifies the cause of your incontinence, available risks and benefits of the various therapeutic options should be considered and discussed.

WHAT ARE SOME NEWER TREATMENTS THAT CAN HELP WITH URGE INCONTINENCE?

Sacral Neuromodulation, or insertion of a bladder “pacemaker,” is a treatment used for patients who have tried other therapies without success. The pacemaker is effective in those patients who have urge incontinence, once this condition has not responded to more conservative forms of treatment. Botox has been used effectively for refractory urge incontinence as well

WHAT IS OVERFLOW INCONTINENCE, AND HOW DOES IT OCCUR AND GET TREATED?

Overflow incontinence occurs because the bladder does not empty properly. It can occur for a variety of reasons, including neurological disorders or obstruction of the bladder. Treatment depends on the underlying cause.

HOW ARE INCONTINENCE CASES DIAGNOSED?

You and your physician will discuss your physical history and your physician will perform a physical examination to determine whether you have urinary incontinence. Usually a urinalysis is also required. Depending on the findings, further testing with either X-rays or a study of the lower urinary tract may be appropriate. We recommend a full evaluation prior to any treatment.

ARE THERE ANY NEW TECHNIQUES FOR CONTROL OF URINARY INCONTINENCE FOLLOWING RADICAL PROSTATECTOMY?

If you’ve undergone a radical prostatectomy, you may be incontinent because of injury to the sphincter mechanism that controls bladder continence. Generally, the treatments for sphincteric weakness include pelvic floor exercises, a male sling, or an artificial urinary sphincter.

HOW DO RECURRIENT BLADDER INFECTIONS IMPACT INCONTINENCE?

Recurrent bladder infections can in and of themselves cause enough bladder irritation to cause incontinence. They may also worsen an underlying condition that causes incontinence.

IF I AM NOT ABLE TO GET TO THE BATHROOM WITHOUT LEAKING URINE DOES THIS MEAN I HAVE INCONTINENCE?

Any leakage of urine is considered to be incontinence, and should be evaluated by a physician

WHAT ARE THE MAIN CAUSES OF URINARY INCONTINENCE?

- Men often experience urinary incontinence following prostate surgery.
- Recent data suggests that urge incontinence is common in older males—afflicting up to one third of men, depending on the age group studied.
- In women, pregnancy and vaginal delivery is the most common cause of urinary incontinence.
- Other disorders such as multiple sclerosis, Parkinson's, and spinal cord injury may also lead to voiding dysfunction and incontinence.

HOW DOES INCONTINENCE RELATE TO AGE?

Although incontinence traditionally has been attributed to age, it should not be considered to be a normal part of aging; an elderly patient should be evaluated the same as a patient of any age. This is particularly true if you experience a sudden onset of incontinence, or incontinence following a surgical procedure.

WHAT ARE COMMON MEDICATIONS FOR INCONTINENCE?

The most common medications used for the treatment of urge incontinence fall into the general category of anticholinergics, or drugs designed to "relax" the bladder.

WHAT IS THE DIFFERENCE BETWEEN 'URGE' INCONTINENCE AND 'STRESS' INCONTINENCE?

- Stress incontinence is also known as activity related incontinence. It might occur if you are lifting, coughing, straining, or otherwise engaging in some form of physical activity.
- Urge incontinence refers to urinary incontinence that occurs with a sudden urge that you cannot otherwise control.
- Patients can also experience both types of incontinence, which we call mixed incontinence.

WHAT MAY CAUSE FREQUENT, STRONG URGES TO GO TO THE BATHROOM THAT SOON PASS IN A MALE IN HIS SIXTIES?

Frequent strong urges to go to the bathroom in older male are commonly due to enlargement of the prostate. However, recent data have shown that men may experience urge incontinence in the *absence* of an enlarged prostate. An evaluation by a physician is advisable.

WHAT ARE KEGEL EXERCISES AND WHOM DO THEY BENEFIT?

Kegel exercises are designed to strengthen the muscles that support the pelvic floor and maintain continence. Kegel exercises benefit patients with stress incontinence and are very worthwhile treatments with virtually no side effects.

IS THERE A PROPER WAY TO DO KEGEL EXERCISES?

The best way for your physician to determine whether you are using the proper muscles to do Kegel Exercises is during a physical exam. Our physical therapists are specifically trained in pelvic floor rehabilitation and are also available to all our patients.

HOW CAN FISTULAS (URINARY) CAUSE INVOLUNTARY URINE LOSS?

Fistulas are abnormal connections from the urinary tract—usually into the woman's vagina or into the skin/rectum of a male—these cause incontinence by bypassing the normal sphincter mechanism.

WHAT CAN I DO NEXT?

If you are experiencing incontinence or voiding dysfunction, schedule an exam with your primary care physician or contact our offices at the address and phone number listed below.

For any questions about our *Pelvic Medicine & Continence Program* at Concord Hospital Center for Urologic Care please call (603) 224-3388 or visit

www.concordhospital.org.