

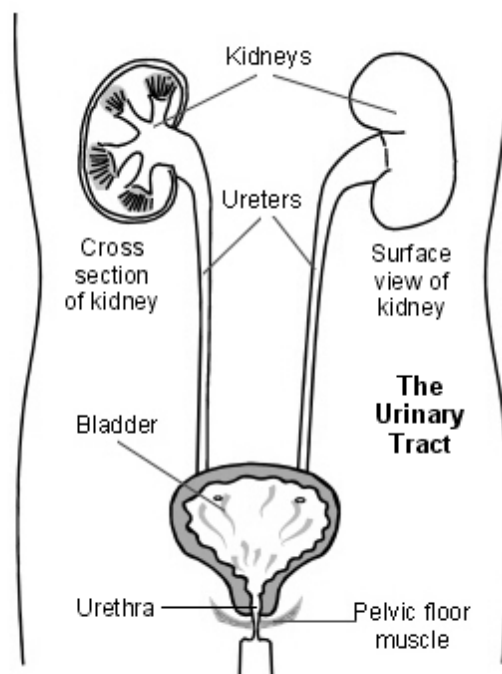
Stress Incontinence in Women

Stress incontinence is the most common form of incontinence. Exercises to strengthen the pelvic floor muscles are the usual treatment. A treatment option in some cases is surgery to 'tighten' or support the bladder outlet.

Understanding urine and the bladder

The kidneys make urine all the time. A trickle of urine is constantly passing to the bladder down the ureters (the tubes from the kidneys to the bladder). You make different amounts of urine depending on how much you drink, eat and sweat.

The bladder is made of muscle and stores the urine. It expands like a balloon as it fills with urine. The outlet for urine (the urethra) is normally kept closed. This is helped by the muscles beneath the bladder that sweep around the urethra (the pelvic floor muscles). When a certain amount of urine is in the bladder, you become aware that the bladder is getting full. When you go to the toilet to pass urine, the bladder muscle contracts (squeezes), and the urethra and pelvic floor muscles relax.



Complex nerve messages are sent between the brain, the bladder, and the pelvic floor muscles. These make you aware of how full your bladder is and tell the right muscles to contract, or relax, at the right time.

What is stress incontinence?

Stress incontinence is when urine leaks when there is a sudden extra pressure ('stress') on the bladder. Urine leaks because your pelvic floor muscles and urethra cannot withstand the extra pressure. (The diagram below shows how the pelvic floor muscles support the bladder and nearby structures.) The incontinence develops because the pelvic floor muscles are weakened. Small amounts of urine may leak, but sometimes it may be quite a lot and cause embarrassment.

Urine tends to leak most when you cough, laugh, or when you exercise (like jump or run). In these situations there is sudden extra pressure within the abdomen and on the bladder.

How common is stress incontinence?

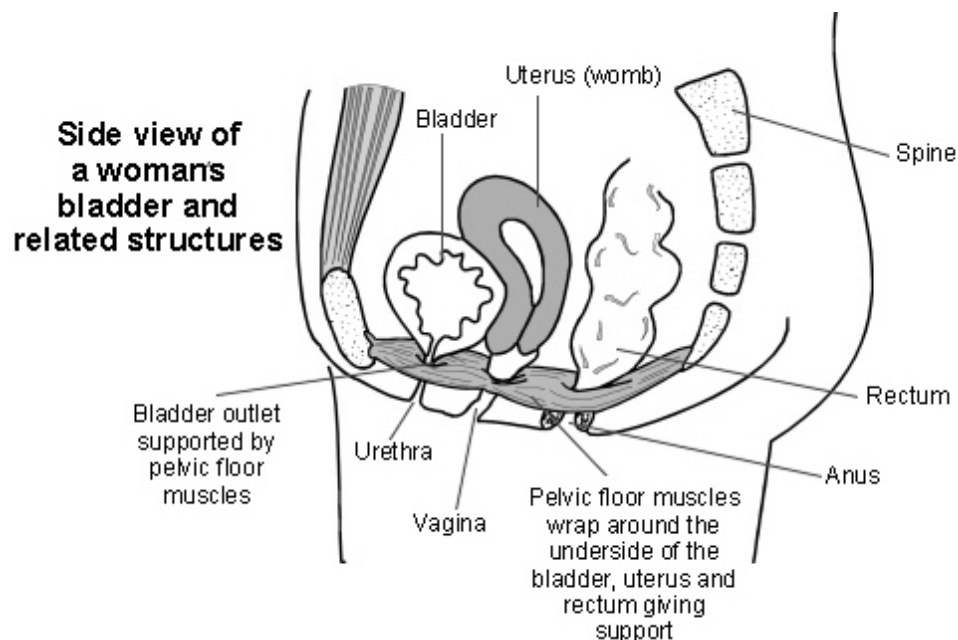
Stress incontinence is the most common form of urinary incontinence. It is estimated that about 3 million people in the UK are regularly incontinent. Overall this is about 4 in 100 adults, and well over half of these are due to stress incontinence. However, stress incontinence becomes more

common in older women and as many as 1 in 5 women over the age of 40 have some degree of stress incontinence.

(The second most common type of incontinence is urge incontinence which is dealt with in a separate leaflet. Very briefly, urge incontinence is when you get an urgent desire to pass urine. Sometimes urine leaks before you have time to get to the toilet. Treatment is different to stress incontinence. Some people have both stress incontinence and urge incontinence.)

What causes stress incontinence?

The common reason for the pelvic floor muscles to become weakened is childbirth. Stress incontinence is common in women who have had several children. It is also more common with increasing age as the muscles become weaker, and in women who are obese.



What are the treatments for stress incontinence?

Strengthening the pelvic floor muscles is the usual first treatment. About 6 in 10 cases can be cured or much improved with this treatment. Surgery may be advised if the problem continues.

Strengthening the pelvic floor muscles

The pelvic floor muscles are a group of muscles that wrap around the underside of the bladder and rectum (see diagram). Exercises to strengthen these muscles are the usual first treatment. Your doctor may refer you to a continence advisor or physiotherapist to help with this. The sort of exercises advised are as follows.

1. Sit in a chair with your knees slightly apart. Imagine you are trying to stop wind escaping from your anus (back passage). You will have to squeeze the muscle around the anus. You should feel some movement in the muscle. Don't move your buttocks or legs.
2. Now imagine you are passing urine and are trying to stop the stream. You will find yourself using slightly different muscles to the first exercise, and these are the ones to strengthen. Next time you go to the toilet try the 'stop test'. This means halfway through emptying your bladder use these muscles to try and stop the flow of urine. Don't be discouraged if you are only able to reduce it slightly. With time you should be able to stop the flow completely. If you are not sure that you are exercising the right muscles, put a couple of fingers into your

vagina. You should feel a gentle squeeze when doing the exercise.

Practising the exercises.

1. Sit, stand or lie with your knees slightly apart. Slowly tighten your pelvic floor muscles as hard as you can. Hold to the count of five, then relax. Repeat at least 5 times. These are called slow pull-ups. Do the same exercises quickly without counting to 5. Repeat at least 5 times. These are fast pull-ups. Do 5 slow pull-ups and 5 fast pull-ups at least 10 times a day.
2. Get into the habit of doing exercises whilst going about everyday life. For example, when answering the phone, washing up, etc.
3. Do the exercise at times when you feel you might leak, for example, when lifting something heavy or when you cough.
4. Do the 'stop test' on your urine once a day. After several weeks the muscles will start to feel stronger. You may find you can hold on longer than 5 seconds and you can do more pull ups without the muscle feeling tired. You should find it easier to stop your urine.

It takes time and practice to become good at these exercises. But, you should start to see benefits after a few weeks. Do persevere and, if possible, continue exercising as a part of everyday life to stop the problem recurring.

Sometimes a continence advisor or physiotherapist will advise extra methods, in addition to exercises, to strengthen the pelvic floor muscles. For example, sometimes a special electrical device is used to stimulate the pelvic floor muscles with the aim of making them stronger.

Surgery

Various surgical operations are used to treat stress incontinence. They aim to 'tighten' or support the muscles and structures below the bladder. Surgery is often successful.

Some general lifestyle measures which may help

- **Your GP may refer you to the local continence adviser.** They can give practical advice on how to manage, and advise on treatment. They may be able to supply pants, pads, etc.
- **Getting to the toilet.** Make this as easy as possible. If you have difficulty getting about, consider special adaptations like a handrail or a raised seat in your toilet. Sometimes a commode in the bedroom makes life much easier.
- **Smoking** can cause cough which can aggravate symptoms. It would help not to smoke.

Can stress incontinence be prevented?

It is thought that if you do regular pelvic floor exercises (as described above) after you have a baby, then stress incontinence is less likely to develop in the future.

Further help and information

Continence Foundation

307 Hatton Square, 16 Baldwin Gardens, London, EC1N 7RG

Tel (Helpline): 0845 345 0165 Web: www.continence-foundation.org.uk

A national charity dedicated to helping people who have some problem with bladder or bowel control in their adult lives. The Foundation offers information, advice, promotes advances in public and professional education, and campaigns for the improvement of continence services.

Incontact

United House, North Road, London, N7 9DP

Tel: 0870 770 3246 Web: www.incontact.org

For people affected by bowel and bladder continence problems, and their carers.

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