



GLICKMAN UROLOGICAL & KIDNEY INSTITUTE

Urinary Incontinence

What is it?

Urinary incontinence is the inability to control when you pass urine. It's a common medical problem. As many as 20 million Americans suffer from loss of bladder control. The condition is more common as men get older, but it's not an inevitable part of aging. Often, embarrassment stops men from seeking help, even when the problem is severe and affects their ability to leave the house, spend time with family and friends or take part in everyday activities. It's possible to cure or significantly improve urinary incontinence, once its underlying cause has been identified. But it's important to remember that incontinence is a symptom, not a disease. Its cause can be complex and involve many factors. Your doctor should do an in-depth evaluation before starting treatment.

What might be causing my incontinence?

Lots of things may lead to loss of urinary control. Nerves and muscles must work together to hold urine in the bladder until you're ready to release it. Weakened muscles or damaged nerves can hamper that ability. Nerve damage can be a consequence of diabetes, Parkinson's disease, stroke or spinal cord injury. An enlarged prostate gland also

can lead to incontinence, as can prostate cancer surgery or radiation treatments. Sometimes the cause of incontinence isn't clear.

Where can I get help?

Talking to your doctor is the first step. You shouldn't feel ashamed; physicians regularly help patients with this problem and are comfortable talking about it. Many patients can be evaluated and treated after a simple office visit. Some patients may require additional diagnostic tests, which can be done in an outpatient setting and aren't painful. Once these tests have determined the cause of your incontinence, your doctor can recommend specific treatments, many of which do not require surgery. No matter how serious the problem seems, urinary incontinence is a condition that can be significantly relieved and, in many cases, cured.

How is incontinence treated?

The kind of treatment your doctor recommends will depend on what's causing your incontinence. The range of treatments includes self-help techniques, medications and surgery.

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Are there different types of incontinence?

Yes. Two common types are urge incontinence and stress incontinence.

What's urge incontinence?

It's a sudden, overwhelming need to urinate, followed by loss of control and involuntary leakage. Often, the cause is an overactive bladder. Normally, strong muscles called sphincters pinch off drainage from the bladder. The muscles of an overactive bladder squeeze hard enough to override the sphincters and allow urine to spill out. Medications that relax bladder muscle spasms can help ease the problem of urge incontinence. Your doctor can discuss the risks and benefits. Special pelvic exercises called Kegels and some behavior changes (both explained below) also can make a difference.

What's stress incontinence?

It's a loss of urinary control during an activity – such as coughing, sneezing or lifting something heavy – that boosts abdominal pressure on your bladder. Usually only a small amount of urine leaks out, but this is variable. Stress incontinence can result from weak pelvic muscles, weak bladder sphincter muscles, or a problem with the way the sphincter muscles open and close. Women often develop stress incontinence after childbirth, but men can have it too, most commonly after treatment for prostate cancer. As with urge incontinence, Kegel exercises and behavior changes may provide benefit.

What are Kegel exercises?

They're exercises that help strengthen the pelvic floor muscles, which support the bladder. To do a Kegel, squeeze your pelvic muscles as if you were trying to stop urinating or prevent passing gas. You shouldn't move or tighten your leg, buttock or stomach muscles. Hold the squeeze for a count of 3, then relax for 3. Don't overdo; build up to a frequency of 3 sets of 10 repeats, 3 times a day. You should notice an improvement in bladder control after several weeks.

What about behavior changes?

Emptying your bladder regularly, especially before physical activity, limiting drinking caffeine and other fluids at certain times of the day, and going to the bathroom on a schedule rather than when you have an urge (called bladder training or timed voiding) may be helpful.

Is surgery for incontinence an option?

If other methods fail, outpatient surgery with very small incisions can be used to increase resistance in the urethra, implant an artificial sphincter, or install a sling that exerts pressure and shifts the urethra to a less leak-prone position. Your doctor can explain the benefits and risks.

To schedule an appointment for urinary incontinence, call the Glickman Urological & Kidney Institute appointment line at [216.444.5600](tel:216.444.5600) or [800.223.2273](tel:800.223.2273), extension [45600](tel:45600).