

Urinary incontinence is the involuntary leakage of urine. It's an embarrassing but very common condition affecting millions. Once your physician finds the cause of the problem, you will probably be able to get effective treatment. But in most cases, you will play a key role in helping to stay dry. Although both men and women can be affected, this information focuses on women.

How Bladder Control Works

Urine passes from the kidneys to the bladder, a hollow organ with muscular walls. It flows out through the urethra, a tube with a small opening near the vagina. Other muscles, in the urinary sphincter, hold the urethra shut. When the bladder muscles contract, the sphincter relaxes, letting urine flow out.

Why Incontinence Happens

There are several types of urinary incontinence, caused by different things. Urinary incontinence is more common in older women, but loss of bladder control doesn't have to be a part of getting older! Finding out what type of incontinence you have is the first step in getting help.

- **Stress incontinence** Urine leaks out during activities that put pressure on the abdomen, such as heavy lifting, sneezing, coughing, or laughing. It may result from physical changes to the bladder, urethra, or other structures in the pelvis, caused by childbirth, surgery, and other factors.
- **Urge incontinence** The urge to urinate is sudden, frequent, and urgent, often at night; the person may not make it to the bathroom in time, and sometimes the amounts leaked are very small. The most common cause for this kind of incontinence is an overactive bladder that has uncontrolled muscle spasms—a bladder “with a mind of its own.”
- **Overflow incontinence** More urine collects in the bladder than the bladder can hold, and the excess leaks out. Causes may include blockage of the urinary tract or nerve damage caused by conditions such as diabetes, stroke, or injury.

- **Functional incontinence** The problem is not strictly medical; it has to do with knowing when to urinate and getting to the bathroom on time. People who can't move quickly, who have eyesight problems, or how suffer from confusion or memory loss may have this kind of incontinence.

Other causes include urinary tract infection or certain medications. Your physician will determine which type of incontinence affects you (it can be more than one type), based on your symptoms, and possibly some tests.

Self-help Strategies

Your physician may prescribe medications or recommend devices to help manage incontinence. In certain situations, surgery or other procedures may be the answer. However, important steps in gaining bladder control may be up to you. Your physician may recommend:

- **Keep a voiding diary.** Keep track of when, how often, and how much you void (urinate), and note any urine leakage over the course of several days. This information can help determine the type of incontinence you have, and later, it can help chart your progress during treatment.
- **Don't postpone urinating when you need to go.** It can be hard to take time for a bathroom break, especially on the job, but try to urinate at least every two to four hours. Waiting longer than that, on a regular basis, can make the bladder function poorly and raise your risk of urinary tract infections. If you can't remember to go that often, post reminders or a simple schedule, or ask a family member or caregiver to remind you.
- **Try not to urinate too frequently.** If you feel an overly frequent need to urinate (for example, every half hour), try to distract yourself and stay busy until you work up to a longer interval between voids (no more than 2 to 4 hours, though – see above). With urge incontinence, you may need medication to help you achieve this goal.

- **Watch what you eat and drink.** Certain foods and drinks may make the problem worse. These include carbonated and caffeinated drinks (including coffee, tea, and some soft drinks), and high-acid beverages such as orange, grapefruit, or cranberry juice and lemonade. Alcohol, sugar, and hot and spicy foods may also make matters worse.
- **Drink enough water, but not too much.** How much is enough? You've probably heard "8 glasses a day." For some people, that's too much. As a general rule, 4 to 8 cups of water a day – including the water in other beverages, soup, etc. – should be sufficient, depending on how active you are, how hot it is, and many other factors. Limit your intake of table salt and salty foods, since these can make the body retain water. Use common sense, and drink just enough to quench your thirst. Note, however, that older people may not get as thirsty when their bodies require water (for example, during a heat wave). In hot weather and during hard exercise, you may require more.
- **Kegel exercises.** These are exercises for the pelvic floor (the muscle group that includes the vagina, urethra, and rectum). These muscles help you stop the flow of urine or intestinal gas. To find out if you are doing them right, you can squeeze a finger inside your vagina. Done right, Kegel exercises cause almost no bodily motion, so you can do them anywhere – waiting in line, sitting in traffic.

Like any weak muscles, these must grow stronger gradually. Try to do two sets of 10 contractions each, twice a day, holding the muscles tightly for a count of 10. (That's 40 contractions a day.) It may take weeks to work up to this goal, but after a month you should notice a difference if your incontinence results even partly from weak pelvic floor muscles.

Medications and You

Some cases of urinary incontinence are best treated with medication. Several different types of drugs are available to help bladder control.

Like any medications, drugs for urinary incontinence may cause side effects. These commonly include dry mouth, restlessness, constipation, sleeplessness, and rapid heartbeat. Some of these medications may not be right for you if you have certain medical conditions, such as glaucoma, high blood pressure, or heart disease. If your incontinence is related to the thinning of vaginal tissue after menopause, you may be advised to use hormone replacement therapy or to apply an estrogen-containing cream to the vagina.

If your physician prescribes medication, take it just as instructed, and report promptly if you experience any bothersome side effects.

More Help: Surgery and Other Aids

If your physician determines that your incontinence can be corrected with a surgical procedure, you will receive information about the risks and potential benefits of surgery, and instructions for taking care of yourself after the procedure. Injections of a collagen-like material into the urethra are another option, although they may have to be repeated later on as the body absorbs the collagen. A number of devices are available to block the flow of urine through the urethra, including small pumps, plugs, and suction patches. Some women find them very useful, and others find them merely uncomfortable.

Special Needs

Incontinence may be a particular problem for individuals with certain diseases and disabilities, including multiple sclerosis, Parkinson's disease, Alzheimer's disease, diabetes, spina bifida, stroke, and head or spinal cord injury. Your physician, a urologist, or a specialized continence clinic may be able to manage this aspect of your condition.