

# Stress Urinary Incontinence

Urinary incontinence is the unintentional loss of urine. Stress incontinence is prompted by a physical movement or activity – such as coughing, sneezing or heavy lifting – that puts pressure (stress) on your bladder. Stress incontinence is not related to psychological stress.

If you have stress incontinence, you may feel embarrassed, isolate yourself, or limit your work and social life, especially exercise and leisure activities. With treatment, you'll likely be able to manage stress incontinence and improve your overall well-being.

## Symptoms

If you have stress incontinence, you may experience urine leakage when you:

- Cough
- Sneeze
- Laugh
- Stand up
- Lift something heavy
- Exercise

You may not experience incontinence every time you do one of these things, but any pressure-increasing activity can make you more vulnerable to unintentional urine loss, particularly when your bladder is full.

## Causes

Stress incontinence occurs because of poor function in the muscles that support the bladder or control the release of urine. Sometimes both muscle groups are involved. The bladder expands as it fills with urine, but valve-like muscles at each end of the urethra normally stay closed, or contracted, preventing urine release until you reach a bathroom. When the muscles supporting the bladder are weak, however, pressure can trigger urine release before you're ready. Problems with the valves themselves (the urinary sphincters) may have the same effect.

Your urinary sphincter and pelvic floor muscles may lose tone because of:

- **Childbirth.** In women, poor function of pelvic floor muscles or the sphincter may occur because of tissue or nerve damage incurred during delivery of a child. Stress incontinence from this damage may begin soon after delivery or occur years later.

## Contributing Factors

Other factors that may worsen stress incontinence include:

- Urinary tract infection
- Illnesses that cause chronic coughing or sneezing
- Obesity
- Smoking, which can cause frequent coughing
- Diabetes, which can cause excess urine production and nerve damage
- Excess consumption of caffeine or alcohol
- Medications that cause a rapid increase in urine production
- Sports, such as tennis or running

## Risk Factors

Factors that increase the risk of developing stress incontinence include the following:

- **Age.** Although stress incontinence isn't a normal part of aging, physical changes associated with aging, such as the weakening of muscles, may make you more susceptible to stress incontinence. Also, women in menopause lose the beneficial effects of estrogen – that is, strengthening and protecting the tissues of the vagina and urethra – making the development of stress incontinence more likely.
- **Type of childbirth delivery.** Forceps delivery of a baby may be associated with a greater risk of stress incontinence than is normal vaginal delivery. Multiple vaginal deliveries also may be associated with a higher risk.
- **Body weight.** People who are overweight or obese have a much higher risk of stress incontinence. Excess weight increases pressure on the abdominal organs. Subsequently, the “resting” pressure on the bladder may be increased even without the additional pressure from a cough or other force.
- **Previous pelvic surgery.** Hysterectomy in women can alter the function and support of the bladder and urethra, making it much more likely for a person to develop stress incontinence. This effect can be either immediate or delayed.

## Complications

Complications of stress incontinence may include:

- **Personal distress.** If you experience stress incontinence, you may feel embarrassed and distressed by the condition. It often disrupts work, social activities, interpersonal relationships and sexual relations.
- **Mixed urinary incontinence.** Mixed incontinence usually involves both stress incontinence and urge incontinence – the loss of urine resulting from an involuntary contraction of the bladder muscles (overactive bladder).
- **Skin rash or irritation.** Skin that is constantly in contact with urine is likely to be irritated, sore and can break down. This can happen with severe incontinence if you don't take precautions, such as using moisture barriers or incontinence pads.

## Treatments and Drugs

Sometimes it is necessary to use a combination of treatment strategies to end or lessen the number of incontinence episodes.

## Behavioral Therapies

Behavioral Therapies may help you eliminate or lessen episodes of stress incontinence. The stress incontinence treatments your doctor will recommend may cover the following areas:

- **Fluid consumption.** Your doctor may recommend the amount and timing of fluid consumption during the day. You should also avoid caffeinated and alcoholic beverages.
- **Healthy lifestyle changes.** Quitting smoking or losing weight may lessen your vulnerability to stress incontinence and improve your symptoms if you do have stress incontinence.
- **Scheduled toilet trips.** Your doctor may recommend a schedule for toileting. More frequent voiding of the bladder may reduce the number or severity of stress incontinence episodes.
- **Pelvic floor muscle exercises.** Exercises called Kegels strengthen your pelvic floor muscles and urinary sphincter. Your doctor or a physical therapist can help you learn how to do these exercises correctly. How well Kegels work for you will depend on your willingness to perform the exercises regularly, just like any other exercise routine.

## Devices

Certain devices designed for women may help control stress incontinence, including:

- **Vaginal pessary.** This ring-shaped device, fitted and put into place by your doctor or nurse practitioner, helps support your bladder to prevent urine leakage. A vaginal pessary may be a good choice if you wish to avoid surgery.

## Surgery

Surgical interventions to treat stress incontinence are generally designed to improve closure of the sphincter or support the bladder neck. Surgical interventions include:

- **Injectable bulking agents.** Collagen, synthetic sugars or gels may be injected into tissues around the upper portion of the urethra. These materials increase pressure on the urethra, improving the closing ability of the sphincter. Because this intervention is relatively noninvasive and inexpensive, it may be an appropriate treatment alternative to try before other surgical options.
- **Open retropubic colposuspension.** This procedure is often used to treat women with stress incontinence. Sutures attached either to ligaments or to bone lift and support tissues near the bladder neck and upper portion of the urethra.
- **Sling procedure.** In this procedure most often performed in women, the surgeon uses the person's own tissue or a synthetic material to create a "sling" that supports the urethra.

## **Lifestyle and home remedies**

Healthy lifestyle practices can go a long way toward easing symptoms of stress incontinence.

- **Shed extra weight.** If you're overweight – your body mass index (BMI) is 25 or higher – losing excess pounds can help reduce the overall pressure on your bladder and pelvic floor muscles. Losing 5 to 10 percent of your body weight may help improve your stress incontinence.
- **Add fiber to your diet.** Constipation contributes to incontinence, especially if you often strain during bowel movements. Keeping your bowel movements soft and regular allows urine to flow freely and reduces the strain that's placed on your pelvic floor muscles. Eat high-fiber foods – whole grains, legumes, fruits and vegetables – to relieve and prevent constipation.
- **Avoid eating or drinking substances that can irritate your bladder.** For instance, if you know that drinking coffee throughout the day tends to make you go to the bathroom more frequently, try reducing the amount you drink.
- **Maintain proper fluid intake.** Drinking too much fluid can make you urinate more frequently. But not drinking enough can lead to a concentration of waste in your urine, which can irritate your bladder too.
- **Don't smoke.** Smoking can lead to a severe chronic cough, which can aggravate the symptoms of stress incontinence.

## **Coping and Support**

Treatments today for stress incontinence can usually substantially reduce, if not eliminate, urinary leakage and help you regain control of your bladder. Still, you may need to cope with the effects of incontinence while waiting for surgery or for medication or behavior therapies to gain effectiveness.

You might consider joining a support group. Organizations such as the National Association for Continence (NAFC) can provide you with resources and information about people who experience stress incontinence. Support groups offer a venue for voicing concerns and often provide motivation to maintain self-care strategies.