

What is leakage (urinary incontinence)?

- Leakage (urinary incontinence) is when you wet yourself (accidentally pass urine).
- It is a common problem – 1 in 4 women will suffer from it.
- It isn't a disease, and it is not just to do with being a woman or ageing
- There are many causes, but for some women there are none
- It is important to know that a lot can be done to improve and control leakage and even cure it if an underlying problem is identified and corrected
- Leakage is a common and upsetting problem and you should not feel embarrassed about talking to healthcare about your symptoms



There are different types of incontinence:

Stress incontinence is the most common cause of leakage.

- Small amounts of wee leak out during exercise or when you cough, laugh, or sneeze
- There is no single cause for stress urinary incontinence, but it is more likely with: menopause, increasing age, pregnancy, previous childbirth, obesity, constipation, prolapse, hysterectomy and some medicines
- A smoker's cough may make it worse

Urge incontinence is when the need to wee comes on so quickly that there is not enough time to get to the toilet, even at night.

- It is sometimes referred to as 'overactive bladder'
- No cause is found with many women but it can be linked to: menopause, chronic urinary tract infections, some medical conditions and some medicines

Mixed incontinence is a mixture of urge and stress incontinence and is the second most common type.

There are some less common types of incontinence, such as **overflow, total and functional incontinence**, but healthcare can discuss with you whether you are suffering from one of these.



It is important not to let leakage problems discourage you from staying hydrated but caffeine-containing drinks, such as tea or coffee, acidic drinks, such as fizzy drinks, or alcoholic drinks can make it worse.

What can I expect to happen?

Do not put up with it. Speak to healthcare or an officer if you have any type of leakage. This can be the first step towards finding a way to help you.

- You may be asked about your symptoms and they may also ask you for a sample of urine to test
- The GP or nurse may also suggest you keep a diary in which you note how much fluid you drink and how often you have to urinate
- A medical professional may do a pelvic or rectal examination

Remember, in many cases, it is possible to reduce or stop leakage so don't feel you have to put up with it.

Non-surgical treatments

Pelvic floor muscle exercises. These can help with all types of leakage and are used to retrain weak or damaged pelvic floor muscles.

Pelvic floor exercises

To strengthen your pelvic floor muscles, squeeze the muscles up to 10 times while standing, sitting or lying down, or whilst cleaning your teeth.

Do not hold your breath or tighten your stomach, bottom or thigh muscles at the same time.

When you get used to doing pelvic floor exercises, you can try holding each squeeze for 1-3 seconds.

Eventually you can try a set of 10 fast squeezes, followed by a set where you hold each squeeze.

Be careful not to overdo it, and always have a rest between sets of squeezes. It's best not to do a set of these exercises more than 6 times a day.

After a few months, you should start to notice results. You should keep doing the exercises, even when you notice they're starting to work.



Bladder training: This is used for urge incontinence. It involves teaching your body to go for longer between the feeling of wanting to pee and actually peeing.

Incontinence products:

- These can include absorbent pads or pants, handheld urinals, catheters (a tube into the bladder)
- As a temporary measure, you can use **incontinence pads or pants**, but they are best used after advice from a professional and should not stop you from asking about a permanent treatment for your incontinence
- If you have trouble obtaining these products, talk to healthcare

Other treatments and surgery

If you persevere, self care should help your symptoms improve, but if non-surgical treatments have not worked or are unsuitable, you should seek further help.

Medicines. Some medicines can help with specific types of leakage.

There are a variety of **surgical procedures** that can help with both stress and urge incontinence so you don't just have to put up with it. Ask to be referred and healthcare staff can then discuss your options.

What can I do myself to get better – now and in the future?

Speak to healthcare if you have any type of leakage.

You should not reduce your fluids to prevent yourself passing urine as this increases your risk of a urine infection.

Lifestyle changes: Some lifestyle changes can help, including:



Reduce alcohol
& Caffeine



Healthy diet
and fluids



Reducing or
stopping
smoking



Losing
weight

When to seek medical help

Ask to speak to healthcare if you have any type of incontinence, particularly if it interferes with your life.

When to ask for medical help:

- you feel burning or pain while peeing
- you are peeing frequently, but only passing small amounts of urine.
- your urine has an unusual smell

It's **urgent** (consider pressing the buzzer) if:

- you suddenly develop leakage
- your bladder feels full even after you pee
- you have difficulty peeing when your bladder feels full
- there is blood in your urine
- you develop a high fever

