

If you are reading this booklet because you or someone you love is affected by the loss of **bladder** control, a condition called **urinary incontinence**, you are not alone. Millions of Americans have such a condition, which causes them to leak **urine**. Reading this booklet can provide you with some knowledge about urinary incontinence. Most importantly, this information can help you become an educated and confident health care consumer.

Because incontinence is a symptom, it is important to report this condition to your doctor or other health care provider. A thorough evaluation can determine the cause of your incontinence. The information on the following pages will help you describe your symptoms and will direct you to additional educational resources.

This booklet briefly describes the different types of incontinence. You will learn about the steps that may be taken to determine the reason for your incontinence. Finally, treatments for the problem will be discussed.

Today, more than ever before, help is available. Incontinence usually can be cured, treated, or adequately managed so that bladder control problems need not interfere with a healthy, productive, and active lifestyle.

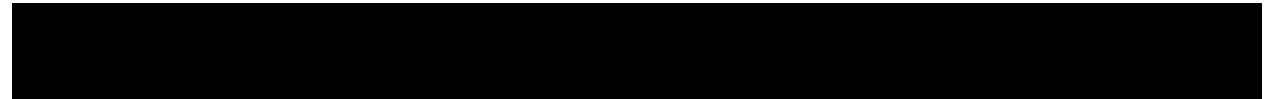
Who Is Affected... and Why?

It is estimated that over 12 million Americans have urinary incontinence. Incontinence affects all ages, both sexes, and people of every social and economic level. It is also estimated that 15 to 30 percent of people over the age of 60 who live at home have incontinence. Women are twice as likely as men to have this condition. In addition, at least half of the 1.5 million Americans who reside in nursing homes are incontinent.

The exact number of people with incontinence is not known, but the total number of people affected may be far greater than current estimates. Incontinence is a symptom that can be caused by a wide variety of conditions. Some of these causes, such as **urinary tract** or **vaginal** infections, medicine effects, or constipation, may be temporary.




FACTS ABOUT URINARY INCONTINENCE

- ! *An estimated 12 million or more American men and women have some problem controlling urination.*
 - ! *Urinary incontinence is treatable and generally does not require surgery.*
- 



SOME POSSIBLE CAUSES OF INCONTINENCE

- ! *Urinary tract or vaginal infections*
- ! *Effects of medicine*
- ! *Constipation*
- ! *Weakness of certain muscles*
- ! *Blocked urethra due to an enlarged prostate*
- ! *Diseases and disorders involving nerves and/or muscles*
- ! *Some types of surgery*



Other causes can be longer-lasting, even permanent. These include such conditions as an overactive bladder muscle, weakness of the muscles holding the bladder in place, weakness of the **sphincter** muscles surrounding the **urethra**, birth defects, an enlarged **prostate**, spinal cord injuries, surgery, or diseases involving the nerves and/or muscles (multiple sclerosis, muscular dystrophy, polio, and stroke). In some cases, more than one factor causes incontinence in a single individual.

For millions of Americans, incontinence is not just a medical problem. It is a problem that also affects their emotional, psychological, and social well-being. Many people are afraid to participate in normal daily activities that might take them too far from a toilet. So it is particularly important to note that the great majority of incontinence causes can be treated successfully.

How Does the Body Normally Control Urine Flow?

To better understand incontinence, it helps to know a bit about the urinary tract (also called the urinary system), particularly the parts that store and release urine. Urine is waste and water removed from the blood by the **kidneys**. Urine flows from the kidneys downward through a pair of tubes (the **ureters**) to the bladder. The bladder is a balloon-like container that store urine. Urine leaves the body through another tube (the urethra) at the bottom of the bladder. (See illustrations below.)

Urination is controlled by muscles, called sphincters, located at the base of the bladder and in the wall of the urethra. These normally stop the flow of urine. Usually, the sphincters close off the neck of the bladder and the urethra - like a tie around the bottom of a balloon - so that you do not leak urine. When your sphincters relax, they open the passage for urine. At the same time, the muscle of the bladder wall contracts (squeezes) and forces the urine out of the bladder. When you are finished urinating, the

sphincters contract, and the bladder itself stops

squeezing and relaxes. (The illustration on the following page shows the location of these muscles.)

How Do the Types Of Incontinence Differ?

Incontinence is classified by the symptoms or circumstances occurring at the time of the urine leakage.

! *Stress incontinence* may be due to poor bladder support by the pelvic muscles or to a weak or damaged sphincter. This condition allows urine to leak when you do anything that strains or stresses the abdomen, such as coughing, sneezing, laughing, or even walking.

! *Urge incontinence* results when an overactive bladder contracts without your wanting it to do so. You may feel as if you can't wait to reach a toilet. At times, you may leak urine without any warning at all. A bladder can become overactive because of **infection** that irritates the bladder lining. The nerves that normally control the bladder can also be responsible for an overactive bladder. In other cases, the cause may be unclear.

! *Mixed incontinence* is often a combination of both conditions above - stress and urge incontinence.

! *Overflow incontinence* occurs when the bladder is allowed to become so full that it simply overflows. This happens when bladder weakness or a blocked urethra prevents normal emptying. An enlarged prostate can result in such blockage. For this reason, overflow incontinence is more common in men than in women. Bladder weakness can develop in both men and women, but it happens most often in people with diabetes, heavy alcohol users, and others with decreased nerve function.

! *Environmental incontinence* (sometimes called functional incontinence) occurs when people cannot get to the toilet or get a bedpan when they need it. The urinary system may work well, but physical or mental disabilities or other circumstances prevent normal toilet usage.

! *Nocturnal enuresis* is incontinence that occurs during sleep.

When individual have two or more types of incontinence, the causes of each must be found and considered in planning appropriate treatment.

Bladder Diary

Name _____

Date _____

Time of Day	Type and Amount of Fluid Intake	Amount Voided (in ounces)	Amount of Leakage (small, medium, large)	Activity Engaged in When Leakage Occurred	Was Urge to Urinate Present?
6 - 8am					
8 - 10am					
10am - noon					
noon - 2pm					
2 - 4pm					
4 - 6pm					
6 - 8pm					
8 - 10pm					
10pm - midnight					
Overnight					
Other					

Comments _____

From: BLADDER HEALTH COUNCIL
 c/o American Foundation for Urologic Disease
 1128 North Charles Street
 Baltimore, MD 21201
 800-242-2383

What Test Help to Diagnose Incontinence?

The first step is to locate a health care provider, such as a **urologist** or **urogynecologist**, who is interested in and well-informed about treating incontinence. He or she will want to become familiar with your medical history and the way in which incontinence affects you.

Be sure to come prepared for your visit with: (1) a list of all the medications you are currently taking, including those you purchase without a prescription; (2) the dates and outcomes of any bladder-related tests or surgical procedures you may have had; and (3) a **bladder diary** (see preceding page). You may also wish to bring this booklet.

Depending upon the type and suspected causes of your particular incontinence, some of the following tests will be performed to help your health care provider choose a treatment that is right for you.

! *Urinalysis.* You will be asked to collect a sample of your urine, which will be examined for the presence of infection, blood, or other abnormalities.

! *Post-void residual measurement.* This test is performed to see whether any urine remains after you have attempted to empty your bladder completely. Measurements may be made by inserting a small, soft tube, called a **catheter**, into the bladder to drain the remaining urine or by using sound waves, called **ultrasound**. When these special sound waves are directed at an organ, such as the bladder, shadow-like images are produced. These images can determine the amount of urine present in the bladder.

! *Ultrasound.* This technique also can be used to determine the size and shape of the kidneys, bladder, and prostate.

! *Cystoscopy.* A thin telescope-like instrument, called a cystoscope, is inserted into the bladder through the urethra. This test allows a physician to see the inside of the bladder and to visually check for problems.

! *Stress Test.* While your bladder is full, you may be asked to cough, stand, and do other activities to find out whether these stresses on the bladder cause leakage.

! *Urodynamic testing.* Urodynamic tests examine bladder and sphincter muscle function. Using several such tests, your health care provider can find out whether you have normal bladder sensations and capacity and whether your bladder fills and empties in a normal manner. An X-ray test may be used to establish the degree of change in the position of the bladder and urethra during normal **voiding**, coughing, or straining.

If your health care provider suggests testing, he or she can describe the exact procedures to be followed. He or she also can explain how the results will help evaluate and determine appropriate treatment for your specific incontinence.

Is There Help for a Person Who Leaks Urine?

Yes. Many types of treatment are available for incontinence. A qualified specialist can recommend the treatment that is best for your condition.

! *Behavioral therapy.* Special exercises and training programs are effective in improving bladder control. Exercises to strengthen the sphincter muscles must be done correctly and faithfully to regain and maintain continence. Bladder retraining (gradually prolonging the time between visits to the toilet), along with reasonable fluid intake, has helped many people with incontinence. Several types of health care providers are able to offer assistance with this treatment.

! *Medicine.* Medicines can be prescribed to relax the bladder or tighten the sphincter muscles. Certain medications you may be taking for other conditions can affect your bladder control. Review your medication with your health care professional.

! *Surgery.* Several operations for incontinence exist. In men, an operation may be required to relieve the blockage caused by an enlarged prostate. In women, an operation may be required to restore the support of the **pelvic floor muscles** or to reconstruct or compress the sphincter. An artificial urinary sphincter is another surgical treatment for people whose sphincter muscle is absent or has been severely damaged and whose problem has not responded to simpler treatments.

! *Other options.* Certain materials can be injected around the urethra to add bulk to that area. These serve to compress the urethra and thereby increase resistance to urine flow.

! *Absorbent products and devices.* For people who are currently participating in a treatment program or whose incontinence cannot be cured, many absorbent products and devices are available to wear. There are also devices, called pessaries, worn internally by women to support the bladder and improve control.

You may wish to ask your health care professional for more information on these treatment options.

Consult your health care provider at the first sign of a problem. For further information about other bladder problems, contact:

BLADDER HEALTH COUNCIL
c/o American Foundation For Urologic Disease
300 West Pratt Street, Suite 401
Baltimore, MD 21201
800-242-2383

Many people are being helped every day. No matter how serious the problem, incontinence is a medical condition that can be treated. Each year, tens of thousands of people find the solution that works best for them. A number of organizations and associations provide information about diagnosis, treatment, and management of urinary incontinence. Two that you may wish to contact for more information are:

Help for Incontinent People (HIP)
P.O. Box 544
Union, SC 29379

803-579-7900
or 800-BLADDER

The Simon Foundation for Continence
P.O. Box 835
Wilmette, IL 60091
800-23-SIMON (Patient Information)
708-864-3913 (Headquarters)