

Frequently Asked Questions

Female Urinary Incontinence

Q: What is urinary incontinence (UI)?

A: UI is also known as "loss of bladder control" or "urinary leakage." UI is when urine leaks out before you can get to a bathroom. If you have UI, you are not alone. Millions of women have this problem, especially as they get older.

Q: What causes UI?

A: It is usually caused by problems with muscles and nerves that help to hold or pass urine from the bladder. Incontinence happens if the bladder muscles suddenly contract or the sphincter muscles are not strong enough to hold back urine.

Causes Of UI that can affect women are:

- Pregnancy
- Childbirth
- Menopause
- Constipation
- Medicines
- Caffeine and Alcohol
- Infection
- Nerve Damage
- Excess Weight

Q: What are the types of UI?

A: Stress incontinence — Leakage happens with coughing, sneezing, exercising, laughing, lifting heavy things, and other movements that put pressure on the bladder. This is the most common type of incontinence in women. It is often caused by physical changes from pregnancy, childbirth, and menopause. It can be treated and sometimes cured.

Urge incontinence — This is sometimes called "overactive bladder." Leakage usually happens after a strong, sudden urge to urinate. This may occur when you don't expect it, such as during sleep, after drinking water, or when you hear or touch running water.

Q: How do I find out if I have UI?

A: Schedule a visit with your doctor. Your doctor will ask you about your symptoms and take a medical history, including:

- How often you empty your bladder?
- How and when you leak urine?
- How much urine you leak?

Your doctor will do a physical exam to look for signs of health problems that can cause incontinence. Your doctor also will do a test to figure out how well your bladder works and how much it can hold. For this test, you will drink water and urinate into a measuring pan. The doctor will then measure any urine still in the bladder. Your doctor also may order other tests such as:

- **Bladder Diary** — Your doctor may ask you to write down when you empty your bladder and how much urine you produce for a day or a week.
- **Bladder stress test** — During this test, you will cough or bear down as the doctor watches for loss of urine.
- **Urinalysis** — A urinalysis tests your urine for signs of infection or other causes of incontinence.
- **Ultrasound** — Sound waves are used to take a picture of the kidneys, bladder, and urethra.
- **Cystoscopy** — A doctor places a thin tube connected to a tiny camera in the urethra to look at the inside of the urethra and bladder.

- **Urodynamics** — A doctor places a thin tube into your bladder and your bladder is filled with water. The doctor then measures the pressure in the bladder.

Q: How is UI treated?

A: There are many ways to treat UI. Your doctor will work with you to find the best treatment for you.

Types of treatments include:

- Behavioral treatments
- Medicines for bladder control
- Devices
- Nerve stimulation
- Biofeedback
- Surgery
- Catheterization

Q: What are the nonsurgical treatment options for stress urinary incontinence?

A: Nonsurgical options for treating stress urinary incontinence include lifestyle changes, physical therapy, the use of devices called pessaries that are placed in the *vagina*, and special injections.

Q: What types of surgery treat stress urinary incontinence:

A: There are two main types of surgery: 1) urethral slings and 2) colposuspension. Surgery can be done through an incision in the abdomen, through the vagina, or with a laparoscope.

Q: How do slings work?

A: A sling may be used when the urethra has dropped out of place or when the sphincter muscle of the urethra is weak. The sling is a narrow strap that is placed under the urethra. It acts as a hammock to lift or support the urethra and the neck of the bladder. There are different types of slings procedures. They differ in the type of material used for the sling, the type of incisions needed, and how the sling is placed.

Q: When is colposuspension used?

A: This treatment is used when the bladder or urethra has dropped out of place. The most common type of colposuspension performed is called the Burch procedure. The bladder neck is raised back to the correct position using a few stitches placed in the wall of the vagina and the pelvic tissues. These stitches keep the bladder neck in place and help support the urethra. The Burch procedure can be done through an incision in the abdomen or with laparoscopy.

Q: What can you expect after surgery?

A: After surgery, discomfort may last for a few days or weeks. The degree of discomfort may be different for each woman. If more than one procedure is done, there may be more pain than if only a stress urinary incontinence procedure is done.

Some women may find it hard to urinate for a while or notice that they urinate slower than before surgery. During this time, they may need to use a *catheter* to empty their bladders a few times each day. In rare cases, if a woman is not able to urinate on her own, the stitches or the sling may need to be adjusted or removed.