

# Female Incontinence

**Incontinence is the involuntary loss of either urine (urinary incontinence) or faeces (faecal incontinence). A large proportion of adult women have urinary incontinence. There are two main types of urinary incontinence – Stress Incontinence and Urge Incontinence.**

## Stress incontinence

This can occur when pressure on the bladder is increased because of coughing, sneezing, laughing, exercise etc. Usually, the muscles at the neck of the bladder form a tight seal to hold the urine in without leaks. If these muscles are weak or damaged, then a sudden increase in pressure may cause some urine to leak out into the urethra, which is the outlet for the bladder. This channel being highly sensitive, the entrance of some urine into it can trigger a contraction of the bladder, causing even more urine to leak out.

Stress incontinence is often caused by damage to the hammock of ligaments that supports the bladder neck. This often occurs after childbirth and is particularly associated with big babies, long labours and deliveries involving instruments (forceps). The symptoms may not be too noticeable at first, but may worsen after the menopause as lack of oestrogen causes the hammock tissue to weaken. Other factors that may contribute to this condition are obesity; chronic diseases which induce persistent coughing, like bronchitis, and smoking-induced coughing.

Some women may have a sag in their ligaments because of a collagen deficiency. Collagen is a protein which is present in great abundance in the body, particularly in connective tissue, and provides elasticity to ligaments and tendons.

## Diagnosis

The diagnosis of Stress Incontinence is usually based on examination and elimination of more serious underlying causes for incontinence, such as urinary tract infection. Before undergoing any treatment it is important to discuss your symptoms with your GP or health professional.

## Treatment

Treatment of Stress Incontinence involves strengthening the muscles that support the bladder neck to raise the hammock upwards. Pelvic floor exercises are helpful for many women and should be started early in life. It is important that they are done properly, and if there is any doubt or the symptoms are not improving the advice of a physiotherapist is recommended. However, as women grow older, the benefit gained from these may reduce as tissues weaken further with age.

There is now medication available that can lead to a 50% or more improvement in the symptoms of stress incontinence. It works by increasing the tone of the muscle at the neck of the bladder. Like all medication, it may have some side effects, and your doctor can advise you about these.

Many women will find the above measures useful, but for those that don't, there are various minor surgical procedures that can be performed. If you are being considered for surgery, then your specialist will probably recommend a special test called urodynamics, which involves the use of pressure catheters in the bladder and rectum to measure the changes that happen when your bladder is filling up and when you are straining.

Surgery involves elevating or strengthening the neck of the bladder to make it more difficult for urine to leak out. The commonly used operation is a procedure which suspends the vagina and bladder neck, called a colpo-suspension. It is successful in 80% of women and appears to cause a long-term improvement.

This colpo-suspension technique is now being increasingly replaced by a simpler procedure that involves introducing a tape underneath the bladder neck, which recreates the hammock. These tapes can be inserted under local anaesthetic and be adjusted once in place to the correct position. There are various types of tape available, but the main ones are TVT (tension-free vaginal tape) and TOT (trans-obturator tape). Your specialist will advise you on which is most suitable for you.



## Urge Incontinence

The bladder is a balloon with walls made up of muscle fibres, and the muscular part of the bladder is called the detrusor. When urine fills the cavity, the muscle stretches and becomes highly strung. This creates the desire to empty and, when it is appropriate the bladder neck muscles relax, the detrusor contracts and the urine flows out. This movement is usually synchronised, however in some situations the bladder muscles become irritable and will contract at inappropriate times causing a strong urge to pass urine that may cause some urine to leak out.

### Diagnosis

Bladder infections can cause similar symptoms and it is always important to consult your doctor the correct diagnosis can be made. Bladders often become more sensitive after the menopause and a small dose of oestrogen in the vagina or HRT itself may help.

### Treatment

The main treatments for this condition are bladder retraining and/or medication. Bladder retraining is usually done in conjunction with pelvic floor exercises by a physiotherapist or specialist nurse. There is a variety of medication available that acts by dampening down the irritability of the bladder muscle. Your GP or specialist will advise you which one is the most suitable. If your symptoms do not improve then you may require further test including urodynamics (see above) or a cystoscopy (the passage of a very fine camera into the bladder), which can be done under local anaesthetic. Very rarely more major surgery may be required. The effectiveness of managing and treating urinary incontinence is primarily evaluated not only by the reduction in urine loss or urine leakage undertaken by urodynamic and pad tests, but also by improvement in the quality of life, social functioning and a return to a more normal lifestyle.

## Faecal Incontinence

This is the involuntary loss of faeces, either liquid or solid. It is an understandably embarrassing condition but is much more common than most people realise. It usually results from damage to the muscles around the anus (sphincters) at the time of childbirth. The situation can usually be markedly improved with simple measures such as pelvic floor exercises and dietary changes, but specialist advice should always be sought to exclude other possible causes. Sometimes the situation may be aggravated by prolapse, which may need to be corrected surgically. Surgical reconstruction of the sphincter muscles may be possible but would need specialist assessment.

## Useful contacts

### The Continence Foundation

Helpline: 0845 345 0165 (Monday-Friday: 9:30am – 1:00pm)

Email: [continence-help@dial.pipex.com](mailto:continence-help@dial.pipex.com)

Website: [www.continencefoundation.org.uk](http://www.continencefoundation.org.uk)

### Web MD Incontinence and OAB Health Center

<http://www.webmd.com/urinary-incontinence-oab/womens-guide/Urinary-Incontinence-in-Women-Topic-Overview>

## Sources

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This factsheet has been produced by Women's Health Concern and reviewed by members of our Medical Advisory Panel.

It is for your information and advice and should be used in consultation with your own medical practitioner. **Updated: November 2007.**