



Dealing With Incontinence

By Phillip Smith

You may have accepted leaking urine when you laugh, or having to rush to the loo suddenly as part of getting older, or a natural result of having a baby.

But treatment is available.

Urinary incontinence is one of the most feared and distressing complaints that women may have to deal with during their life. It is not a subject that is discussed to openly, and many accept the problem as part of growing older. It can seriously affect the quality of life of sufferers, who limit activities and social events to avoid embarrassment.

Incontinence may affect up to 40% of women at some time. Many are still unaware that their problem can be treated and cured, or considerably improved. Major advances have occurred in the management of incontinence over the last few years, and if you are experiencing problems, you should visit your GP for help.

Investigations

The GP will carry out a number of tests in order to investigate and treat incontinence. These will include a urine sample to check for infection and a physical examination to check for prolapse or an enlarged uterus. A further examination of the bladder may be required in the form of a cystoscopy, where a small telescope is inserted under local or general anaesthetic, to check for inflammation, polyps or stones.

Urodynamics is a test commonly used to evaluate the cause of incontinence. The bladder is filled slowly with sterile fluid, and the effect on the bladder is recorded. Tests on the flow of urine and the effect of coughing are noted, and a reason for the problem is usually found. This can then guide the doctor as to the treatment most likely to help you.

Today there is no need to accept urinary incontinence as a necessary part of having children and growing older

Causes

There are many different causes for urinary incontinence, but most women either leak due to a bladder neck weakness (stress incontinence), or cannot hold on due to an overactive bladder.

- **Stress incontinence**

Leakage due to a bladder neck weakness occurs mostly in women who have had children, and is referred to as 'stress incontinence'. You may leak urine when you cough or laugh, or when exercising. It may occur along with vaginal or womb prolapse. It is also more common in those who are overweight, and weight loss can sometimes be all that is required to help.

The essential problem is that the support to the tube running out of the bladder, the urethra, is weak. Treatment to increase the support can help dramatically. The simplest treatment is with pelvic floor exercises. These are best taught by a physiotherapist or continence advisor, who can use equipment to help you identify and strengthen these muscles. The treatment takes a few months to have an effect, and needs to be continued long-term to have a lasting effect. Up to 70% of women will benefit substantially with this treatment alone.

Drug treatment is available and there is now a very new drug, called duloxetine, which will improve stress incontinence in over half of women and can be used alongside pelvic floor exercises. It's hoped that the drug may have a longer lasting effect, continuing after a 3 to 6-month period of treatment.

REMEMBER!

Urinary incontinence should never be accepted as inevitable.

Non-surgical treatments are often successful.

New surgical procedures can be performed under local anaesthetic as day cases.

If symptoms fail to improve with these treatments, surgery may be considered. Current procedures are very effective. The most common procedures are injectables, tapes and a colposuspension operation. The first involves injections of substances alongside the urethra to help keep it closed at rest. These can be performed using local anaesthetic. Results are quite good, but the beneficial effect may not be long-lasting.

The latest advances use supportive tapes. These are inserted under the urethra like a sling to support it, usually as a day-case operation, and sometimes under local anaesthesia. The best known of these is the TVT (Tension-Free Vaginal Tape). Up to 85% of women with stress incontinence who have a TVT are pleased with the result.

In some cases a bigger procedure called a colposuspension is necessary, which provides support for the upper vaginal wall. It involves a bikini line scar and a 4- or 5-day hospital stay, and results are very good.

- **Overactive bladder**

If the problem is due to an overactive bladder, you may find yourself having to pass urine frequently, with urgency and at night. Often the problem has arisen over a while and it becomes difficult to postpone the need to pass urine. The bladder fails to relax to hold a good volume of urine, and contracts inappropriately at inconvenient times.

Good first-line treatment is called 'bladder training' whereby bladder emptying is postponed by a few minutes more every few days until you can hold on for about 3 hours. Pelvic floor exercises can also help with this type of problem too.

There are also a number of drugs used to relax the bladder and prevent overactivity. These include oxybutinin, tolterodine, propiverine and solifenacin. Most can be used once daily, and help prevent urgency incontinence and reduce the number of times the bladder needs to be emptied, day and night. Newer drugs with fewer side-effects are coming onto the market every year.

Occasionally an operation is helpful. New research into the management of the overactive bladder is in process, with treatments including stimulation of the pelvic nerves and botox injections into the bladder.

Help is available

Today there is no need to accept urinary incontinence as a necessary part of having children and growing older. The majority of women can receive help, which can lead to a significant improvement in symptoms, and often a cure.

If you are suffering from this distressing and often treatable condition you should consult your GP as soon as the symptoms become a problem for advice and help.

HELPFUL LINKS

Continence Foundation Helpline:
0845 345 0165
<http://www.continence-foundation.org.uk/>

Incontact Tel: 0870 770 3246
<http://www.incontact.org/>

WellBeing of Women
<http://www.wellbeingofwomen.org/>

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www.wellbeingofwomen.org.uk