

Symptoms

Symptoms that people with urinary incontinence experience include:

- leaking urine when they cough, sneeze, exercise, rise from sitting and lift;
- not reaching the toilet in time;
- regularly going to the toilet during the day and night;
- dribbling urine after leaving the toilet;
- loss of bladder control;
- bladder spasms;
- feeling that the bladder has not completely emptied;
- pain when passing urine; and
- a burning sensation when passing urine.

Getting appropriate help

Contact your GP, continence adviser, nurse specialist, community nurse or specialist continence physiotherapist.

You can normally contact a community continence adviser yourself. Contact your local health centre or NHS 24.

You may be referred to the following professionals.

Urologist - specialist in the field of bladder problems, prostate problems and male sexual organs.

Urogynaecologist - specialist who works in the field of women's bladder and reproductive organ problems.

Neurologist - specialist who deals with the nervous system throughout the body.

Elderly-care physician and geriatrician - specialist in the field of medicine for elderly people.

What should I expect from a continence assessment?

On your first visit for a continence assessment, you can expect to discuss your medical history and have a urine test. You may receive a pelvic-floor examination at this assessment or during a future consultation. The pelvic-floor examination will be explained to you beforehand. You will be asked if you want someone to come with you. Questions you can expect to be asked during your assessment may include the following:

- How often do you go to the toilet?
- How often do you leak or have accidents?
- When you have leaked, how bad is it? Are your pants damp, wet through to your clothes or soaked to the floor?
- When do you leak or have accidents?
- What medicines do you take?
- What do you normally eat and drink?
- Is it painful or uncomfortable when you pass urine?
- How often do you get up at night to pass urine?

Common questions

Questions that you may like to ask during a continence assessment include the following.

- Why do I leak?
- Why do I have to go to the toilet so often?
- Why am I sometimes unaware that I need to go the toilet? Often I am wet when I get there.
- Why do I leak when coughing, sneezing, or doing exercise?
- On going to the toilet, I only pass small amounts of urine and feel as though my bladder is not completely empty. Why is this?
- I have pain when passing urine. Why is this?
- Sometimes I have blood in my urine. What should I do?
- Why do I leak urine when I am having sex?

Tests and investigations to diagnose causes of urinary incontinence

- Testing a urine sample to rule out infection or other conditions (urinalysis).
- Voiding diaries (frequency and volume charts) to assess and diagnose some bladder problems. These involve filling in a diary-type form noting everything you drink, the amount of urine you pass and when you are wet, damp or soaking. Some diaries also record if the leakage is associated with coughing, sneezing or moving. This is done over a period of at least three days.
- The pelvic-floor muscles are checked by vaginal examination (women) or by examination of the back passage (men).
- A bladder scan is needed to find out if there is any urine left in your bladder after you have passed urine. It is a simple procedure where gel is put on to your abdomen and then your bladder is scanned.
- Urodynamics - this test can help to find out the cause of bladder problems. It involves putting one catheter into your bladder through your urethra (the tube that carries urine out of your bladder) and another into your back passage. This can be a little uncomfortable but can be a very useful test to find out what is going wrong with your bladder.
- Cystoscopy - this procedure is normally carried out in a urology department by a physician. It can be done under local or general anaesthetic. An instrument similar to a catheter with a camera is inserted into the urethra going up into your bladder and allows the doctor to look for any problems.

Treatment

Physiotherapy

There are many different forms of physiotherapy available to help with bladder problems. These include pelvic-floor muscle exercises, biofeedback, electrical stimulation and using vaginal cones.

Pelvic-floor muscle exercises can help strengthen the muscles in the pelvic floor, giving more control over your bladder. They are very helpful for stress incontinence problems. Your continence adviser or specialist continence physiotherapist (or both) can let you know how to do these properly. You can get leaflets and booklets to support ongoing therapy.

Biofeedback uses simple devices and techniques during pelvic-floor muscle exercises to help the patient to improve their pelvic muscle function through increasing muscle awareness.

Electrical stimulation therapy usually involves using a vaginal or rectal probe to help strengthen your pelvic-floor muscles. Sometimes, you can borrow machines so your treatment can continue at home. Electrical stimulation can be used where people have very weak pelvic-floor muscles.

Vaginal cones are small cone-like devices that are inserted into the vagina to help strengthen the pelvic floor. Patients have their own individual set (usually two to three with different weights).

Bladder retraining programmes can help improve an overactive bladder by helping the bladder to hold more urine. Bladder retraining takes time and determination but can be very successful. Keep a diary or record of how often you pass urine for at least three days (use a chart). Gradually increase the time between visits to the toilet. For example, if you normally go to the toilet every hour, try to hold on a little bit longer.

As your bladder becomes more used to holding more urine, the problems of an overactive bladder and urgency are reduced. Some people find retraining easy and can do it quickly. Others find it harder and it can take longer. Often it gets easier to overcome the urge to pass water.

Never rush to the toilet mid-urge. Relax in a sitting or standing position and wait a minute until the urge disappears before walking calmly to the toilet or carrying on with what you were doing. It is important to drink enough but not too much fluid for the bladder retraining to work (about 1.5 to two litres a day). Your GP can prescribe antimuscarinic drugs to help reduce the urge to go when you are doing bladder retraining.

Lifestyle

It is important to drink enough fluid each day. Try to drink six to eight cups or glasses of fluid each day. It is best to avoid drinking too much caffeine, fizzy drinks or alcohol. Drink plain water, fruit juice or herbal tea and decaffeinated coffee, tea and drinks.

People who are overweight may find that adopting a healthy-eating plan could help them lose weight and reduce their continence problem. You can get dietary advice from your health professional or local health centre.

Medication

There are a variety of medications available for bladder conditions. Your GP, continence adviser or consultant will discuss which medication is appropriate for you.

Some medications which you are taking for other conditions can make your incontinence more frequent.

Emotional and mental-health issues

At the moment, voluntary and charitable organisations are helping patients cope with the emotional side of incontinence.

Containment products

You can get containment products by prescription from your GP or a community nurse.

Catheters

A catheter is a hollow tube normally inserted into the bladder to drain urine.

- An urethral catheter is inserted into the bladder through the urethra and left in place with either a valve to allow drainage or connected to a drainage bag.
- A suprapubic catheter is inserted into the bladder just above the pubic bone.
- An intermittent catheter is inserted into the bladder through the urethra and is generally used by the patient or a carer up to six times each day.

There are many different types of catheters available and you should try different types to find out which is the most suitable for you.

Drainage bags

There are a variety of different types of drainage bags available for draining urine when using an indwelling catheter. They are attached to the end of the catheter tube and can be secured on to the leg, abdomen or, in some cases, a catheter bag holder.

Catheter valves

These are used so the catheter can be emptied directly into the toilet or suitable container, removing the need for a drainage bag. There are a variety of valves available from your GP or community nurse.

Sheaths

A sheath fits over the penis and urine passes through a tube into a bag that is usually strapped to the leg or a urine bag holder. There are a variety of sheaths available and it is important that you use the correct size. Your health professional can advise you on finding the most suitable product.

Pads

There are many types of pads on the market, although most health boards limit the type that can be provided within their area. It is important to have the correct pad for your needs. These products are usually provided free of charge.

Accessories

Bag straps are available to secure the drainage bag to your leg. There are also sleeve-type holders for the drainage bag that you put on your leg to keep the bag in place. These are available on prescription.

Overnight stands for catheter bags are either plastic (excellent for using away from home) or metal, and are useful in making sure there is good overnight drainage. They are not available on prescription but you can order them from a district nurse.

You can buy washable bed and chair protection, including mattress covers. You can get information about these products by contacting support organisations such as PromoCon or Incontact.

Questions to ask if surgery is needed

Occasionally, managing urinary incontinence may need some form of surgical treatment. If this is suggested to you, you may want to consider asking the following questions.

- What are the options available to me?
- Can you explain the operation in detail to me?
- Do you have any leaflets about this operation?
- Where can I find more information?
- Are there any side effects?
- How often have you performed this operation?
- What is the success rate?
- What happens if it does not work?
- How long will I have to wait for this procedure?
- Will there be back-up care when I get home?

