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Urinary incontinence in women (involuntary urination)

Sources: www.sundhed.dk
https://www.sundhed.dk/borger/patienthaandbogen/nyrer-og-urinveje/symptomer/urinlaekage-hos-kvinder/

Facts

• Urinary incontinence is involuntary loss of urine
• Urinary incontinence may be due to either
    o Insufficient function of the sphincter (stress incontinence)
    o Inadequate control of the urination reflex, where the bladder empties involuntarily (urgency incontinence)
    o A combination of both of these causes
    o Treated with pelvic floor exercise, medication or surgery

What is urinary incontinence in women?

• Involuntary urination

• Urinary incontinence is a social and hygienic problem

• Divided into 3 categories:

o Mild incontinence: drip leakage 1-2 times per month
o Moderate incontinence: drip leakage daily
o Pronounced incontinence: large amounts of leakage at least once a week

How common is urinary incontinence in women?

• Varying degree of discomfort
• Increases with age
• 25 to 45% of Danish women experience urinary incontinence
• Foreign studies: 10-60% experience urinary incontinence
• About 2% of healthcare spending can be attributed to urinary incontinence

Assessment of urinary incontinence in women

• Is a widespread problem among women, but far from everyone needs treatment

The most common causes

Risk factors

There are a number of factors that increase the risk of urinary incontinence in women:
• Age
• Overweight (high BMI)
• Births (caesarean section and vaginal births)
• Particularly in the elderly, reduced mobility and a strong degree of physical and mental impairment are significant risk factors for urinary incontinence

• No reliable association between hormonal factors and urinary incontinence has been demonstrated

Which may require treatment
• Incontinence, stress
  o Estrogen deficiency
  o Injuries after birth
  o Submerged bladder
  o Untrained bladder base
• Incontinence, urgency
  o Fault in the nervous system's control of the urination reflex
  o Irritation of the bladder wall
• Mixed incontinence
  o Combination of stress and the urgency types
  o Makes up 35-50% of all cases, is most common in the elderly

• Incontinence, overflow
  o Leakage at full bladder, urine retention (that you can not let the water)
  o It "runs over", drips evenly and regularly
  o The diagnosis is confirmed by ultrasound scan or by a catheter inserted in the woman's bladder.

What can I do?
• To avoid stress incontinence, it is especially important through pelvic floor exercises to keep the pelvic floor muscles in good shape. This is especially true, but not only, in connection with pregnancy, childbirth
• Drinking less fluid alone does not help
• Avoid constipation
• Aim for regular toilet visits with bladder emptying
• Release the water before known loads that cause involuntary urination- e.g. running and dancing
• Avoid being overweight
• In case of chronic cough - stop smoking
• Pelvic floor training: Birthe Bondeklinikken: http://www.birthebonde.dk/pjecer/

HOW IS THE EXAMINATION AND INVESTIGATION?

The abdomen is first examined by a gynecological examination and an ultrasound examination.
At home, you make a fluid urination diary, which is used to record fluid intake and fluid excretion for 3 days.
Only then can the doctor make the correct diagnosis.
You must have examined your urine for cystitis.
At a gynecological examination, the doctor will often be able to see prolapse (sinking, prolapse) the vaginal wall. Prolapse means that the organs, which are usually located on top of the pelvic floor, sink, when the pelvic floor becomes slack. There may be subsidence of the urethra (urethrocele), bladder (cystocele), uterus (descent), vagina (vaginal prolapse), small intestine (enterocele) and rectum (rectocele).

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WHAT ARE THERE OF TREATMENTS?

Many times the problems can be remedied with pelvic floor training and bladder training.
We can refer you to a specially trained physiotherapist who can help you get started with the exercises.
If you are menopausal, you will often also be recommended local estrogen treatment in the vagina.
In some cases, additional medical treatment and / or surgery is required.

MEDICINE

Urge incontinence can be treated with bladder relaxing drugs, for example Betmiga, Vesicare, Toviaz etc. It is often given in combination with local estrogen treatment either as suppositories Vagifem or a hormone ring Est-ring.
The medicine is taken for a month to test the effect and side effects.
If the medicine has no effect, you can sometimes offer treatment with Botox injections in
The bladder.

SURGERY

Stress incontinence can be treated and relieved with an insert in the vagina, for example the product Contrelle,
which can be bought at pharmacies, the Matas Internet, e.g. Homecare.
You can also get help from the doctor to have an incontinence ring placed in the vagina which presses on the urethra and
reduces the risk of leaks. The ring must be changed by the doctor every 3 to 6 months.

The ring supports the bladder neck and counteracts incontinence with physical exertion.

It is also sometimes possible to operate on stress incontinence.

The operation can be a so-called TVT, which stands for Tensionfree Vaginal Tape.
It is a band / sling that is inserted under the urethra and supports it.
The urethra will then be squeezed off by physical exertion, jumping, sneezing, coughing, laughing, running.
It supports the urethra and thereby prevents or reduces leakage.

When applied to the right patients, the effect is quite good, over 90% of the patients are satisfied with this operation, and over 70% become dense.

In the elderly, it may be possible to inject some filler around the urethra that squeezes it a little of, thus reducing the leakage