



Created: June 1997
Revised: 4/1998, 1/2000, 1/2002,
11/2003, 10/2005
Last Revision: October 2007

**Health Plan of Nevada/Sierra Health & Life
Urinary Incontinence Guidelines**

DEFINITION OF URINARY INCONTINENCE:	Urinary incontinence is the unintentional loss of urine that is sufficient enough in frequency and amount to cause physical and/or emotional distress in an individual.
DIAGNOSIS:	<p>1) Review of history for:</p> <ul style="list-style-type: none"> a) Onset b) Frequency c) Pattern d) Flow e) Pain, burning f) Appearance g) Odor h) Severity, amount of urine loss <ul style="list-style-type: none"> i) Number of pads i) Fluid intake – coffee, tea, sodas j) Nocturnal accidents k) Accidents with increased intra-abdominal pressure <ul style="list-style-type: none"> i) Coughing, laughing, sneezing ii) Lifting l) Genitourinary (GU) surgery (including hysterectomy) m) Cancer, radiation n) Prolonged labor, multiparity, obstetric lacerations, large babies o) Current medications – diuretics <p>2) Evaluate for presence of:</p> <ul style="list-style-type: none"> a) Diabetes b) Chronic Obstructive Pulmonary Disease (COPD) c) Neurological Diseases – Alzheimer’s Disease, Parkinson’s Disease, Multiple Sclerosis, etc. d) Benign prostatic hyperplasia e) Chronic Urinary Tract Infection f) Chronic constipation g) Medication side effects

3) Review social history for:

- a) Living conditions
- b) Activities
- c) Smoking

4) Conduct physical exam including:

- a) Pelvic (female)
- b) Prostate (male)
- c) Stress testing
 - i) Forceful cough or vigorous straining
- d) Urinalysis to identify or rule out hematuria, infection, or other abnormalities
- e) Post-void Residual (PVR)
- f) Blood tests to identify or rule out various chemicals and substances that cause incontinence

5) Perform additional exams and laboratory tests when indicated:

- a) Ultrasound of urinary tract and other organs
- b) Urodynamics
 - i) Cystometry - Bladder pressure study
 - ii) Uroflowmetry - Urine flow
- c) Imaging tests
 - i) Cystoscopy
 - ii) Urethrocystoscopy
 - iii) Intravenous Pyelogram (IVP)
 - iv) Chain cystogram
- d) Electrophysiologic Sphincter testing
- e) Laboratory tests
 - i) UA
 - ii) Prostate Screening Antigen test
 - iii) Fasting blood sugar test (in case of diabetes)

6) Assess:

- a) Quality of life
- b) Desire for treatment

<p>CLASSIFICATION:</p>	<p>Urinary incontinence can be classified into five types, allowing the practitioner to focus on particular anatomic abnormality that warrants further investigation.</p> <ol style="list-style-type: none"> 1) Stress Urinary Incontinence (SUI) <ol style="list-style-type: none"> a) Sudden <ol style="list-style-type: none"> i) Increased intra-abdominal pressure ii) Usually small amounts b) Predictable <ol style="list-style-type: none"> i) Irritative voiding symptoms and nocturia are typically absent 2) Urge Incontinence: <ol style="list-style-type: none"> a) Greater than 8 episodes of incontinence in the last 24 hours <ol style="list-style-type: none"> i) Urgency ii) Nocturia 3) Functional Incontinence <ol style="list-style-type: none"> a) Unrecognized need to void <ol style="list-style-type: none"> i) Inability to get to the bathroom ii) Second stroke iii) Inability to find bathroom 4) Overflow Incontinence <ol style="list-style-type: none"> a) Failure to empty the bladder b) Constant or continuing urine loss after voiding <ol style="list-style-type: none"> i) Benign Prostatic Hypertrophy in men 5) Mixed Incontinence <ol style="list-style-type: none"> i) Any combination of the above four factors
<p>TREATMENT:</p>	<p>Treatment for urinary incontinence depends on the type of incontinence, severity, and the underlying cause. A combination of treatments is often used. Treatment options for urinary incontinence fall into four broad categories - behavioral techniques, medications, devices, and surgery.</p> <ol style="list-style-type: none"> 1) Behavioral Techniques <ol style="list-style-type: none"> a. Scheduled voiding b. Pelvic strengthening (Kegel) c. Bladder drill (expand time between voids) d. Adequate/appropriate fluid intake e. Smoking cessation f. Diet modification <ol style="list-style-type: none"> i) Less caffeine ii) Less fluids just before going to bed iii) Limits on alcohol

	<p>2) Medications</p> <ul style="list-style-type: none"> a. Antibiotics – for UTI’s b. Antimuscasinics for urge incontinence c. dHormones (women) <ul style="list-style-type: none"> • Stress incontinence d. Alpha agonists (men) overflow incontinence (BPH) <ul style="list-style-type: none"> • Urge incontinence <ul style="list-style-type: none"> 1. Alpha blockers 2. Diuretics 3. Parasympathomimetics <p>3) Others</p> <ul style="list-style-type: none"> a. Pessaries b. Intermittent urinary catheter c. Permanent catheter d. Pads <p>4) Surgery</p> <ul style="list-style-type: none"> a. Bladder neck suspension b. Bulking material injections – at bladder neck
MONITORING:	Dependent upon treatment plan and patient’s response

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