

Urinary leakage: What are the treatment options?

Urinary incontinence—the loss of bladder control—affects 15 million American women. Many endure it in silence, thinking that it is a normal part of aging or that no medical urinary incontinence treatments exist. But in many cases it can be managed through exercise, lifestyle changes, pelvic stimulation, and sometimes medicines or other treatments.

Types of urinary incontinence

Urgency incontinence causes an urgent desire to urinate (void), which is followed by involuntary loss of urine. This condition can be caused by an “overactive” bladder, or OAB. Normally, strong muscles (sphincters)

control the flow of urine from the bladder. In OAB, the muscles contract or spasm with enough force to override the sphincter muscles of the urethra and allow urine to pass out of the bladder.

Stress incontinence occurs when an activity such as a coughing or sneezing increases pressure on the bladder. Typically, a small amount of urine leaks from the urethra. This problem can be caused by weak muscles of the pelvic floor, a weak sphincter muscle, or a problem with the way the sphincter muscle opens and closes. Women who have given birth are more likely to have stress incontinence.

Women with **mixed incontinence** have symptoms of both urgency and stress incontinence.

Treatment options

For **urge incontinence**, doctors generally recommend:

- **Bladder training.** You would complete a bladder diary to determine how often you urinate and then try to lengthen the time between voids.
- **Kegel exercises.** These help strengthen the pelvic muscles, improving pelvic support and the bladder’s ability to hold urine. When you try to stop the flow of urine or try not to pass gas, you are contracting the muscles of the pelvic floor. This is what happens when you do Kegel exercises. When doing the exercises, try not to move your legs, buttocks, or abdominal muscles. In fact, no one should be able to see that you are doing them. Do 5 sets of Kegel exercises a day. Each time you contract the muscles of the pelvic floor, hold for a slow count of 5 and then relax. Repeat this 10 times for 1 set of Kegels.
- **Medications** such as antidepressants

may be prescribed to relax the bladder. Other drugs, called anticholinergic drugs, help control muscle spasms in the bladder.

For **stress incontinence**, doctors generally recommend:

- **Bladder training and Kegel exercises**, as described above.
 - **Bulking agents**, which are injected into the lining of the urethra. They increase the thickness of the lining of the urethra, which creates resistance against the flow of urine. Collagen is one bulking agent commonly used.
- Treatments for either type of urinary incontinence** include:
- **Vaginal estrogen**—this is used by women who are going through menopause or who are postmenopausal. Vaginal estrogen is provided in the form of creams, tablets, or a ring inserted into the vagina. It works in part by thickening the vaginal tissue, which increases pelvic support, and by relieving tissue irritation.

- **Pelvic stimulation.** Mild electrical impulses stimulate contractions of the pelvic floor muscles, and this eventually strengthens them. Some devices require a prescription and monthly office visits and are connected to biofeedback. Others, such as the Automatic Pelvic Exerciser (APEX M), are available over the counter.

- **Biofeedback therapy** with a physical therapist can help you learn how to perform Kegel exercises by letting you know if you are contracting your pelvic muscles correctly. Sensors are placed on the body or within the anus or vagina and provide feedback on a computer screen or through audio tones.

- **Weight loss.** Being overweight or obese can lead to urinary incontinence by increasing pressure in the abdomen. Losing even 5 pounds can make a big difference in bladder control.

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