

# Urinary Incontinence (leakage) in adults

SELF CARE FORUM FACT SHEET NO. 18

This fact sheet aims to help you manage problems you, or someone you care for, may have with leaking urine and what you can do to help yourself. It also tells you when you should become concerned and seek advice from a health professional.

## Useful facts

Urinary incontinence (leakage) is when you pass urine without intending to. It is a common problem thought to affect millions of people.

Many cases of incontinence can be controlled or even cured if the underlying problem is identified and corrected.

Causes of incontinence can include constipation, urinary tract infections, stones in the urinary tract, multiple pregnancies, and being overweight.

Water pills (diuretics) and many other common medicines can cause temporary incontinence. If you believe this to be the case you need to discuss this with your GP. Do not stop or make any alterations to your medication regime unless you are advised to do so.

There are different types of incontinence:

- **Stress incontinence** is when small amounts of urine leak out during exercise or when you cough, laugh, or sneeze. It is more common in women than in men, however it may affect some men following prostate surgery.
- **Urge incontinence** is when the need to urinate (pass water) comes on so quickly that there is not enough time to get to the toilet. Causes can include bladder infection, prostate enlargement, tumours that press on the bladder, Parkinson's disease, and nerve-related disorders such as multiple sclerosis or stroke.
- **Overflow incontinence** is excess urine leaking out when the bladder is not fully emptying, so the bladder overfills and leaks when it becomes too full. This is sometimes referred to as chronic urinary retention.
- **Total Incontinence** is when your bladder cannot store any urine at all, which causes you to pass urine constantly or have frequent leaking.
- **Mixed incontinence** is a mixture of urge and stress incontinence.
- **Functional incontinence** is when you may have normal bladder function but have difficulty getting to the toilet in time because of physical problems such as difficulty moving or because the toilet is difficult to get to.

## What can I expect to happen?

Urinary incontinence is a common problem and you should not feel embarrassed talking to professionals about your symptoms. See a GP if you have any type of urinary incontinence. This can be the first step towards finding a way to manage symptoms.

Urinary incontinence can usually be diagnosed after a consultation with a GP, who will ask about your symptoms and may do a pelvic or rectal examination if necessary. They may also ask you for a sample of urine to test.

You might also be asked to keep a diary to record how much fluid you drink and how often you have to urinate.

You may be referred to an NHS continence clinic for further tests, such as "flow testing" to see how your bladder is working and "post micturition" ultrasound to see if your bladder is emptying properly.

## Treatment for incontinence

- **Bladder training.** This is used for urge incontinence. It involves teaching your body to go for longer between the feeling of wanting to urinate and actually passing urine.
- **Pelvic floor muscle exercises.** These can help with all types of incontinence and are used to retrain weak or damaged pelvic floor muscles.
- **Incontinence products.** These can include absorbent pads or pants, handheld urinals, catheters (a tube into the bladder) and penile sheaths.

As a temporary measure, you can buy discreet pads or pants over the counter, but they are best used after advice from a professional. Specialist continence services may be able to provide you with regular supplies of pads.

Tampons and sanitary pads are not advised as they work differently from incontinence pads and can lead to skin soreness.

## Treatments for incontinence continued

**Medicines.** Some medicines can help with specific types of incontinence.

They include treatment for urge incontinence with 'antimuscarinics' such as oxybutinin and tolteradine, and mirabegron. Duloxetine, a medicine that is also used for depression and nerve problems is also licenced for use in women with stress incontinence.

### Other non-surgical treatments

Other treatments you might be offered include electrical stimulation, biofeedback and vaginal cones (for women).

### Surgery and other interventions

If non-surgical treatments have not worked or are not suitable, you may be referred for consideration of a surgical procedure. These might include (and would be fully explained by your specialist):

#### For stress incontinence

Colposuspension, sling operation, urethral bulking agents or even an artificial sphincter, (usually recommended for men).

#### For urge incontinence

Botulinum toxin, sacral nerve stimulation, posterior tibial nerve stimulation, techniques to enlarge the bladder, urinary diversion or catheterisation.

Note that, following a range of problems, mesh treatment is not currently offered within the NHS.

## When to seek help

Make an appointment with your surgery if you have any type of incontinence, particularly if it affects your life in any way.

### When to contact your surgery quickly ("Red flags")

- If you suddenly become incontinent
- If your bladder feels full even after you urinate
- If you have difficulty urinating when your bladder feels full
- If there is blood in your urine

Contact your surgery, call NHS111 (or NHS24 in Scotland, Phone First Service in NI) or speak to a member of your pharmacy team if you have any of these symptoms, which may indicate that you have a urine infection:

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

## What can I do to help myself now and in the future?

See a GP if you have any type of urinary incontinence. People very often self manage their bladder problems without seeking help, assuming nothing can be done. Do make use of the services and professional advice that is available by first contacting your surgery.

It is important to know that urinary incontinence, which can be difficult to talk about, is not an inevitable part of ageing and there is a wide choice of treatments, products and management options available to people.

You should not reduce your fluids to prevent yourself passing urine.

### Lifestyle changes

There are many lifestyle changes that can help to improve bladder problems in adults. These include:

- Losing weight
- Healthy diet and fluids including a reduction in caffeine
- Reducing or stopping cigarette smoking

You might want to discuss these with your GP in case there is more that can be done to help you.

## Where to find out more

Further information about incontinence is available from:

- [Expert Self Care – CONFidence App](#) (free to download and provides help and support for people with bowel and bladder leakage (incontinence))
- [Bladder and Bowel UK](#)
- [NICE](#)
- [Hartmann Direct Advice Centre](#)
- [NHS website](#)
- [NHS Inform Scotland](#)
- [NI Direct, NI](#)
- [NHS111, Wales](#)