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## How to deal with urinary incontinence, its types and treatment

By *Dr Duru Shah* on February 5, 2018

*Urinary incontinence, often called loss of bladder control, is the unwanted loss or leak of urine. It is a symptom, not a disease, caused by a variety of conditions, common in millions of women which can be a source of great embarrassment*



Image source: Google

- **One out of every four women has urinary incontinence after the age of 30 years, and 8 out of 10 who are affected, mistakenly believe that incontinence is a normal part of ageing.**
- **They believe that it is a temporary problem which would go away on its own or they would have to just live with it.**

There are different types of incontinence.

- **Urge incontinence** is the loss of urine when there is a strong need to go to the restroom, especially whilst on the way to the restroom; at night or even on hearing or touching running water.
- **Stress incontinence** can occur during exercise or movement in certain ways, or on sneezing, coughing or laughing.
- **Overflow incontinence** creates a feeling of never completely emptying the bladder and can cause loss of small amounts of urine throughout the day.

Urinary incontinence affects women of all ages may they be young mothers or premenopausal women or older women.

A general loss of pelvic muscle tone because of aging, nerve or muscle damage resulting from injury or previous surgery maybe the reasons for the incontinence.

Other risk factors for incontinence include childbirth, especially vaginal delivery, obesity, chronic coughing, constipation and even certain medications.



Dr Duru Shah

All these weaken the muscles, which normally keep the outflow tract closed thus leading to incontinence. The impact on women is dramatic. 90% of SUI sufferers are women, often affected in the prime of their lives. Their problem increases at menopause and peaks with ageing.

In brief, the various causes of urinary incontinence could be described as:

<b>D</b>	Delirium / <b>Dementia</b>
<b>I</b>	Infections (urine, vagina)
<b>A</b>	Atrophic vaginitis (due to reduced <b>estrogen</b> )
<b>P</b>	Psychological causes (especially <b>depression</b> )
<b>P</b>	Pharmaceutical agents
<b>E</b>	Endocrine conditions ( <b>diabetes</b> )
<b>R</b>	Restricted mobility
<b>S</b>	Stool impaction

Women may wear pads, reduce their fluid intake or make changes in their social lives. Incontinence may discourage women from doing things that they would ordinarily do to stay healthy.

- They may give up outdoor exercise, limit lifting their children or groceries and/or avoid sexual intimacy.
- They may struggle with issues ranging from loss of self confidence and self-esteem to frustration, a sense of defeat and financial concerns, due to loss of productivity.  
The history of the patient involves determining the number of childbirths, delivery type and prior pelvic surgery. Physical examination is carried out to determine vaginal health.

Various tests can be carried out to determine the cause of incontinence which then ultimately helps to decide the line of therapy.

The various tests done can vary from simple tests to very specialized tests

They include:

- Urine culture
- Marshall test
- Ultrasound
- Q-Tip test (positive if >30 degrees)
- C T scan / MRI
- Urodynamics
- Cystoscopy

Current treatment options range from pelvic muscle exercises, behavioural modifications, treatment of urinary infection, local hormone therapy, neo-control therapy and surgery.

Surgery offers the best cure rates for **stress** urinary incontinence even in elderly women. Surgical treatment involves the use of TVT (Tension free Vaginal Tape) which is an innovative, effective and simple solution for **stress** incontinence. It entails a day care

surgery which is minimally-invasive. It is a simple surgical option to treat incontinence which is completed in 30 minutes and can be done under local anaesthesia.

The patient returns home the same day and has minimal post-operative pain. It has a 96% success rate with 85 % patients completely cured and about 11% patients experiencing significant improvement.

Newer medical therapies are also available for urge incontinence and make the woman's life more manageable.

**Self-management includes:**

- Use of adult diapers/pads to prevent a leak
- Avoiding exercise/physical activity
- Reducing tea/coffee intake
- Losing weight
- Changing lifestyle as needed

Every affected woman wants freedom from sudden urine loss, a normal, active social lifestyle, freedom from shame, embarrassment of a sudden leak, a safe and simple treatment, no scar, short hospital stay, no complications and above all a better quality of life.

Though incontinence is a common problem in women, it has a big impact on women's lives. Most women suffer in silence due to lack of awareness on available treatment options.

*The author is the Director of Gynaecworld Center for Assisted Reproduction and Women's health and Panel Consultant at Breach Candy Hospital and Jaslok Hospital*