

TALKING WITH YOUR HEALTH CARE PROVIDER:

What can I do about urinary incontinence?



 **RNAO** Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
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This Decision Aid is for you if you are a woman:

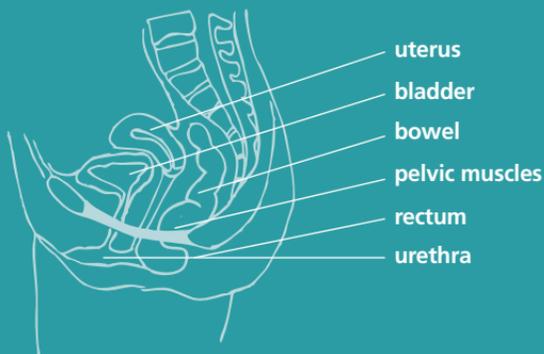
- between the ages of 40 and 65 (but could also be used by younger women)
- who has a problem with leaking urine and/or has to wear a pad
- who wants to understand urinary incontinence and options available to manage this problem
- who wants to prepare for discussion of the options with her health care provider

What is urinary incontinence?¹

Urinary incontinence is the accidental release of urine or leaking urine. It can happen when you cough, laugh, sneeze, or jog. Or you may have a sudden need to go to the bathroom but cannot get there in time. Bladder control problems are very common, especially among women. They usually do not cause major health problems, but they can be embarrassing.

Incontinence can be a short-term problem caused by a urinary tract infection, a medication, or constipation. In these situations, it gets better when you treat the problem that is causing it. In this decision aid we are focusing on the problem of ongoing urinary incontinence.

Incontinence is often treatable but most women who have incontinence suffer in silence as they do not seek help and health care providers do not regularly ask women about their bladders. Incontinence is not part of normal aging.



The urinary system

The urinary system consists of the kidneys, ureters, bladder, and urethra. The kidneys produce urine by filtering wastes and water out of the blood. The urine passes down the ureters to the bladder, where it is stored until it is time to urinate. Urination occurs when the bladder pushes urine through the urethra to the outside. The urinary valve, which is located at the outlet of the urethra, helps prevent leakage.

Holding urine in the bladder depends upon how well the bladder, urethra, urethral sphincter, nervous system, and pelvic structures work together.

What causes urinary incontinence (or leaking)?

Bladder control problems may be caused by weak muscles in the pelvic floor, problems or damage either in the urinary tract or in the nerves that control urination.

Stress urinary incontinence and urge urinary incontinence are the most common types of urinary incontinence.

Stress urinary incontinence leakage usually occurs when you cough, sneeze, laugh, exercise, or do other activities and is due to increased pressure in the tummy and the weakened urinary sphincter and/or pelvic floor muscles. It can be caused by childbirth, weight gain, or other conditions that make the pelvic floor muscles weak. When these muscles cannot support your bladder/urethra properly, the bladder may drop down into the vagina.

Urge urinary incontinence is caused by an overactive bladder muscle that pushes urine out of the bladder. It may be caused by irritation of the bladder, emotional stress, or health conditions that affect the brain. Urge urinary incontinence often goes along with a sudden unexpected urge to urinate and is not related to activity.

Mixed urinary incontinence is a combination of urge and stress urinary incontinence.

What are the symptoms of urinary incontinence?

- The main symptom is the accidental release of urine.
- If you have stress incontinence, you may leak a small to medium amount of urine when you cough, sneeze, laugh, exercise, or do similar things.
- If you have urge incontinence, you may feel a sudden urge to urinate and the need to urinate often. With this type of bladder control problem, you may leak a larger amount of urine that can soak your clothes or run down your legs.
- If you have mixed incontinence, you may have symptoms of both problems.

How do you know what causes urinary incontinence?

To assess the cause of your urinary incontinence, your health care provider may ask you to:

- keep a bladder diary for 3 or 4 days
- cough when standing
- describe what you drink and how much
- describe how often and how much you pee and leak
- have some bladder tests if your health care provider think the problem may be caused by more than one problem.

These test are:

- Postvoid residual measurements to assess the amount of urine left in the bladder after urinating.
- Cystometry to measure bladder pressure at different levels of fullness.
- Cystoscopy to assess the lining of the bladder and urethra.

You may be referred to a continence specialist, if one is available in your area.



Options to Manage Urinary Incontinence

There are a number of options. Which ones have you already tried?

- Lifestyle Changes
- Toileting Strategies
- Bladder Control Protection
- Pelvic Muscle Support
- Medications
- Surgical Management

Working through the following 4 steps of the Decision Aid may help you decide the right option for you

STEP 1:

Think about how urinary incontinence affects you now

STEP 2:

Think about the options you have to manage urinary incontinence

STEP 3:

Find out what else you need to know for decision making

STEP 4:

Plan the next steps

Step 1: Think about how urinary incontinence affects you now

Check the boxes to show how much leaking urine affects you:²

- I have to make frequent trips to the bathroom
- I need to get up several times during the night to go to the bathroom
- I have to limit my activities such as exercise, sports, shopping and traveling
- I have to wear pads in case I leak
- I worry about leaking urine when having sex
- I am not able to take part in social activities with family and friends
- I feel embarrassed and self conscious in public
- I am limited in what I can wear
- Other (specify) _____



Step 2: Think about the management options

Urinary incontinence is usually managed first with options such as lifestyle changes and pelvic floor exercises. These options often help and have little or no risks.

Medications and surgery may help but have risks and side effects that need to be considered.

The following pages will present the options along with pros and cons for each. You should make the right decision for you in discussion with your health care provider.

Lifestyle Changes

Option:

Drink 6 to 8 glasses of non caffeinated drinks in a day. This will make sure that urine is not strong. Concentrated urine can increase bladder irritability³.

PROS: May reduce how often you feel like going to the bathroom.

CONS: Need to be motivated and have to remember to drink.

Option:

Reduce the amount of tea, coffee and pop you drink to less than 2 cups or switch to decaffeinated drinks because the caffeine may make you want to urinate more and may also irritate your bladder⁴.

PROS: May decrease how often you feel like going to the bathroom.

CONS: May get headaches if you reduce caffeine too quickly. Need to be motivated.

Option:

Keep your weight to what is healthy for you. If you are overweight, the body weight can increase the pressure on the pelvic floor^{5,6}.

PROS: Your ideal weight has other health benefits for you.

CONS: Need to be motivated and have good eating habits and regular exercise.

Option:

Make sure you keep your bowels regular. Constipation can increase the pressure in your tummy and make you urinate more often⁷.

PROS: This can reduce urinary incontinence.

CONS: You need to be motivated and have good eating habits and regular exercise.

Toileting Strategies

Option:

Remind yourself to urinate at regular times. Adopt a pattern that works for you⁸.

PROS: Will reduce the need to rush to the toilet.

CONS: Need to be motivated. Need to follow consistent schedule to go urinate.

Bladder Control Protection

Option:

Use proper continence products to absorb urine for comfort and freshness⁹.

PROS: Keep you comfortable and fresh without odors.

CONS: There is an ongoing cost for the products.

Pelvic Muscle Support

Option:

Vaginal cones can be used to strengthen the pelvic muscles. You insert a cone in the vagina and you hold it there for 10 minutes by squeezing your muscles. You do this two times a day. Each cone is the same size but different weights. This allows you to increase the weight of the cone you are using as your pelvic muscles get stronger¹⁰.

PROS: The cones are another way to strengthen the pelvic muscles.

CONS: You need to pay for the cones. Using cones may not be as effective as doing pelvic muscle exercises only.

Option:

Learn proper pelvic muscle exercise from an experienced health professional¹¹. (See instructions on page 16)

PROS: Strong pelvic muscles better support the bladder.

CONS: The correct way to do these exercises is often not well described. This can reduce how effective the exercise is.

Option:

Biofeedback is used to show you how well you are contracting your pelvic muscles. A probe is inserted into your vagina to measure the muscle contractions¹².

PROS: Ensure pelvic exercises are done correctly.

CONS: There is a cost for biofeedback procedure. May not work better than doing pelvic muscle exercises only.

Option:

Vaginal Pessary is a device inserted in the vagina to support the bladder and the urethra¹³.

PROS: The pessary begins to help right away.

CONS: There is a cost for the pessary. Requires monitoring by health professional.

Pelvic Muscle Exercises

When you first start doing these exercises, find a quiet place to relax. This helps you exercise the correct muscles. It may take some time to get the right muscles.

Try not to tighten your abdominal and buttocks muscles.
✘ Do not hold your breath.

To locate the muscles, it is best to sit down. Try to squeeze the muscles that prevent you from passing rectal gas.

After you get used to doing these exercises, you can do them any time, any place, in any position.

TO DO 1 PELVIC MUSCLE EXERCISE, FOLLOW THESE STEPS:

1. Squeeze your pelvic muscles.
2. Hold and count slowly . . . 1 and 2 and 3 and
3. Relax and count slowly . . . 1 and 2 and 3
4. You can do these while lying, sitting, or standing.

You must relax your muscles for the same amount of time.

- 10 exercises are called 1 set.
- Do 1 set 5 times a day.
- As you get better at doing these exercises, you can count to 5 and then relax while you count to 5.

Medications

Options:

Anticholinergic medication helps to reduce the irritability in your bladder and relax the bladder muscle¹⁴.

PROS: Allows bladder to hold more urine.

CONS: Often causes dry mouth and eyes and constipation.

Options:

Local Estrogen: Local estrogen (vaginal cream, pellet or ring) may help to improve the quality of tissues in the vagina, urethra and bladder¹⁵.

PROS: Easy to use, works in the vagina, urethra and bladder but is not absorbed into the blood.

CONS: Needs to be used with caution in women with a history of breast cancer.



Surgical Management

Options:

Bladder Suspension is a surgery used to treat bladder neck weakness by raising and securing the bladder neck to its proper position in the body¹⁶.

PROS: Has good long term outcomes.

CONS: All surgery has risks including not fixing the problem of urinary incontinence, damage to nearby organs, infection and life threatening bleeding. Requires a longer stay in hospital and slower return to normal activities

Options:

Low Tension Sub Urethral Tapes (TVT or TOT) provides extra support to the bladder neck¹⁷.

PROS: Generally done as an outpatient procedure. Results in quicker return to normal activities.

CONS: All surgery has risks including not fixing the problem of urinary incontinence, damage to nearby organs, infection and life threatening bleeding.

Options:

Laparoscopic Colposuspension is a surgery that lifts the neck of the bladder and attaches it to the pelvic ligaments with some strong stitches¹⁸.

PROS: Avoids a major incision which results in quicker return to normal activities

CONS: All surgery has risks including not fixing the problem of urinary incontinence, damage to nearby organs, infection and life threatening bleeding.

The success may not be as good as the bladder suspension or the sub urethral tape.

What matters most to you in making a decision on an option?

Choose how much you think each of the following reasons matters to you. Circle your choice on a scale from 0 to 5 where 0 means it is not important to you and 5 means it is very important to you.

How important is it for me...

Not important							Very important
0	1	2	3	4	5		
to avoid surgery							
0	1	2	3	4	5		
to avoid lengthy treatments							
0	1	2	3	4	5		
to have minimal change in my lifestyle							
0	1	2	3	4	5		
to reduce my costs							
0	1	2	3	4	5		
to have options close to home							
0	1	2	3	4	5		
to minimize time off from work or family							



Which option are you thinking about?

- Lifestyle Changes
- Toileting Strategies
- Bladder Control Protection
- Pelvic Muscle Support
- Medications
- Surgical Management

Step 3: Find out what else you need to know to prepare for decision making

Considering the option you prefer, please answer the following questions: (SURE Test)¹⁹

	Yes	No
Do you know the benefits and risk of each option?		
Are you clear about which benefits and risks matter most to you?		
Do you have enough support and advice to make a choice?		
Do you feel SURE about the best choice for you?		

If you checked “No” to any of the above questions, it means you are NOT completely sure of the option you are thinking about. You may need to talk to your health care practitioner to get more information. You may want to do some more reading. See the resource section for other information sources.

How to discuss your problem with your health care practitioner?

- **Write down any symptoms you are having.** Include all of your symptoms, even if you do not think they are related.
- **Write down what and how much you drink in a day.** Keep a bladder diary and bring to the appointment.
- **Make a list of any medications, vitamin supplements or herbal products you take,** even if you think they are not important. Many of these can irritate the urinary tract. Also write down doses and how often you take them.
- **Have a family member or close friend come with you when you see your health care provider, specialist or go for a test.** You may be given a lot of information at your visit, and it can be hard to remember everything.
- **Take a notebook or notepad with you.** Use it to write down important information during your visit.
- **Prepare a list of questions to ask your health care provider.** List your most important questions first, in case time runs out.

Some questions to ask your health care provider are:

- Will the leaking stop by itself after some time?
- What assessments or tests may I need to determine the cause of my incontinence?
- What is the most likely cause of my symptoms?
- Could the medications I take cause my urinary incontinence or make it worse?
- What treatments are available and which do you recommend?
- Do I need to see a specialist?
- Are there resources in my community I can access?

Resources in your community

- You can ask your health care provider to let you know what resources may be available in your community
- Websites (add) _____
- Canadian Continence Foundation (www.canadiancontinence.ca)
- Canadian Nurse Continence website (www.cnca.ca)

Step 4: Plan the next steps

Make a list of your next steps

- Make an appointment to see your health care provider
- Make a list of questions
- Other (list below)

This information is not intended to replace the advice of a health care provider.

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References

1. Adapted from existing patient education from Healthwise at www.healthwiseonline.com, Mayo Clinic at www.mayoclinic.com and The Simons Foundation at www.thesimonsfoundation.ca.
2. Adapted from Wagner, T.H., Bavendam, P.D.L., Martin, M.L., & Bueshing, D.P. (1996). Quality of life of persons with urinary incontinence: development of a new measure. *Urology*, 47(1), 67.71.
3. National Collaborating Centre for Women's and Children's Health (2006). *Urinary incontinence: the management of urinary incontinence in women*. London, UK: Royal College of Obstetricians and Gynaecologists.
4. National Collaborating Centre for Women's and Children's Health (2006).
5. Wing, R. R., West, d. S., Grady, D., Creasman, J. M., Richter, H. E., Myers, D., Subak, L. L.(2010). Effect of weight loss on urinary incontinence in overweight and obese women: Results at 12 and 18 months. *Journal of Urology*, 184(3), 1005-10.
6. Weight loss to treat urinary incontinence in overweight and obese women. (5), 481–90.
7. National Collaborating Centre for Women's and Children's Health (2006).
8. Registered Nurses' Association of Ontario (2011). *Promoting Continence Using Prompted Voiding*. Toronto, On: Registered Nurses' Association of Ontario.
9. Fader, M., Cottenden, A. M., Getliffe, K. (2007). Absorbent products for light urinary incontinence in women. *Cochrane Database of Systematic Reviews*, 2: CD001406. DOI: 10.1002/14651858.CD001406.pub2.
10. Herbison, G. P., Dean, N. (2002). Weighted vaginal cones for urinary incontinence. *Cochrane Database of Systematic Reviews*, 1.: CD002114. DOI: 10.1002/14651858.CD002114.
11. Dumoulin, C. Hay-Smith, E. J., (2006). Pelvic floor muscle training versus no treatment, or inactive control treatments, for urinary incontinence in women. *Cochrane Database of Systematic Reviews*, (1): CD005654. DOI:10.1002/14651858.CD005654.pub2.
12. Herderschee, R., Hay-Smith, E. J. C., Herbison, G.P, Roovers, J. P., Heineman, M. J. (2011). Feedback or biofeedback to augment pelvic floor muscle training for urinary incontinence in women. *Cochrane Database of Systematic Reviews*, 7: CD009252. DOI:10.1002/14651858.CD009252.
13. Lipp, A., Shaw, C., Glavind, K. (2011). Mechanical devices for urinary incontinence in women. *Cochrane Database of Systematic Reviews*, 7: CD001756. DOI: 10.1002/14651858.CD001756.pub5.
14. Nabi, G., Cody, J. D., Ellis, G., Hay-Smith, J., Herbison, G. P. (2006). Anticholinergic drugs versus placebo for overactive bladder syndrome in adults. *Cochrane Database of Systematic Reviews* 4. CD003781. DOI: 10.1002/14651858.CD003781.pub2.
15. Cody, J. D., Richardson, K., Moehrer, B., Hextall, A., Glazener, C. M. A. (2009). Oestrogen therapy for urinary incontinence in post-menopausal women. *Cochrane Database of Systematic Reviews*, 4. CD001405. DOI:10.1002/14651858.CD001405.pub2.
16. Glazener, C. M. & Cooper, K. (2004). Bladder neck needle suspension for urinary incontinence in women. *Cochrane Database of Systematic Reviews* 2004, 2. CD003636. DOI: 10.1002/14651858.CD003636.pub2.
17. Cornu, J-N., Sebe, P., Pevrat, L., Ciofu, C., Cussenot, O., Haab, F. (2010). Midterm prospective evaluation of TVT-secur reveals high failure rate. *European Urology*, 58(1), 157-161.
18. Dean, N., Ellis, G., Herbison, G. P., & Wilson, D. (2006). Laparoscopic colposuspension for urinary incontinence in women. *Cochrane Database of Systematic Reviews*, 3. CD002239. DOI: 10.1002/14651858.CD002239.pub2.
19. Adapted from The SURE Test © O'Connor & Légaré (2008)

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