



The American College of
Obstetricians and Gynecologists



FREQUENTLY ASKED QUESTIONS
FAQ081
GYNECOLOGIC PROBLEMS

Urinary Incontinence

- What is urinary incontinence?
- Are there different types of urinary incontinence?
- What are the symptoms of urinary incontinence?
- What causes urinary incontinence?
- How is urinary incontinence diagnosed?
- How is urinary incontinence treated?
- What are some of the lifestyle changes that are used to manage urinary incontinence?
- What is bladder training?
- What types of physical therapy are used to treat urinary incontinence?
- How are Kegel exercises done?
- What devices are used to treat urinary incontinence?
- What medications are used for treatment?
- What are bulking agents?
- What types of surgery treat urinary incontinence?
- Glossary

What is urinary incontinence?

Leakage of urine is called urinary incontinence. Some women leak small amounts of urine. At other times, leakage of urine is frequent or severe.

Are there different types of urinary incontinence?

There are several types of urinary incontinence:

- Stress urinary incontinence—Loss of urine when a woman coughs, laughs, or sneezes. Leaks also can happen when a woman walks, runs, or exercises. It is caused by a weakening of the tissues that support the **bladder** or the muscles of the **urethra**.
- Urge incontinence—Leakage of urine caused by overactive bladder muscles that contract too often or problems with the nerves that send signals to the bladder
- Mixed incontinence—A combination of both stress and urge incontinence symptoms
- Overflow incontinence—Steady loss of small amounts of urine when the bladder does not empty all the way during voiding. It can be caused by an underactive bladder muscle or blockage of the urethra.

What are the symptoms of urinary incontinence?

In addition to leaking urine, a woman with incontinence also may have other symptoms:

- Urgency—A strong urge to urinate whether or not the bladder is full, often with pelvic pressure
- Frequency—Voiding more often than she considers usual

- **Nocturia**—The need to void during hours of sleep
- **Dysuria**—Painful voiding
- Enuresis—Bed-wetting or leaking while sleeping

What causes urinary incontinence?

Urinary incontinence can have short-term causes and long-term causes. Short-term causes are easier to treat and include the following:

- Urinary tract infection—Loss of bladder control may be caused by an infection of the urinary tract. Infections of the bladder (**cystitis**) are common in women. These infections are treated with **antibiotics**.
- Medications—Loss of bladder control may be a side effect of medications, such as **diuretics**.
- Abnormal growths—**Polyps**, bladder stones, or less commonly, bladder cancer, can cause urinary incontinence. Abnormal growths often cause urge incontinence and may be associated with blood in the urine. If you see blood in your urine, or if you are unsure about the source of any bleeding, it is important to alert your health care provider right away.

Long-term causes include the following:

- Pelvic support problems—The pelvic organs are held in place by supportive tissues and muscles. These supporting tissues may become torn or stretched, or they may weaken because of aging. If the tissues that support the urethra, bladder, **uterus**, or rectum become weak, these organs may drop down, causing urine leakage or making it hard to pass urine.
- Urinary tract abnormalities—A **fistula** is an abnormal opening from the urinary tract into another part of the body, such as the **vagina**. It can allow urine to leak out through the vagina.
- Neuromuscular problems—These disorders can interfere with the transmission of signals from the brain and spinal cord to the bladder and urethra.

How is urinary incontinence diagnosed?

A number of steps may be needed to find the cause of urinary incontinence. In some cases, there may be more than one cause.

You may be asked to keep a **voiding diary** for a few days in which you record the time and amount of urine leakage. You also should note how much liquid you drank and what you were doing when a leak occurred.

A **pelvic exam** will be done to detect physical conditions that might be linked to the problem. Lab tests also may be done to detect a urinary tract infection. Other tests that assess how your bladder functions include the following:

- Urodynamic tests—The bladder is filled through a **catheter**. These tests check the function of the urethra and bladder.
- Postvoid residual volume test—The amount of urine that is left in the bladder after urinating is measured with an **ultrasound** device or by placing a catheter in the bladder.
- Stress test—You are asked to cough a few times with a full bladder. Any loss of urine is recorded.
- Cystoscopy—A thin, lighted tube with a lens at the end is used to look inside the bladder and urethra.
- Dye test—A pad is worn after a nontoxic dye is put in the bladder. If the pad gets stained with the dye, there was a loss of urine.

How is urinary incontinence treated?

There are many options for treatment. Often treatments are more effective when used in combination. Treatment options include lifestyle changes, bladder training, physical therapy, devices, medications, bulking agents, and surgery.

What are some of the lifestyle changes that are used to manage urinary incontinence?

Making the following changes in your lifestyle, if they apply to you, may help the problem:

- Lose weight. In overweight women, losing weight has been shown to decrease the frequency of urine leakage.
- Avoid constipation. Repeated straining may damage the pelvic floor.
- Drink less fluids and limit intake of caffeine, which is a diuretic.
- Seek treatment for chronic coughing.
- Stop smoking.

What is bladder training?

The goal of bladder training is to learn how to control the urge to empty the bladder and increase the times between urinating to normal intervals (every 3–4 hours during the day and every 4–8 hours at night). After a few weeks of this training, leakage may occur less often.

What types of physical therapy are used to treat urinary incontinence?

There are many types of physical therapy that can be done to treat urinary incontinence. One type, Kegel exercises, can

help strengthen the pelvic muscles. Kegel exercises, along with bladder training and modifying fluid intake, are often very successful in treating stress incontinence and urge incontinence.

If you have trouble doing Kegel exercises, you may want to see a physical therapist who specializes in women's pelvic health. **Biofeedback** is a training technique that may be useful if you have problems locating the correct muscles.

How are Kegel exercises done?

Kegel exercises tone your pelvic muscles. Here is how they are done:

- Squeeze the muscles that you use to stop the flow of urine (but do not do these exercises while you are urinating).
- Hold for up to 10 seconds, then release.
- Do this 10–20 times in a row at least 3 times a day.

Be careful not to squeeze the muscles of the leg, buttock, or abdomen. Do these exercises on a regular basis. It may take 4–6 weeks to notice an improvement in urinary incontinence symptoms.

What devices are used to treat urinary incontinence?

A **pessary** is a device that is inserted into the vagina to treat pelvic support problems and urinary incontinence. Pessaries support the pelvic structures, and some compress the urethra. They come in all shapes and sizes. They are useful for women who do not want or cannot have surgery to correct their incontinence.

What medications are used for treatment?

Drugs that help control muscle spasms or unwanted bladder contractions can help prevent leaks associated with urge incontinence. These medications also can help reduce the frequency of urination. Your health care provider will help you decide which drug is most likely to work best for you.

What are bulking agents?

These agents may be used when the muscle surrounding the urethra is very weak and extensive surgery is not an option or has not worked. A substance is injected into the tissues around the urethra to add bulk. The urethra becomes narrowed, decreasing leakage. This procedure can be done in a doctor's office or clinic.

What types of surgery treat urinary incontinence?

Several surgical procedures have been developed to treat stress urinary incontinence (see the FAQ [Surgery for Stress Urinary Incontinence](#)). You and your health care provider should discuss many factors, including your age, lifestyle, and general health, before choosing to have surgery.

Glossary

Antibiotics: Drugs that treat infections.

Biofeedback: A technique in which an attempt is made to control body functions, such as heartbeat or blood pressure.

Bladder: A muscular organ in which urine is stored.

Catheter: A tube used to drain fluid or urine from the body.

Cystitis: An infection of the bladder.

Diuretics: Drugs given to increase the production of urine.

Dysuria: Pain during urination.

Fistula: An abnormal opening or passage between two internal organs.

Nocturia: The need to urinate frequently during the night.

Pelvic Exam: A manual examination of a woman's reproductive organs.

Pessary: A device inserted into the vagina to support sagging organs.

Polyps: Benign (noncancerous) growths that develop from tissue lining an organ, such as that lining the inside of the uterus.

Ultrasound: A test in which sound waves are used to examine internal structures.

Urethra: A short, narrow tube that carries urine from the bladder out of the body.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vagina: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

Voiding Diary: A daily log in which a woman keeps track of how many times she urinates, her fluid intake, and the number of times she leaks urine.

If you have further questions, contact your obstetrician–gynecologist.

FAQ081: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to institution or type of practice, may be appropriate.

Copyright May 2011 by the American College of Obstetricians and Gynecologists. No part of this publication may be reproduced, stored in a retrieval system, posted on the Internet, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission from the publisher.