

THE TAP LEAKS, YOU GET A PLUMBER. YOU LEAK AND... YOU NEED A UROLOGIST



Incontinence

Incontinence is defined as the inability to control the bladder or bowel. It occurs for many reasons at many ages.

Stress urinary incontinence occurs with sudden increases in abdominal pressure such as cough, laugh, sneeze, exercise or even during sex!

Incontinence is more common in females than males and this is for obvious reasons. The sphincter muscle that controls the bladder is not as strong, the bladder may have a tendency to “drop down” and there may be damage to the pelvic floor in childbirth.

Urge incontinence is when a person is unable to suppress the need to pass urine and there is leakage before getting to the toilet. Sometimes the whole bladder may empty. There can be many reasons for this. There can be infection present, sensitivity to caffeine or alcohol, some medications cause it, occasionally a small capacity bladder may develop, diabetes affects it and sometimes a person may have arthritis which prevents getting there quickly. Some people develop a combination of both urge and stress incontinence.

The diagnosis of incontinence is usually made on the patient’s history (description) of how and when it occurs. A urine test is usually carried out and an ultrasound or X-ray may be required. It may be necessary to have a bladder examination (cystoscopy) carried out. It is disappointing to read, hear and see that in a number of media areas that the answer to this is to wear pads when many can be cured or significantly helped by correct treatment.

Consuming approximately two litres of water per day will assist with “flushing the system”.

Maintaining a healthy body weight is important as the pressure of abdominal fat on a bladder will reduce its ability to fill and hold urine.

Reducing caffeine containing drinks and alcohol may be helpful as well as maintaining a healthy, regular bowel habit.

Pelvic floor exercises and timed toileting (holding on for a few minutes when the urge starts) can be assisted by physiotherapy.

Sometimes medications may be prescribed to reduce the “irritability” of the bladder and finally, surgery may be required. That may take the form of a “repair” where the bladder is lifted back to the correct position and fixed in place or a “sling” is inserted at the bladder opening to create a “kink” to stop leakage with the cough or sneeze. Alternatively, a substance can be injected at the opening of the bladder rather like putting a new washer in a tap. This is like making a person’s lips larger in cosmetic application. This type of procedure is done as a day surgery case and there are no cuts made.



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