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Urinary incontinence

Urinary (or bladder) incontinence happens when you are not able to keep urine from leaking out of your urethra, the tube that carries urine out of your body from your bladder. You may leak urine from time to time. Or, you may not be able to hold any urine.

The three main types of urinary incontinence are:

- Stress incontinence -- occurs during certain activities like coughing, sneezing, laughing, or exercise.
- Urge incontinence -- involves a strong, sudden need to urinate. Then the bladder squeezes and you lose urine. You don't have enough time after you feel the need to urinate to get to the bathroom before you do urinate.
- Overflow incontinence -- occurs when the bladder cannot empty. This leads to dribbling.
- Mixed incontinence -- involves more than one type of urinary incontinence.

Bowel incontinence is when you are unable to control the passage of stool. It is not covered in this article.

Considerations

NORMAL URINATION

Normally, the bladder begins to fill with urine from the kidneys. The bladder stretches to allow more and more urine.

You should feel the first urge to urinate when there is around 200 mL (just under 1 cup) of urine stored in your bladder. A healthy nervous system will respond to this stretching sensation by letting you know that you have to urinate. At the same time, the bladder should keep filling.

The average person can hold around 350 to 550 mL (more than 2 cups) of urine in the bladder. Two muscles help control the flow of urine:

- The sphincter (the circular muscles around the opening of the bladder) must be able to squeeze to prevent urine from leaking.
- The bladder wall muscle (detrusor) must stay relaxed so the bladder can expand.

When it is time to empty the bladder, the bladder wall (detrusor) muscle contracts or squeezes to force urine out of the bladder. Before this muscle squeezes, your body must be able to relax the sphincter to allow the urine to pass out of your body.

To control urination, you must have:

- A working urinary system
- A working nervous system
- The ability to feel and respond to the urge to urinate

Incontinence is most common among the elderly. Women are more likely than men to have urinary incontinence.

Infants and children are not incontinent before they have been toilet trained. Children up to age 6 may still have accidents sometimes. Young (and sometimes teenage) girls may leak a little bit of urine when they laugh.

It is normal for children to wet the bed until age 5 or 6.



Watch this video about:
 Bladder function - neurological control

Causes

Causes of urinary incontinence include:

- Blockage in the urinary system
- Brain or nerve problems
- Dementia or other mental health problems that make it hard to feel and respond to the urge to urinate
- Problems with the urinary system
- Nerve and muscle problems

Incontinence may be sudden and go away after a short period of time. Or, it may continue long-term. Causes of sudden or temporary incontinence include:

- Bedrest -- for example, when recovering from surgery
- Certain medications (such as diuretics, antidepressants, tranquilizers, some cough and cold remedies, and antihistamines for allergies)
- Mental confusion
- Pregnancy
- Prostate infection or inflammation
- Stool impaction from severe constipation, which causes pressure on the bladder
- Urinary tract infection or inflammation
- Weight gain

Causes that may be more long-term:

- Alzheimer's disease
- Bladder cancer
- Bladder spasms
- Depression
- Large prostate in men
- Nervous system conditions, such as multiple sclerosis or stroke
- Nerve or muscle damage after radiation treatment to the pelvis
- Pelvic prolapse in women -- falling or sliding of the bladder, urethra, or rectum into the vagina, which may be caused by pregnancy and delivery
- Problems with the urinary tract
- Spinal cord injuries
- Weakness of the sphincter, the circle-shaped muscles that open and close the bladder (this can be caused by prostate surgery in men, or surgery to the vagina in women)

Home Care

See your health care provider for tests and a treatment plan. What type of treatment you get depends on what caused your incontinence and what type you have.

The following methods are used to strengthen the muscles of your pelvic floor:

- **Bladder retraining** -- You urinate on a schedule, whether or not you feel a need to go. In between bathroom visits, you try to wait until the next scheduled time. At first, you may need to schedule urination every hour. Gradually, you can increase by 1/2 hour at a time until you only urinate once every 3 - 4 hours without leaking.
- **Kegel exercises** -- squeeze the pelvic floor muscles for 10 seconds, then relax them for 10 seconds. Repeat 10 times. Do these exercises three times a day. You can do Kegel exercises any time, in any place.

For urine leaks, wear absorbent pads or undergarments. There are many well-designed products that no one else will notice.

Other treatments include:

- Keep your bowel movements regular to avoid constipation. Try increasing the fiber in your diet.
- Quit smoking to reduce coughing and bladder irritation. Smoking also increases your risk for bladder cancer.
- Avoid alcohol and caffeinated drinks such as coffee, which can stimulate your bladder.
- Lose weight if you need to.
- Avoid foods and drinks that may irritate your bladder, like spicy foods, carbonated drinks, and citrus fruits and juices.
- If you have diabetes, keep your blood sugar under good control.

For more information about treating urinary incontinence, see also:

- Stress incontinence
- Urge incontinence
- When you have urinary incontinence

If you have overflow incontinence or cannot empty your bladder completely, you may need to use a catheter. For more information on catheter use, see also:

- Indwelling catheter care
- Self-catheterization - female
- Self-catheterization - male

When to Contact a Medical Professional

Talk to your health care provider about incontinence. Health care providers who treat incontinence are called gynecologists and urologists. They can find the cause and recommend treatments.

Call your local emergency number (such as 911) or go to an emergency room if you suddenly lose control over urine and you have:

- Difficulty talking, walking, or speaking
- Sudden weakness, numbness, or tingling in an arm or leg
- Loss of vision

- Loss of consciousness or confusion
- Loss of bowel control

Call your health care provider if:

- You have been constipated for more than 1 week
- You have:
 - Cloudy or bloody urine
 - Dribbling
 - Frequent or urgent need to urinate
 - Pain or burning when you urinate
 - Trouble starting your urine flow
- You are taking medicines that may cause incontinence -- but do NOT change or stop taking any medicines without talking to your doctor.
- You are over 60 years old and your incontinence is new, especially if you are also having trouble with your memory or caring for yourself
- You have the urge to go often, but are only passing small amounts of urine
- Your bladder feels full even after you have just urinated
- Incontinence lasts for more than 2 weeks, even though you are doing exercises to strengthen your pelvic muscles

What to Expect at Your Office Visit

Your health care provider will ask about your medical history. You will have a physical exam focusing on your abdomen, genitals, pelvis, rectum, and nervous system.

Your health care provider may ask questions such as:

- How long have you had a problem with incontinence?
- How many times do you leak urine each day?
- Do you know that you need to urinate before you leak?
- Do you know right away that you have passed urine?
- Are you wet most of the day?
- Do you wear protective garments in case of accidents? How often do you wear them?
- Do you avoid social situations in case of accidents?
- Have you had urinary tract infections in the past? Do you think that you may have one now?
- Is it harder to control your urine when you cough, sneeze, strain, or laugh?
- Is it harder to control your urine when you run, jump, or walk?
- Is your incontinence worse when you sit up or stand?
- Are you constipated? For how long have you been constipated?
- Is there anything you do to reduce or prevent accidents?
- Have you ever been treated for this condition before? Did treatment help?
- Have you tried pelvic floor exercises (Kegels)? Do they help?
- What procedures, surgeries, or injuries have you had?
- What medications do you take?
- Do you drink coffee? How much?
- Do you drink alcohol? How much?
- Do you smoke? How much each day?
- Do you have diabetes or a family history of diabetes?

- Do you have any other symptoms?

Tests that may be performed include:

- Cystoscopy (viewing the inside of the bladder)
- Post void residual (PVR) to measure the amount of urine left after you urinate
- Urinalysis
- Urine culture to check for infection
- Urodynamic studies (to measure pressure and urine flow)
- Uroflow (to measure the pattern of urine flow)

Alternative Names

Loss of bladder control; Uncontrollable urination; Urination - uncontrollable; Incontinence - urinary

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