Brighton and Sussex
University Hospitals
NHS Trust

Stress incontinence of urine

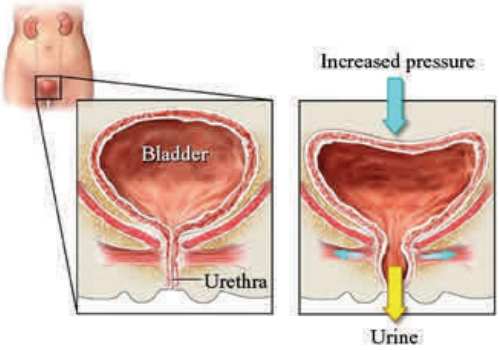
Department of Gynaecology

Patient Information

What is stress incontinence of urine?

Stress incontinence of urine is involuntary leakage of small drops of urine on coughing, sneezing, exercise or movement.

The condition can cause considerable distress to patients and an affect their quality of life. The fear of having to go to the toilet quickly makes patients look out for toilets all the time. This limits their activity and leads to their isolation.



What causes stress incontinence of urine?

Stress incontinence of urine is caused by weak support to the bladder neck, which is the area between the bladder and the urethra, as illustrated above.

This weakness can result from a number of factors, including;

- Pregnancy and delivery.
- Drop of female hormones after the menopause.
- Inherent weakness of the ligaments, which can be associated with joint hypermobility (wide range of movement).

The weakness can be exposed by;

- Heavy lifting and straining.
- Smoking.
- Being overweight.

These are the same factors that can cause pelvic organ prolapse (slipping down of the vagina and/or uterus) and the two conditions often co-exist.

How is the diagnosis made?

The diagnosis is helped by completing a bladder diary (Frequency Volume Chart). Examination is usually carried out to detect other problems, such neurological disease or pelvic organ prolapse. You might be asked to cough to see if you leak urine, but this is not a requirement for the diagnosis.

A sample of urine might be checked for infection and an ultrasound scan might be carried out to check that you empty your bladder fully.

Investigations to detect the problem include urodynamics. This is a test that assesses the function of the bladder by filling it using a catheter and checking for leakage on coughing and sneezing.

The tests are carried out in those patients who do not respond to conservative measures, especially those who have a combination of stress incontinence and overactive bladder, which manifests in the form of frequency and/or urgency of micturition and/or urge incontinence.

How is the condition treated?

Co-existing problems, such as pelvic organ prolapse and/or uterus may modify the management. In the absence of such problems, treatment is primarily conservative, resorting to surgery upon failure of conservative measures.

Conservative measures include:

Fluid advice: Try to drink a normal amount of fluid. Not drinking enough may irritate the bladder. Drinking too much may cause distension of the bladder.

For the climate in the UK, an average person is expected to drink 24ml/kg/day, which equates to about 1.5 to 2 litres (about 7 mugs or 10 cups) per day. Avoiding irritants, such as caffeine, alcohol, fizzy drinks and acidic juices will reduce irritation of the bladder.

Pelvic floor muscle training:

Guidance by a specialist physiotherapist is important, as up to a third of patients may not contract their pelvic floor muscles properly. A specialist physiotherapist will also guide you in getting to contract pelvic floor muscles before sudden stress, such as sneezing, which is known as the knack.

Pelvic floor muscle training requires daily perseverance over a minimum of 4 months to show an effect.

Medication:

A tablet is available to reduce stress incontinence but can cause nausea. Local hormone replacement therapy in form of oestrogen cream or pessary may be tried in patients with atrophy (thinning) of the vagina (front passage) after the change.

Modern minimally invasive surgical procedures include:

- Placing a tape to prevent opening of the urethra during coughing and sneezing. This is a very effective and lasting approach that requires small incisions (cuts).

- Injection of a bulking agent to strengthen the bladder neck to make it strong enough to stand increased pressure on coughing and sneezing. No incision is needed, as injection done through the cystoscope. Success is modest and short lived, such that it may require repeating.

More invasive approaches include open tummy surgery to support the bladder neck to the bone in the lower tummy, placing a strip from the tummy wall as a tape below the urethra and insertion of artificial sphincter. These are reserved for selected cases. There are separate patient information leaflets for all these procedures.

What can I do to support the treatment?

- Stopping smoking helps avoiding coughing and also reduces bladder irritation. This can be difficult and the NHS smoking cessation help line can help in this respect.

- Weight loss and avoidance of constipation will reduce the pressure in the abdomen, which in turn will reduce the instances of leakage.

- Referral to a dietician can be arranged if required.

Those who do not get adequate improvement on these conservative measures are offered surgery.

Who can I contact with any concerns or questions?

You should contact your GP or the hospital if you notice increased temperature, wound swelling and/or pain, smelling discharge either from the wound or the front passage, blood in urine or motion, abdominal distension and/or failure to open your bowel.

If you have any problems or questions, please use the telephone numbers to speak to one of the urogynaecological team.

Princess Royal Hospital:
01444 441881 Ext. 4013

Royal Sussex County Hospital:
01273 696955 Ext. 4013

Urogynaecology Unit at Lewes Victoria Hospital:
01273 474153 Ext. 2178

Useful links:

www.iuga.org/resource/resmgr/Brochures/eng_sui.pdf

www.nice.org.uk/nicemedia/live/10996/30282/30282.pdf

www.nice.org.uk/nicemedia/live/10996/30284/30284.pdf

www.patient.co.uk/health/Stress-Incontinence.htm

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Reference no. 535.3
Publish Date: October 2018 Review Date: October 2020

carer and patient information group approved