

## **Urinary Incontinence:**

Female urinary incontinence (UI) is a common problem which impacts on your daily life activities. Both young and older women are affected. There are various types of UI such as stress UI, overactive bladder (OAB), mixed UI, overflow UI etc. Diagnosis depends on the symptoms you present with. Possible causes of UI include vaginal childbirth, ageing, menopause, obesity and congenitally weak tissue. Continuous urine leakage might indicate a fistula.

### **What is SUI?**

This is the complaint of involuntary loss of urine that occurs during periods of raised intra-abdominal pressure e.g. sneezing, coughing, jumping on a trampoline, etc.

### **What is OAB?**

This term refers to the complaint of the need to urinate urgently, which can be accompanied by urinary leakage before reaching the bathroom, the need to frequently urinate and awaking from your sleep to urinate one or more times at night.

### **What is MUI?**

This refers to the combination of symptoms of both SUI and OAB.

### **Investigations:**

After a detailed history and examination, necessary investigations will be discussed.

This may include tests such as urine cultures, diabetic profiling, completion of a **bladder diary** (this is completed at home over 3 days - during which you chart the amount and type of drink you consume, times when you leak and need a pad change. The amount that you urinate is also measured- this will be explained in detail to you). Completion of the bladder diary is very important as it aids your doctor to better understand your drinking habits and bladder function.

In some cases your doctor may advise you to perform a detailed study of bladder function called **urodynamic studies**.

**Treatment:**

This depends on the diagnosis. Patients with mild SUI, are advised to commence **pelvic floor exercises** with electrical stimulation performed by a trained pelvic floor physiotherapist. In moderate to severe cases of SUI a sling operation is usually advised. Other options include the use of an incontinence pessary.

If you have been diagnosed with OAB, bladder rehabilitation in combination with medical treatment is first line treatment. Weight reduction and cessation of smoking are strongly advised. The medication that will be prescribed are referred to as anticholinergics and common ones include oxybutynin, solifenacin, tolterodine and mirabegron.