



URINARY LEAKAGE INCONTINENCE

[OVERVIEW](#)[SYMPTOMS](#)[DIAGNOSIS](#)[TREATMENT](#)[PROCEDURE](#)[FAQ'S](#)

OVERVIEW

Urinary leakage or incontinence is when a person loses control of their bladder and urinates unintentionally. It encompasses both occasional small leaks and complete bladder voiding.

Incontinence has a wide range of potential causes. The condition is often seen in the elderly, although urinary leakage is not necessarily an unavoidable fact of aging. Many patients are adversely affected by their urinary leakage and struggle to integrate their social lives with their condition. The condition can occur in single instances or chronically and varies in severity.

The most common types of incontinence are stress and urge incontinence. Stress incontinence refers to urine leaks brought on by pressure on the bladder, such as coughing or sneezing. Urge incontinence is the sudden and sometimes uncontrollable urge to urinate.

[OVERVIEW](#)[SYMPTOMS](#)[DIAGNOSIS](#)[TREATMENT](#)[PROCEDURE](#)[FAQ'S](#)

SYMPTOMS

The symptoms of the different types of incontinence can vary in frequency and intensity, but all involve the involuntary release of urine in situations, such as:

- When pressure is applied to the bladder (coughing and sneezing)
- Upon a sudden strong urge to urinate
- Frequent dribbling due to incomplete voiding
- An impairment that prevents reaching the toilet in time

DIAGNOSIS

Diagnosis of incontinence and differentiation of different types of incontinence is done in many ways.

MEDICAL HISTORY

Your doctor will obtain a detailed medical history. This will include your urinary symptoms along with other health issues and medications. You will also be asked about your diet and fluid intake. You may be asked to keep a bladder diary to help aid in the diagnosis and rate the severity of your symptoms. Bladder diaries may also be used to track the efficacy of certain treatments. The bladder diary helps you track:

- When and how much fluid you drink
- When and how much you urinate
- How often you have an urgency feeling
- When and how much urine you leak

PELVIC EXAM

This is done to assess your urethra and look for other causes of your incontinence such as prolapse. Your doctor will ask you to put pressure on your bladder by coughing or bearing down to assess if these actions cause urinary leakage.

URINE AND BLADDER TEST

Other testing may include a urine test to check for an infection as well as a bladder ultrasound to measure the volume of urine left in the bladder after you use the bathroom. More invasive testing may be done in certain cases and may include:

- Cystoscopy: A tiny camera inside a long thin tube is inserted through the urethra to inspect the lining of the bladder.
- Urodynamic testing: Using catheters and sensors your doctor will test how well the bladder, sphincters, and urethra hold and release urine

TREATMENT

A physician will recommend treatment based on the type of incontinence, severity and frequency, and the contributing factors. Treatments can range from simple behavioral changes to various kinds of surgery.

LIFESTYLE CHANGES/BEHAVIORAL THERAPY

These are typically first line therapies and can be used in conjunction with other therapies. This includes pelvic floor therapy, timed urination, decreasing fluid intake in the evening and dietary changes with avoiding known bladder irritants including:

- Citrus fruits
- Tomatoes
- Chocolate

- Caffeine
- Alcoholic beverages
- Spicy foods
- Carbonated beverages

MEDICATIONS

Several types of medication can relieve symptoms of overactive bladder. In postmenopausal women, estrogen therapy can improve the overactive bladder. Some medicines can relax the bladder to enable more effective voiding during urination.

SURGERY

In most cases, doctors will perform surgery when symptoms are severe and other treatments have failed to produce results. Some of these procedures can be done in the office.

OVERVIEW

SYMPTOMS

DIAGNOSIS

TREATMENT

PROCEDURE

FAQ'S

BOTOX

BOTOX

Botox is an FDA approved treatment for overactive bladder (OAB), a condition affecting an estimated 33 million men and women. It improves typical OAB symptoms including urinary frequency, urinary urgency and urinary incontinence due to urgency. It is used as an advanced therapy for patients who do not respond to standard medical therapy.

Botox is injected into the bladder through a cystoscope in a short outpatient procedure. It is effective at treating OAB symptoms 70-80% of the time. It is important to know that it may take up to 2 weeks to see improvement in your symptoms. Also botox will wear off in 6-9 months and you will require periodic injections to maintain its benefits.

It is important to tell your urologist about any blood thinners you take, if you have any muscle or nerve disease or if you have a history of urinary tract infections. Risks include bleeding, urinary tract infection, urinary retention which may require a temporary catheter or systemic absorption leading to muscle weakness or difficulty speaking or swallowing.

FOR MORE INFORMATION VISIT:

<https://www.botoxforob.com/>

Sacral Neuromodulation

SACRAL NEUROMODULATION

Sacral Neuromodulation (SNM) is an FDA approved treatment to restore bladder function by stimulating the sacral nerves. The sacral nerve is responsible for delivering signals between the brain and the bladder. SNM helps control these signals, so that the bladder can function normally.

A neurostimulator generates mild electrical pulses, which stimulate the sacral nerve, and normalizes the communication between the bladder and the brain, helping to control symptoms. Unlike oral medications that target the muscular component of bladder control, SNM controls the symptoms through direct modulation of the nerve activity.

If your doctor thinks you may be a good candidate for SNM, he or she will begin an evaluation phase, which lasts around 3-4 days and is designed to see if SNM will be a successful option for you. During this time, a thin, temporary wire will be inserted in your lower back, near the sacral nerves which control the bladder, and will be connected to, and controlled by a device, which delivers electric stimulation to the sacral nerve. Your doctor will monitor your symptoms over the course of this evaluation period, and, if successful, the temporary wire will be removed and a more permanent device, similar to a pacemaker, will be implanted just under the skin.

FOR MORE INFORMATION VISIT:

Medtronic.com/bladder

How Can Patients Live with Incontinence?



In many cases of incontinence, particularly in the elderly, the most effective solution is the combination of behavioral changes and either absorbent pads or undergarments. Today, many absorbent undergarments are no bulkier than typical clothing and give wearers the utmost discretion.

What Should People with Incontinence Avoid?



Many foods and drinks can irritate the bladder and worsen or bring on infrequent incontinence. Those who occasionally struggle with urinary leaks should avoid caffeine, alcohol, and carbonated beverages. They should also avoid chocolate and artificial sweeteners.

What Are the Risk Factors for Incontinence?



Incontinence increases with age. In fact, age is one of the most significant factors. Women are also more likely to have incontinence than men, especially after pregnancy and childbirth. Some basic health factors like being overweight and smoking also contribute to incontinence.

