Help for urinary incontinence (leakage) [1]

Dear Alice,

I have an embarrassing problem that has always held me from going to a doctor. I do not know if it's called incontinence. When I'm out of the rest room, I always find a few drops of urine being discharged later in my dress. This usually occurs when I bend down, or when I sneeze, or sometimes even due to a jerk. I have tried to prevent this many a time by remaining in the comfort room for invariably a long time trying to make sure that I'm done fully, but in vain.

Being a Muslim, I always find it very difficult to offer my prayers due to this. I'm suffering from this problem for a long time. Would you please advise if there is any cure for this? Can some pills treat this or an operation is a must?

Awaiting your prompt response. Thanks & regards.

Answer

Dear Reader,

When it comes to involuntary urination, urine good company! Roughly 33 million Americans have an overactive bladder and a quarter to a third of people of all ages live with urinary incontinence, also known as uncontrollable leaking of urine. No one pill can cure incontinence, but an operation also isn't always a must. Incontinence can be treated through lifestyle changes in addition or as an alternative to medical procedures. Many are too embarrassed to ask for help and endure a lifetime of leaking. But, in having the courage to ask for information and help, you're one step closer to finding a solution for this concern. To best understand incontinence, it may be helpful to explore the types, causes, forms of prevention, and treatment options. So, no need to abandon ship ? it's time to talk about that drip!

There are several types of incontinence, each with its own set of causes. Read more about each to get a sense of why you might be experiencing incontinence:

- **Stress urinary incontinence (SUI):** This occurs when weak, often stressed pelvic muscles release urine. Pressure on the bladder causes it to leak. This may happen when a person walks, bends, lifts, exercises, sneezes, or coughs. It's more common in those who are older and assigned female at birth with weak pelvic muscles and less common among those assigned male at birth.
- **Overflow incontinence:** Also known as ?dribbling,? this is a constant drip which results
from the body producing more urine than the bladder can hold, causing it to leak. The bladder may be full and cannot properly empty, or it may not contract in the typical manner. This type is rare in those assigned female at birth and common among those assigned male at birth who’ve had or currently have prostate issues.

- **Overactive bladder (OAB):** There are two types of overactive bladder conditions. The first is **urge incontinence**, a sudden and intense urge to urinate, followed by an involuntary loss of urine. A person may need to urinate often and throughout the night. The second type is **functional incontinence**, which is a physical or mental impairment (for example, severe arthritis) that keeps an individual from making it to the bathroom in time. These conditions occur in those who fear they’ll have to urinate prior to reaching a restroom. Their bladder muscles become too active and contract urine before the bladder is full. The main symptom of OAB is the sudden urge to urinate, which can’t be controlled and leads people to urinate too many times throughout the day and night.

- **Mixed incontinence:** This refers to the condition in which people experience both SUI and OAB.

- **Temporary incontinence:** This results from the consumption of specific types of drinks (alcohol, caffeine, carbonated drinks, and sparkling water, for example), foods (such as artificial sweeteners, chocolate, chili peppers, and foods that are high in spice, sugar, acid, and vitamin C), and medications (heart and blood pressure medications, sedatives, and muscle relaxants, for example) which stimulate the bladder and increase the volume of urine. In addition, urinary tract infections can irritate your bladder, causing strong urges to urinate. Because the rectum is located near the bladder and shares many of the same nerves, constipation may lead to temporary incontinence as well.

*List adapted from Mayo Clinic* [2].

It's worth noting that there is a specific set of causes that may lead to incontinence in those who have experienced pregnancy, menopause, or have had reproductive surgeries. During pregnancy, the body experiences hormonal changes and adjust to the increased weight of the fetus, which may lead to stress incontinence. Vaginal delivery in childbirth can also weaken muscles and damage bladder control. This can lead to a dropped or prolapsed pelvic floor, which may push the bladder, uterus, rectum, or small intestine from their usual positioning into the vagina, producing involuntary urination. During menopause, the body produces less estrogen - a hormone that helps keep the lining of the bladder and urethra healthy - and the deterioration of these tissues can also result in incontinence. Lastly, surgery on the reproductive system, such as a hysterectomy, may lead to incontinence as the bladder and uterus are supported by many of the same muscles and ligaments. For those with a prostate, past or existing prostate problems, such as an enlarged prostate (also known as benign prostatic hyperplasia) or prostate cancer, lead to an increased risk of incontinence. Among all people, neurological disorders such as multiple sclerosis, Parkinson's disease, stroke, brain tumor, or spinal injury can interfere with nerve signals involved in bladder control. Injury to the bladder or urethra, as well as an obstruction in the urinary tract, are potential causes of incontinence among all people. Finally, with age, muscles in the bladder and urethra lose some of their strength, which can lead to involuntary urination.

Because incontinence can be caused by other conditions, you might consider visiting a health care professional for a diagnosis and guidance on appropriate treatment. When it comes to treating incontinence, there's no one pill to cure the spill. Treatment depends on the type of incontinence, its severity, and the underlying cause. Typically, if a different medical condition is causing incontinence symptoms, a health care professional will first treat that condition. If
incontinence is itself the condition that needs to be addressed, there are several treatment options a health care professional may offer. There are a number of medications and topical treatments that may be used depending on the cause of incontinence. Surgery may be helpful for certain kinds of incontinence; however, it's typically only performed if other treatments haven't worked or if the incontinence is severe. Alternatively, incontinence may be treatable through double voiding, a process in which a person urinates, waits a few minutes and tries to urinate again. Bladder training ? which involves delaying urination once the urge to go arises ? and scheduling trips to the bathroom at set intervals of time are other treatment options worth considering.

There are several options available when attempting to stop urinary incontinence. Preventatively, you may try practicing Kegel exercises and other pelvic floor exercises ? which are particularly effective in preventing SUI ? to strengthen and train the muscles in your pelvic floor that control urine flow. Finally, managing food and liquid intake, maintaining a healthy weight, eating fiber, not smoking, and avoiding bladder irritants such as caffeine, alcohol, and acidic foods are all steps you might try to prevent incontinence.

When it comes to urinary incontinence, you certainly aren't alone, and hopefully with the help of some do-it-yourself techniques and some medical guidance, you'll be able to find some relief.

Hopefully this helps,

Alice!

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Published date: Feb 23, 2001
Last reviewed on: Jul 27, 2018
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