

Understanding Urinary Incontinence in Women

Be Positive towards Urinary Incontinence !



Department of Health







Elderly Health Service

Is urinary incontinence an inevitable consequence of ageing?


Urinary incontinence is unintentional passing of urine. Although urinary incontinence is common in elderly, it is not an inevitable consequence of ageing. Many elderly have a misunderstanding that urinary incontinence is incurable and feel embarrassed to tell others about their problem. In fact, urinary incontinence can be improved with appropriate medical treatment in most cases

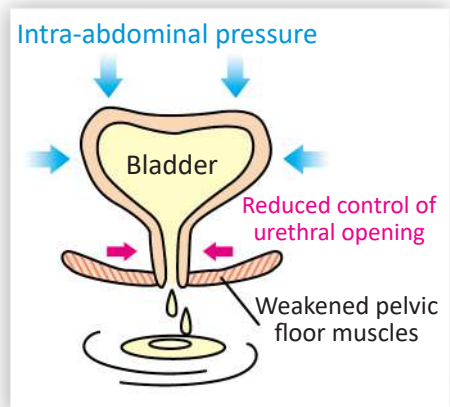
Common myths and ineffective self-management of urinary incontinence

-  Refuse to seek help from medical professionals because of embarrassment
-  Drinking less water to avoid frequent toileting
-  Avoid outdoor activities because of worrying about finding a toilet
-  Indiscriminate purchase of Chinese and Western medicines or adjust dosage of medicines by themselves (e.g. diuretic pills) without seeking medical advice

Types and causes of urinary incontinence

1) Stress incontinence:


-  Stress incontinence is the involuntary leakage of urine that occurs with increase in intra-abdominal pressure e.g. coughing, laughing or lifting something heavy, etc. The main cause is weakened pelvic floor muscles, which mostly occur in women with perineal trauma from childbirth, uterine prolapse or obesity



● Treatment:

Pelvic floor muscle exercise, physiotherapy, surgery

2) Urge incontinence


 It is the involuntary leakage of urine when there is an intense and sudden need to urinate. The main cause is overactive bladder and mostly occurs in patients with cystitis, urethritis or spinal cord injury

- **Treatment:**

Medication, bladder training




3) Mixed incontinence

 This is the most common cause of urinary incontinence and patient have both symptoms of stress and urge incontinence

- **Treatment:**

Bladder training, pelvic floor muscle exercise

4) Functional incontinence


 Inability to go to the toilet in time due to decreased mobility or cognitive function, resulting in bladder overflow and urinary incontinence

- **Treatment:**

Improve patient mobility, use incontinence products for urinary incontinence



5) Overflow incontinence

 Due to urethra obstruction or weak bladder muscle caused by neurological disorders such as neuroatrophy or spinal cord disease, excessive urine accumulates in the bladder leading to incontinence

- **Treatment:**

Medication, catheterization



Treatment for urinary incontinence

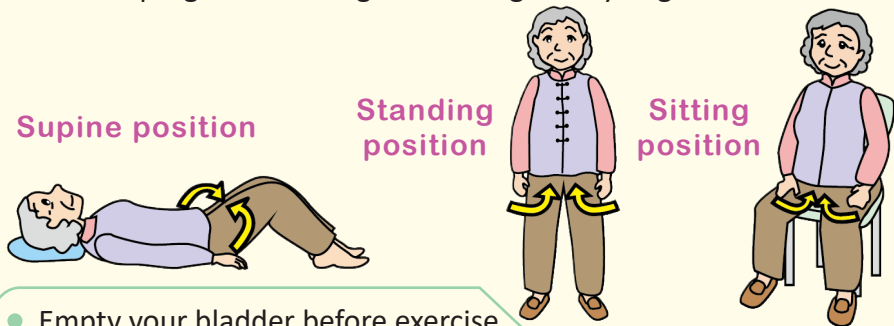
Health care professionals will provide treatment according to the cause of urinary incontinence:

1) Pelvic floor muscle exercise (for treating stress and mixed urinary incontinence)

Aim: Strengthen the pelvic floor muscle and increase its contractility and control

Frequency: 3 times per day (morning, afternoon and evening) with 10-30 repetitions each time

Method: This exercise should be performed under the guidance of a physiotherapist or nurse, and preferably with vaginal examination to ensure proper posture and performance. The exercise is commonly started in supine position and then progress to sitting or standing once you get familiar with it



- Empty your bladder before exercise
- Maintain normal breathing during exercise and don't hold your breath
- Slowly contract your pelvic floor muscle (i.e. the muscle near the opening of urethra and vagina) as if you would like to stop urinating and hold for 5-10 seconds then relax. Repeat the exercise after resting for 10 seconds
- This exercise can be done during daily activities (e.g. reading newspaper, watching TV etc.)
- The exercise is usually effective after two months of training, so be patience
- Consult medical professionals if there is any question

2) Bladder training

(for treating urge and mixed urinary incontinence)

Aim: Train the bladder to hold onto more urine and become less overactive, which helps to restore normal urination habit for improvement of urge incontinence

(a) Develop good urination habits

- Don't rush to the toilet immediately if you have just mild urge to urinate. Divert your attention and delay urination by taking deep breaths or performing pelvic floor muscle exercise. Wait until the urge decreases and walk slowly to the toilet. This can progressively lengthen the time between urination until you are urinating only every 2-3 hours
- Try to relax as much as possible whenever you urinate. Wait a moment after urination to allow bladder muscle to rest and urinate again to empty the bladder more completely
- Patients with cognitive impairment should be reminded to go to the toilet regularly (e.g. every 2 hours)

(b) Fill in bladder diary

- Helps you to understand your urinary incontinence situation and the relationship between bladder habits and fluid intake, so as to adjust the toilet schedule

(c) Change of diet and lifestyle

- Get enough water intake everyday (about 6-8 cups)
- Avoid drinking large amounts of water at one time
- Avoid alcohol, tea, coffee and soft drinks as alcohol and caffeine have diuretic effects
- Eat more fiber-rich foods to prevent constipation
- Maintain an optimal body weight to reduce loading on pelvic floor muscles



3) Assistive device

- Make good use of incontinence products such as incontinence pads, urinals, diapers, commode chairs, etc. to help maintain normal social and independent life



4) Medication

- Prescribed by doctor to treat bladder infections and suppress overactive bladder



Seek medical advice promptly and be positive towards urinary incontinence!

5) Surgery

- Mainly targeted at urinary incontinence caused by weakened pelvic floor muscle and uterine prolapse



Elderly Health Service, Department of Health
Website: www.elderly.gov.hk
Elderly Health Infoline: 2121 8080

