

NATIONAL ASSOCIATION  
FOR CONTINENCE

# Urinary Incontinence

What every woman  
should know.



NATIONAL ASSOCIATION



FOR CONTINENCE

# Urinary Incontinence



If you've found yourself leaking when you laugh, rushing urgently to the restroom or feeling like you can't fully empty your bladder, there's a good chance that you're suffering from urinary incontinence, or UI.

UI isn't a single condition – it's a broad name for a family of conditions that all share a common characteristic: The inability to properly control the natural flow of urine from your bladder.

That's a particularly difficult problem to have when you're out and about – finding a bathroom at the mall or covering up a leak in public are challenges that no one enjoys dealing with. But that doesn't mean that living with UI at home is any easier – there are unique challenges that UI patients need to address if they're going to make home life as comfortable, clean and care-free as possible.

## How common is it?

A lot of us are embarrassed to discuss health problems as personal as this, but if you're suffering from UI, you may find it reassuring to know that you're not alone. In fact, between one quarter and one third of all adult Americans have UI to one degree or another – that's literally millions of people going through the same struggles.

You may take comfort knowing that there are so many others in the same situation, but what should be even more comforting is knowing that UI can be treated. Most patients find that by combining techniques and behaviors they do on their own with the support of medical professionals, they can generate real, meaningful improvements in their symptoms and quality of life.

*We have some  
very good  
news for you*



## Is this normal?

So many of us have been told that losing bladder control is just one of those unfortunate things that happens as we get older, an inevitable consequence of the aging process. That's simply not true.



While UI is more common in older populations, plenty of younger people experience it, too. And no matter what your age, there's no reason why you should have to live with it – not with all the proven, effective therapies that are available today.

## The types of urinary incontinence

Most physicians classify urinary incontinence into a number of different conditions, though there may be some overlap between them. They include:

**Stress Urinary Incontinence** – Weak pelvic floor muscles or problems with your urethral sphincter can cause your bladder to leak urine when you put stress on it – when exercising, coughing, sneezing or performing other movements that exert pressure on your bladder. In women, it often appears following childbirth or during menopause, while in men, it's often associated with prostate issues.

**Overactive Bladder/Urge Incontinence** – Ever get the feeling that you have to go RIGHT NOW? That's the key symptom of overactive bladder, or OAB. It occurs when your brain signals your bladder that it's time to empty, even if it's not full, or when your bladder muscles act on their own, contracting when you're not ready. For many people, that impulse is so powerful that they can't hold it in and wind up leaking involuntarily. When that happens, the condition is more commonly referred to as urge incontinence.

**Mixed Incontinence** – There's a saying in medicine called "Hickam's dictum," which states that "patients can have as many diseases as they darn well please." Mixed incontinence is a perfect example of this, because patients with mixed incontinence have symptoms of both stress urinary incontinence and urge incontinence.

**Urinary Retention** – While most forms of UI are associated with leaking, Urinary Retention is different. Patients with urinary retention find it difficult to start urinating and when they do, the flow is weak. Once they've finished, they often feel the need to go again because they haven't been able to fully empty their bladder.

To learn more about all of these, visit the National Association for Continence's conditions overview page at [nafc.org/conditions-overview](http://nafc.org/conditions-overview).

## What causes urinary incontinence?

There is no one, single cause for urinary incontinence – as a group of different conditions, there are a number of factors that can produce the symptoms you're experiencing. Still, it can be helpful to have an understanding of bladder biology to better appreciate what's going wrong and how the steps you're taking may contribute to your healing journey.

Here are some of the most common causes of incontinence, though this list is not exhaustive, and you should always see a doctor for a proper diagnosis:

**Loss of muscle tone** – Your pelvic floor is a network of muscles, and if they become weakened for whatever reason, you may find it more difficult to hold urine.

**Pregnancy and childbirth** – Having a baby can be profoundly rewarding, but as far as your pelvic region is concerned, it can be profoundly traumatic, too. The stress and, in some cases, damage that can occur as part of the process can have a detrimental impact on your urinary function.

**Communication breakdown** – Your nervous system plays a central role in the workings of your urinary system, and when there's disfunction in brain-bladder communication, incontinence may be the result.

**Menopause** – The hormonal changes that occur as you go through menopause can produce a constellation of unpleasant symptoms, including incontinence.

**Surgery** – Hysterectomies and other surgeries in the pelvic floor often have consequences that adversely impact your ability to hold urine.

**So many of us have been told that losing bladder control is just one of those unfortunate things that happens as we get older, an inevitable consequence of the aging process. That's simply not true.**

*Try a number of different strategies until you find those that make a difference*



## Self-care and management strategies

Many patients start the treatment process haphazardly, managing early symptoms with little more than guesswork, a box of maxi pads and the hope that things will somehow go away on their own. That may temporarily mask some issues, but it's no long-term solution.



If you want to make a real difference in your condition, there are a number of best practices that you can put in place right now, on your own – techniques that have been proven effective and that complement the medical support you get from your physician.

## Maintain bladder-friendly eating habits

**Avoid bladder irritants** – Did you know that some foods and beverages can irritate your bladder? Coffee, chocolate, wine, tomatoes and more can all contribute to incontinence. Keep in mind that not all foods affect people the same way, so some things that are irritants for you may be fine for others – and vice versa.

**Drink plenty of water** – It might sound counterintuitive, but drinking an appropriate amount of water – generally, about 6 to 8 glasses a day – is important to bladder health. When you drink too little, what urine you do produce becomes concentrated, and that can irritate your bladder and make you go more frequently.

**Reach for healthy snacks** – Foods that are high in nutrients and fiber can play an important role in keeping your bladder – and the rest of your body – in great shape.

**Maintain a healthy weight** – Additional weight can put stress on your bladder and pelvic floor muscles, increasing frequency, urgency and leakage.

**Learn more** – Visit [nafc.org/diet-habits-for-bladder-health](https://nafc.org/diet-habits-for-bladder-health).

## Supply yourself

**Absorbent products** – Absorbents are most patients' first line of defense against leaks, so it's essential that you find a product that's right for you. The good news is that there's a tremendous variety out there, including different styles, sizes, absorbency and more, which means that there's sure to be something that meets your particular needs. The bad news is that all that variety also means that it may take some trial-and-error until you're satisfied. Don't be discouraged if the search takes a little time, and don't always assume that the most expensive product is the best.

**Choose real products** – One thing for certain is to avoid using feminine hygiene products for bladder issues; they're not designed to handle the volume or odor associated with urine leakage, and they aren't formulated to neutralize the acids and fully wick away moisture, which can lead to skin irritation.

**Necessities** – There are a number of additional supplies that are important for good continence care, including hygiene products, cleaners, linens and more. Keep a good supply on hand so you don't have to worry about running out of something when you need it most.

## Strengthen your pelvic floor

Your pelvic floor is made up of muscles, and you can strengthen them through training the same way you strengthen any other muscle group. Kegels are most well-known pelvic floor exercise because they've been proven to generate results; that is, as long as they're done correctly. Fortunately, it isn't hard to do a Kegel – here's a quick rundown of the basics:



1. Begin by identifying the muscles you'll be targeting. Find a comfortable place to lie down, or sit in a relaxed, upright position. Make sure your bladder is empty. Now, focus on the perineal area – that's the area between the genitals and anus. Slowly contract the muscles that you would tighten if you were trying to stop the flow of urine or prevent yourself from passing gas. When you can do this without squeezing your buttocks, abdomen or inner thighs, you're doing things right.
2. Now that you know how to do a Kegel, the next step is to put together a simple routine. Your goal should be to tighten your pelvic floor muscles for 5 seconds, then relax them for 5 seconds. Try to do 5 repetitions on your first day. As you gain confidence from your new routine, aim for 10 seconds at a time, relaxing for 10 seconds between contractions.
3. As you perform your routine, don't forget to avoid flexing the muscles in your abdomen, thighs or butt, and also make sure you don't hold your breath. Breathe freely during your exercises to keep from stressing the rest of your body.
4. Once you get comfortable doing 10-second Kegels, you're ready to step things up: Aim for at least 3 sets of 10 repetitions per day. The beauty of Kegels is that they can be done anywhere, anytime. Try performing them during your downtime, such as when you're waiting in line or sitting at a stoplight.
5. Give yourself encouragement. These exercises will feel foreign in the beginning. But the longer you stay with them, the better your bladder health will become. As a bonus, Kegels have been reported to increase sexual pleasure as well.

Kegels aren't the only exercise for bladder health, either. There's a wide variety of easy, enjoyable exercises you can do on your own, with no equipment required, to improve your pelvic floor strength. Learn about them all at [nafc.org/pelvic-floor-health-center](https://nafc.org/pelvic-floor-health-center).

## (Re)train your bladder

Strengthening and training your bladder and sphincter muscles is a tried-and-true program to improve your bladder function so you're not running to the restroom every five minutes. There are a couple of ways you can do this:

1. **Schedule Bathroom Visits.** Once you've determined how frequently you use the bathroom, add 15 minutes to that time. Let's say you go to the bathroom every hour. During retraining, you'll aim to go every hour and fifteen minutes. Even if you don't have to go, you'll still want to make the trip to the bathroom. This trains the brain and body. After a set number of days, gradually increase the amount of time between bathroom breaks.
2. **Delay Urination.** Easier said than done. But when you feel the need to go, try holding off for at least 5 minutes. Then 10. And so on until you can make it 3-4 hours between urination. The key will be to stay on schedule, which keeps the training on track.

For more information, including a detailed bladder retraining program, visit [nafc.org/bladder-retraining](https://nafc.org/bladder-retraining).

## Stay safe at home

**Clear a path to the bathroom** – Stumbling around at night when you have a sudden sense of urgency puts you in danger of more than a stubbed toe. Tripping and falling injuries are common and serious. Make sure you have a clear path and ensure that it's properly lit, especially at night.

**Remove hazards** – Double check that you haven't inadvertently left anything lying around between you and the restroom door.

**Accommodate your needs** – Consider installing hand rails or a raised toilet if you could benefit from extra stability and easier access.

## Keep a bladder diary

**Learn about your leaks** – Tracking your condition can reveal important information about your particular triggers, habits and timing, all of which can help identify opportunities to improve your symptoms.

**Look for patterns** – Is there a consistent time of day when you experience leaks? Are there certain foods that seem to set you off? A bladder diary can expose critical patterns that you may not have been aware of, and that can help you stay drier.

**Share your diary with your doctor** – Even if you don't see any patterns in your diary, your doctor may gain valuable insights from it. Don't be surprised if your doctor recommends dietary changes or other actions in response to what you've tracked.

Download your FREE bladder diary – Visit [nafc.org/diaries](https://nafc.org/diaries).

## Getting professional help

For some patients, lifestyle changes are enough to help them get their incontinence under control, but for most patients, that's just part of an overall care program that includes working with healthcare professionals.

## Finding the right provider

It's not always easy to know who to see about an incontinence issue. Based on factors like your comfort level and your insurance coverage, your first choice might be to visit your internist or general practitioner. Considering just how common bladder leakage is, you can be sure they've seen plenty of patients with the same issues you're facing.

Some general practitioners will treat your condition themselves, but don't be surprised if you're referred to any of the following specialists:

**Gynecologists** – Gynecology is about more than just the female reproductive system. An important part of many gynecologists' practice is to identify and treat incontinence and related issues.

**Urologists** – You may be surprised to learn that urologists aren't only for men – many urologists treat both male and female urinary issues.

**Urogynecologists** – This is a focused specialty which emphasizes care for the pelvic floor and bladder.

**Geriatricians** – As physicians who focus on the health of the elderly, geriatricians are well trained in the diagnosis and treatment of continence disorders among seniors.

**Neurologists** – In some cases, bladder issues may be related to nerve damage or injury, and in those situations, neurologists may be the providers of choice.

**Physical therapists** – Pelvic floor physical therapists are experts at helping patients identify physiological issues underlying their incontinence and developing movement regimens to improve function.

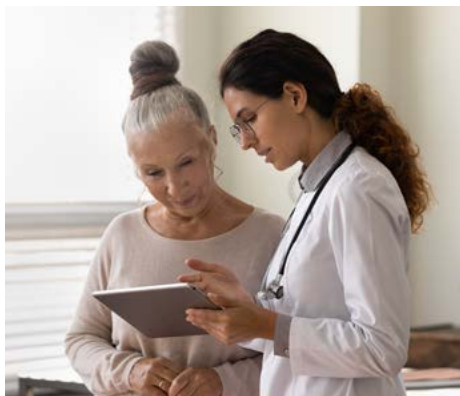
To find a provider near you, visit NAFC's free online doctor finder at [www.NAFC.org/find-a-doctor](http://www.NAFC.org/find-a-doctor).



## Opening up about your condition

Perhaps the most difficult step of all when it comes to getting help for your condition is opening up to doctors in the first place. There's such a sense of shame associated with bladder issues that many patients would rather suffer in silence than discuss their problems with a professional.

That's unfortunate, because as any doctor will tell you, there's nothing to be embarrassed about. After all, doctors deal with these conditions every single day. They've heard it all before and they've seen it all before – probably in the appointment right before yours! What feels awkward to you is commonplace to them, and they're there to treat the very thing you're seeking help for. Open, honest communication is the best way to get you the care you deserve.



## Treatments and therapies

The medical toolbox today is full of approaches that have been proven effective for millions of patients. Just remember that what works for one person may not work for the next, so approach your care with a sense of realism and the resolve to continue exploring options until you've found a solution – or set of solutions – that give you the relief you deserve. The most common forms of treatment today include:

**Medications** – There are a number of drugs which doctors prescribe today to help relieve the symptoms of incontinence. These medications have many different mechanisms of action – some of them work by blocking certain chemical messengers involved with urination, others work by stimulating specific receptors in the bladder or nervous system, and still others work in differently than that.

Because of all this variety, you'll want to work with your doctor to narrow down your options to those that are best suited to your particular condition and symptom profile. You should also be sure to talk with your doctor about possible side effects, particularly with anticholinergic medications, because some studies have raised concerns about possible memory decline in older patients taking these drugs.

Keep in mind that medication is rarely used on its own. Ongoing research shows that combining medications with behavioral therapies such as pelvic muscle exercises and bladder retraining is more effective than any one treatment form on its own.

To learn more about medications for the treatment of incontinence, visit [nafc.org/pharmaceutical](http://nafc.org/pharmaceutical).

**Neuromodulation** – If you haven't responded well to other treatment methods, your doctor may suggest a procedure called 'neuromodulation.' This is where gentle electric impulses are used to stimulate certain nerves that are involved with brain-bladder communication. This stimulation has proven successful for hundreds of thousands of patients over more than 25 years of use.

How successful? One study found that 85% of patients with overactive bladder who received a particular type of nerve stimulation reported a significant reduction in their symptoms a year following the procedure. Five years later, 82% of them still had meaningful reduction, and 45% of them were completely dry.

There are two primary types of neuromodulation that are likely to be recommended to you: SNM, which stands for 'sacral neuromodulation,' or PTNS, which stands for 'percutaneous tibial nerve stimulation.'

With SNM, you'll have a tiny device implanted in your lower back, and that device will be connected to a specific nerve with a thin lead wire. Small, virtually imperceptible impulses are sent to the nerve via that lead wire, and these help to improve brain-bladder communication and restore healthier function.

PTNS operates on the same general principle, but rather than having a device implanted, therapy is delivered in a series of sessions in your doctor's office. Your doctor will insert an acupuncture-like needle into your heel near a nerve that runs all the way up your leg to your spine. That needle is connected to a device which produces electrical stimulation to normalize brain-bladder communication. Patients usually start with 12 weekly sessions and then change to monthly maintenance sessions if the procedure is working for them.

No matter what form of neuromodulation you consider, just know that not everyone is a candidate, and there are potential side effects you'll want to be aware of, too. To learn more about these procedures, visit NAFC's page at [nafc.org/neuromodulation](http://nafc.org/neuromodulation).

**Injection Therapy** – Botox® may be most widely known for its cosmetic uses, but it has also been proven effective for the treatment of overactive bladder – so much so that it has been approved by the FDA for the treatment of overactive bladder. Studies have found that three months after treatment, half of all patients using Botox® saw a 75% reduction in leakage episodes, and one quarter of them had their leakage eliminated completely.

Botox® for bladder control will be administered in your doctor's office. A small tube called a cystoscope will be inserted through the urethra, and your doctor will use this to introduce a small needle and inject the medication into your bladder.

Because the effects of Botox® wear off over time, patients typically have additional applications performed every 6 months or so. You'll also want to watch out for side effects, because there are some that can be quite serious. Make sure to discuss all the risks and potential benefits with your doctor before beginning your treatment.

**Biofeedback** – This approach uses small sensors that are placed on your skin close to the pelvic floor muscles. These sensors transmit signals to a computer screen where you can visualize these muscles – and sometimes hear them – as they’re being used. This direct, immediate feedback enables you to better target these muscles and develop an exercise program that increases the strength and holding power of your pelvic floor. More information can be found at [nafc.org/biofeedback](http://nafc.org/biofeedback).

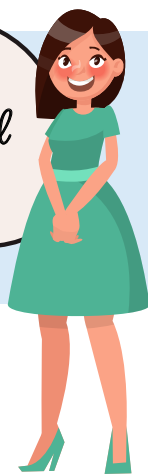
**Pelvic floor stimulation** – Also known as ‘electrical stimulation’ or ‘e-stim,’ pelvic floor stimulation uses an external device to deliver small, controlled electric pulses to the nerves and muscles of the pelvic floor and bladder. This helps the muscles contract, strengthening them and improving endurance, which can lead to greater bladder control. You can learn more at [nafc.org/pelvic-floor-stimulation](http://nafc.org/pelvic-floor-stimulation).

No matter what your doctor recommends, don’t be afraid to ask about additional treatment options if the one recommended to you doesn’t sound appealing – there are often multiple approaches, and there’s a good chance there’s something to fit your unique needs and lifestyle.

## You’re Not Alone

*A 2019 survey from the National Association for Continence found that 90% of patients reported feeling either isolated and alone, depressed or hopeless.*

*You’ll be  
back to normal  
before you  
know it!*



NATIONAL ASSOCIATION



FOR CONTINENCE

For more information regarding urinary incontinence, please visit [www.nafc.org](http://www.nafc.org).

This brochure was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EADI-38455).

The statements presented in this brochure are solely the responsibility of the author(s) and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute® (PCORI®), its Board of Governors or Methodology Committee.