

## Controlling Urinary Incontinence

You can talk to your doctor about anything – really. Even urinary incontinence. You may not feel comfortable discussing bladder control problems, which is perfectly understandable. But there's no reason to be embarrassed about a common health concern that, in most cases, can be treated and often cured.

Short-term incontinence can be caused by alcohol, overhydration, dehydration, caffeine, bladder irritants and certain drugs. Long-term urinary incontinence may occur due to pregnancy, childbirth, aging, hysterectomy, inflamed or enlarged prostate, bladder or prostate cancer, bladder stones, an obstruction or neurological disorders.

Treatment for bladder control problems depends on the cause, severity and type of incontinence. The different kinds of urinary incontinence include:

- Stress incontinence, which causes urine leaks due to pressure on the bladder.
- Urge incontinence, which occurs when there is a sudden, strong urge to urinate followed by an involuntary loss of urine.
- Overflow incontinence, which is an inability to completely empty the bladder.
- Functional incontinence, which is a physical or mental impairment that prevents getting to the bathroom in time.

Treatment often starts with lifestyle changes and behavioral techniques. Bladder retraining involves lengthening the time between urges to go to the bathroom by either going on a clock schedule, such as every two hours, or waiting a few minutes after the urge to urinate. Eventually, you can urinate every three to four hours without leakage. Kegel exercises may be recommended to help strengthen the muscles that control the bladder. Other helpful measures may include reducing liquid consumption, avoiding alcohol and caffeinated beverages, losing weight, monitoring blood sugar levels if you have diabetes and increasing physical activity.

Medications may be prescribed to treat incontinence by relaxing the bladder, increasing bladder muscle tone or strengthening the sphincter muscle. Several medical devices also are available just for women who experience incontinence. A urethral insert can help prevent urine leaks from the urethra, or a pessary can be put in the vagina to help hold up the bladder and prevent urine leakage.

Interventional therapies that may help control urinary incontinence include: radiofrequency therapy, which uses radiofrequency energy to heat tissue in the lower part of the urinary tract; injections of botulinum toxin type A into the bladder; injections

of bulking materials into the tissue around the urethra to help keep it closed; or a sacral nerve stimulator that stimulates the nerve in the spine that is important in bladder control.

Surgical options for urinary incontinence include implanting a fluid-filled ring around the neck of the bladder to keep the urinary sphincter closed until ready to urinate. Other surgical procedures may be done to relieve an obstruction or deformity of the bladder neck or urethra.

Pads or protective garments also can be worn, and in some cases a catheter can be inserted several times a day to drain the bladder. It is important to seek help for urinary incontinence before skin rashes develop or you start to avoid friends and family due to fear and embarrassment. For more information about controlling urinary incontinence, talk with your doctor.