

INFORMATION SHEET

Female Urinary Incontinence (UIC)

expert care for women

What is urinary incontinence?

Urinary incontinence is the involuntary leakage of urine. It is not normal to have urine leakage, but the problem is fairly common. Approximately 10% of women under 50 years of age have urinary incontinence and 20% between 50 and 70 years of age. Fortunately it is often simple to treat and cure.

What causes UIC?

The three most common factors are vaginal childbirth, menopause, and a genetic predisposition to have connective tissue that does not retain its elasticity.

What are common abnormal urinary symptoms?

Abnormal symptoms include:

- leakage when coughing, sneezing and exercising;
- urgency to urinate;
- frequent urination, such as urinating more than every three hours or waking more than once at night to pass urine;
- slowness in emptying your bladder, known as voiding or incomplete voiding;
- urinary tract infections more than once every year;
- burning when passing urine, and
- blood in the urine when you are not having a period.

Are there different types of UIC?

Yes. Urinary incontinence can result from a number of different factors such as:

- weakness in the sphincter muscle, known as the tap mechanism, with symptoms such as leakage on coughing, sneezing and exercise;
- overactivity of the detrusor muscle, known as the storage muscle, with symptom such as urgency, frequency, waking excessively at night and bed wetting, and
- incomplete emptying of the bladder.

What simple tests can be done?

Initial tests include a urine analysis and culture, keeping a diary of fluid intake and voiding, an ultrasound of the bladder and checking if emptying is complete.

Are there simple treatments?

Yes. Some simple treatments include:

- **pelvic floor exercises, with contraction of the muscles around the urethra. When these muscles are working well the urine stream should be able to be slowed or even stopped mid stream, and**
- bladder retraining exercises, with delaying voiding so that there is at least a three hour interval between voiding, and passing a volume of more than 400ml.

What can be done if simple treatments do not cure the problem?

Your general practitioner (GP) will recommend referral to a gynaecologist or urogynaecologist for bladder function investigation, known as urodynamics. More advanced treatments may include day surgery to tighten the tap mechanism at the base of the bladder, known as prolene suburethral sling surgery, or anticholinergic tablets to relax the overactivity of the storage muscles.

What are the chances of success?

Treatments have a good chance of alleviating urinary symptoms, however can also have complications or side effects. These are usually uncommon, however it is usual to recommend trying simple treatments first. Significant urinary incontinence, requiring daily pads for protection, can significantly impair quality of life & can be cured or improved in many cases.