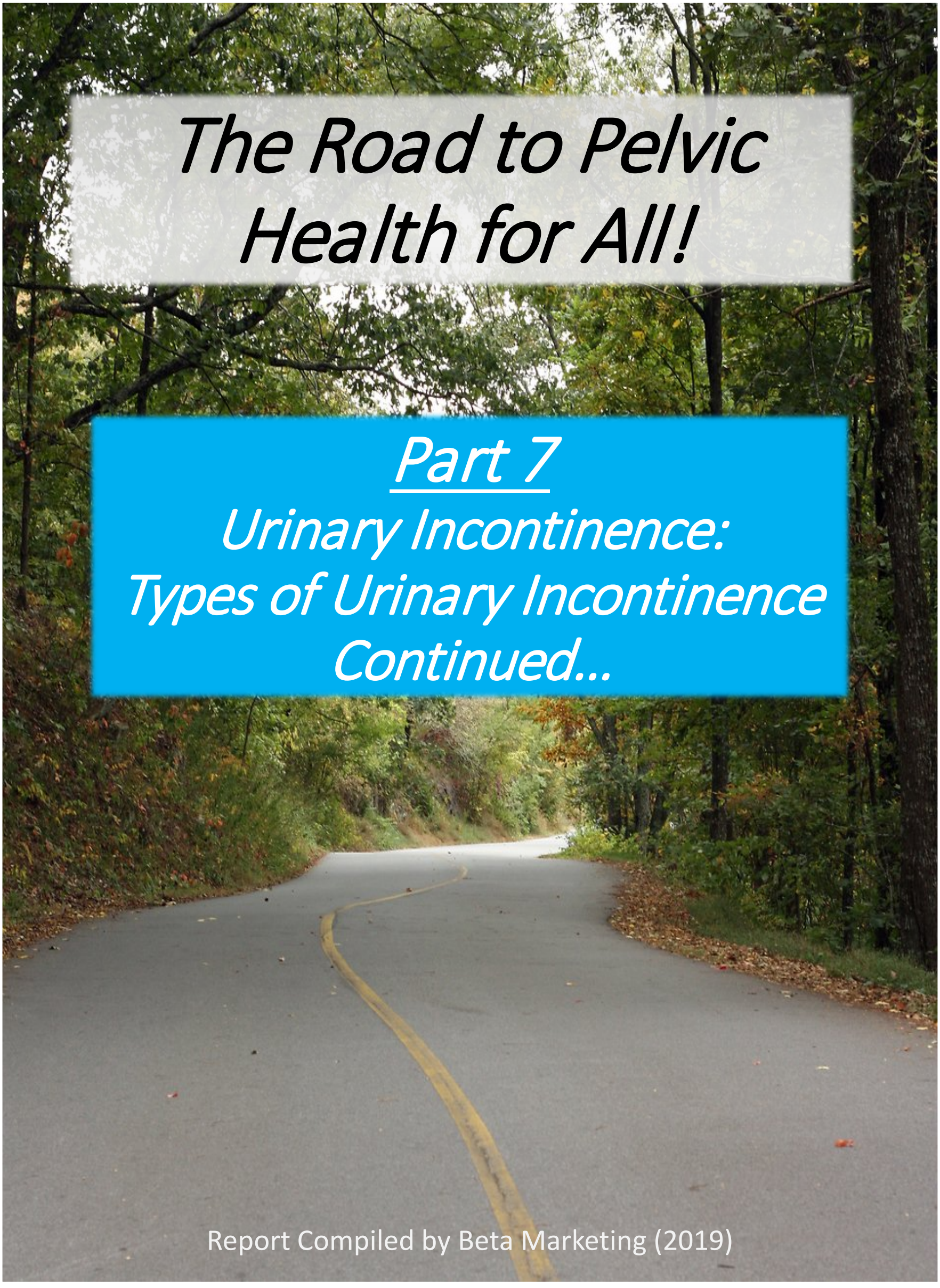

The Road to Pelvic Health for All!

Part 7

Urinary Incontinence: Types of Urinary Incontinence Continued…

Report Compiled by Beta Marketing (2019)

Part 7
Urinary Incontinence: Types of Urinary Incontinence Continued…

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IMPORTANT NOTE

The information in this report is for educational purposes only.
It is not medical advice. Should you have any of these issues or problems please consult your Doctor.

Introduction

Many women and men live in silence with the shame of dealing with some form of incontinence however…

The most important thing to know is that you are not alone!

DID YOU KNOW…

- 9 million people in the United Kingdom (UK) experience some form of incontinence. It can affect women and men of all ages, although it is more common among women.

AND DID YOU KNOW…

- Urinary incontinence affects up to 13% of Australian men and up to 37% of Australian women (Australian Institute of Health and Welfare report, 2006).
- And in the United States of America (USA) More than 25 million people experience bladder leakage every day.

There are many types of incontinence and within this section we will continue to share the symptoms, causes and treatment.

However, be aware that this information is for educational purposes only.

Should you experience any of the symptoms, we would strongly suggest you consult a Doctor.

Types of Urinary Incontinence (UI) Continued

1. Coital Urinary Incontinence
2. Functional Urinary Incontinence
3. Giggle Urinary Incontinence (Laughter Leaks)
4. Nocturia (Excessive Night Time Urination)
5. Nocturnal Enuresis (Adult Bedwetting)
6. Overactive Bladder (OAB)
7. Overflow Urinary Incontinence
8. Stress Urinary Incontinence
9. Urge Urinary Incontinence
10. Mixed Urinary Incontinence

6. Overactive Bladder (OAB)

An overactive bladder (OAB) is the sensation to urgently need to empty your bladder, and often occurs with urge and frequency incontinence, and nocturia.

An OAB does not always lead to incontinence however, and in this circumstance it is known as OAB dry rather than OAB wet. OAB dry is diagnosed where you have the frequent urge to empty your bladder, but have the control to make it to a bathroom before leaking.

Suffering from an OAB always has a negative effect on quality of life, with 10-20% of adult men and women suffering and older individuals suffering from more extreme symptoms.

There are many treatments available to improve the health of the bladder and, as a result, the quality of life of those suffering. Therefore its important that you do not consider suffering with an OAB as an inevitable part of ageing, and seek treatment as soon as possible.

Do not avoid treatment due to embarrassment as this will put you at risk of developing further associated conditions. Such as; vaginal dryness (atrophy), urge incontinence and nocturia.

Symptoms of OAB

You may be suffering from an OAB if you:

- frequently have the sudden urge to urinate
- experience urge incontinence where you immediately urinate following an urge
- suffer from nocturia

Getting a formal diagnosis from your GP can determine whether your OAB is rather a symptom of another condition.

There are several conditions with similar symptoms, these include:

- bladder cancer (tumours)
- vaginal dryness (atrophy)
- vaginal yeast infection
- bladder infection (cystitis)
- diabetes mellitus and insipidus
- congestive heart failure.

Causes of OAB

There are many events that can lead to you developing an overactive bladder (OAB). It can occur at any age, with your risk increasing as you get older.

These events include:

- **Behaviour** - In a healthy individual the pelvic floor and bladder muscles coordinate, to retain urine until the individual is in a position to empty the bladder. This psychological control is developed in childhood, and issues can arise if during this period you were encouraged to empty your bladder more often than required. Or in adulthood, you may not be able to access a toilet when required, due to restrictions in your job or other responsibilities, and therefore always take advantage of having access, even when you do not need to go. This can result in detrusor over activity or instability - this is when the detrusor muscle, responsible for contracting the bladder in order for it to empty normally, contracts involuntarily and cannot be relaxed. It can also result in emptying your bladder turning from an unconscious coordination of the pelvic floor and bladder muscles, to an overactive pelvic floor preventing your bladder from fully emptying when you do get to a toilet.
- **Urinary tract infection (UTI)** - An OAB can be caused by a lower urinary tract infection consistently causing you the urge to go, and if so, can be resolved by treating that condition.
- **Conditions that affect the spinal cord or nervous system** - Multiple sclerosis, a stroke and a herniated disc are just three of the conditions which can affect normal bladder functionality.
- **Bladder pelvic organ prolapse (cystocele)** - If you suffer from a cystocele, your bladder is more vulnerable to developing conditions such as OAB.
  Bladder tumour (cancer) - If you have a tumour on your bladder, the pressure can feel like you need to urinate.

Anxiety - An OAB may occur due to anxiety about being caught short with a full bladder. Or, there may have been sexual or psychological trauma that causes the individual to be unable to relax and fully empty their bladder, which may not immediately be obvious, even to the individual suffering.

Treatment of OAB

The cause of your OAB, and what specifically is not functioning correctly, determines which treatment will benefit you. Speak to your GP before beginning treatment to ensure you have correctly self-diagnosed and are not going to make your OAB worse.

Conservative Therapies

Conservative therapies, such as lifestyle changes and non-surgical medical treatments, resolve 25% of incontinence cases, and are the first line of treatment.

- **Oestrogen therapy for women** - Oestrogen therapy can be prescribed as a short term treatment by your GP, it is locally administered as a cream to your vagina. There are ongoing studies looking at the benefit of oestrogen therapy once the cream is no longer applied.
- **Prescription of antimuscarinics** - This group of medications may be useful due to their effect on the muscles, reducing involuntary contractions and increasing the bladders capacity. They are only prescribed in extreme cases of OAB, and where other treatments have not worked.
- **Bladder training** - In a bladder training programme you will postpone going to the toilet until you are urgent. This will show you how long you are able to go, and train your normal function to resume. The success of this training reduces over time, and as such is considered a life long behaviour change that needs to continue to see the benefits.
- A Retraining Diary with instructions has been provided as a bonus with this report.

- **Biofeedback training** - If you have no voluntary control over when you go to the toilet, completing biofeedback training with a specialist/physiotherapist will show you how to relax and contract the muscles voluntarily, and how this can effect your urination.
- **Pelvic floor muscle (Kegel) exercises** - If you have some voluntary control over when you go to the toilet, then concentrate on exercising your pelvic floor muscles. If you are struggling to contract your pelvic floor muscles you can opt for a class lla medical electronic pelvic toner/exerciser which uses NMES. However, if you have an overactive pelvic floor (hypertonic pelvic floor), avoid pelvic floor exercises until that is resolved.
- **Neuromuscular electrical stimulation (NMES)** - NMES can exercise both the fast twitch fibres that are responsible for acting and controlling muscles under a sudden burst of pressure (and involved in stress incontinence) and, slow twitch fibres that are responsible for endurance (and involved in urge incontinence).
- **Counselling for anxiety** - An OAB may occur due to anxiety about being caught short with an empty bladder. There may have been sexual or psychological trauma that needs to be resolved before looking at the physical functionality of the bladder - this link may not immediately be obvious to the individual suffering.

7. Overflow Urinary Incontinence

Overflow urinary incontinence (UI) is when you are unable to fully empty your bladder, leaving you with a feeling of a full bladder even after you use the toilet. As your bladder is never fully empty, you more frequently 'top it up' and need to urinate. When you do urinate, your stream is weak and slow and may continue to dribble for a while after you feel finished. Sometimes you will not feel the sensation of your bladder being full, meaning you often leak and can even wet the bed at night.

Men are more likely to suffer from overflow incontinence than women, with the most common causes relating to prostate problems.

<u>If you postpone treatment for your overflow incontinence, you can suffer from:</u>

- kidney damage (resulting in more urine being produced)
- bladder stones (created from the chemicals in your urine)
- recurring urinary tract infections (if your bladder is consistently full of urine, you are at risk of bacteria causing recurring urinary tract infections.)

Symptoms of Overflow UI

You may be suffering from overflow urinary incontinence if you:

- frequently leak urine without any warning
- have difficulty emptying your bladder, with a weak or intermittent flow, which may dribble after you feel finished
- have the sensation to visit the toilet frequently
- wake up in the night to urinate more than twice (nocturia)
- strain your abdomen in order to urinate, and/or contract and relax your pelvic floor muscles several times in an effort to empty your bladder

It is important that you seek diagnosis from your GP as early as possible. It may be that you are experiencing overflow incontinence due to another condition which needs resolving.

Such as:

- prostate enlargement (in men), blocking the urethra to prevent urine from exiting
- diabetes mellitus and insipidus, which cause an overproduction of urine.

Causes of Overflow UI

Overflow incontinence is caused when the muscles around your bladder are not able to squeeze the bladder empty, and/or your urethra is blocked. This commonly occurs as a result of nerve or muscle damage. Because you can't empty your bladder completely, the bladder and its associated muscles become slack and less controlled, which leads to you often leaking urine.

Causes include:

- Blocked urethra - The urethra carries urine from the bladder to the outside. It can become obstructed by multiple things, including; constipation, a kidney stone, pelvic organ prolapse (in women) or an enlarged prostate (in men). As a result, the bladder is prevented from emptying properly.
- Weak bladder muscles - Having a weak detrusor muscle means it is unable to contract completely in order to fully empty your bladder.
- Pelvic surgery or trauma - If anything goes pear-shaped during surgery, it will be resolved in the same operation wherever possible. However, If an event results in physical trauma to your bladder muscles, you may encounter overflow UI. In addition, due to the proximity of the pelvic organs, you can often experience incontinence issues following any pelvic surgery.
- Muscle or nerve damage - Damage can occur as a result of many conditions and events, including diabetes, alcoholism, multiple sclerosis, spinal damage and Parkinson's disease. If you suffer from nerve damage around your bladder, your muscles may be unable to contract as needed to fully empty your bladder.
- Some prescription medications - Some anti-convulsants and anti-depressants can affect the nerve signals to the bladder, preventing it from contracting. While in the case of diuretic medications; these can cause more urine to be produced.

Treatment of Overflow UI

5% of individuals diagnosed with overflow urinary incontinence, will be diagnosed with chronic incontinence, meaning their symptoms cannot be alleviated with conservative therapies alone. This is usually because the cause of the original incontinence persists therefore, treatments for overflow incontinence look to improve the strength of the bladder muscles, giving you more control.

Conservative Therapies

Conservative therapies, such as lifestyle changes and non-surgical medical treatments, as mentioned, resolve 25% of incontinence cases, and are the first line of treatment.

- Bladder training with biofeedback - If you have control over the functions required to empty your bladder, you can try bladder training with biofeedback. This technique uses a bladder diary to recognise how often you use the toilet. You can then introduce time voiding, a technique to increase the intervals between going to the toilet.
- Pelvic floor (Kegel) exercises - Kegels or pelvic floor exercises are essential. Results can take up to 3 months, and the resulting strong pelvic floor muscles mean that your bladder and pelvic organs won't sag and cause leaks. These exercises are a must if you have a blockage that is caused by either a bladder prolapse or prolapsed urethra.
- Reduce or modify your diuretics - With supervision from a health professional, you can consider lowering or modifying the dose of any medication you are taking, to avoid the unwanted side effects of diuretics.
- Catheter - Whilst the original cause is treated, you may opt to have a catheter fitted, which drains your bladder to keep it empty to avoid infections. The catheter will likely be fitted by a professional, but they may teach you how to self catheterise at intervals to alleviate pressure.

- Prescription of bethanechol chloride - This orally administered drug increases the tone of your bladder muscle and its ability to contract. It works within an hour of administration and therefore its benefits are often seen within just a few days. Please be sure to read the side-effects and if you experience trouble breathing seek immediate medical attention.

8. Stress Urinary Incontinence (UI)

As defined by the National Institute for Health and Care Excellence (UK), stress incontinence is "involuntary urine leakage on effort or exertion or on sneezing or coughing". It is sometimes referred to as exercise induced urine leakage, as it often happens when you exercise. There are certain high impact exercises, such as running, jumping and squats that are more likely to cause you to leak.

Stress incontinence is the most openly talked about form of incontinence, it is extremely common, effecting 200 million men and women worldwide. As many as 45% of women are reported to suffer from stress incontinence, with the true figure predicted to be much higher. Women are more likely to develop it after pregnancy and childbirth, and studies suggest your vulnerability increases considerably when you are over 30 years old, however, even young girls and men of all ages can develop stress incontinence.

There are many treatments available for stress incontinence, so it is important that you do not allow it to go untreated for longer than needed. Even though it is not life threatening, it can greatly reduce your quality of life if it develops into fully emptying your bladder each time it is put under pressure.

Symptoms of Stress UI

You may be suffering from stress incontinence if you leak a small or large amount of urine when you:

- Sneeze, cough, giggle and laugh
- exercise
- crouch down / bend down / squat
- If you leak only when you laugh or giggle, you may instead be suffering from giggle incontinence.

Causes of Stress UI

Stress urinary incontinence occurs when you have a weak or damaged pelvic floor, and/or weak or damaged sphincter muscles. These are then unable to support the bladder in holding urine when put under stress; such as when you cough or sneeze or bend down and the intra-abdominal pressure increases. There are many things which cause damage to these structures.

<u>The specific events which often lead to stress incontinence are:</u>

- Pregnancy - Throughout pregnancy your body undergoes a number of changes. The weight of your baby puts pressure on your pelvic floor muscles, weakening them. Your pelvic floor muscles are encouraged to loosen further by the pregnancy hormones that are produced, meaning your pelvic floor can end up being much slacker than it was before you fell pregnant. As a result, even if you undergo a caesarean to deliver your baby, you can suffer from stress incontinence.
- Childbirth - Even through an uncomplicated vaginal delivery, you can sustain nerve damage in your vagina and pelvic area from the movement of the baby. If you have a vaginal tear or episiotomy you are more likely to experience stress UI.
- Ageing and menopause - Inevitably you undergo a change in hormones as you age. These leave the muscles, ligaments and fibres supporting your pelvic organs less ‘elastic’ than they once were.
- Being overweight - Having a BMI of more than 30 means you have unnecessary weight sitting on your pelvic floor, causing it to weaken.
- Medication - Some medication can contribute to stress incontinence, such as statins, by relaxing your muscles hence your pelvic floor cannot support your bladder and urethra as effectively.
- Smoking and chronic coughs - Constant coughing can put a strain on your pelvic floor and in so doing, weaken it.
- Pelvic surgery - There is a risk with any pelvic surgery that damage can be done to the ligaments and muscles that support the bladder, urethra and pelvic floor.
- Constipation - If you suffer from constipation you will often find yourself straining when you voiding, putting unnecessary pressure on your pelvic floor, causing weakness.

Treatment of Stress UI

Conservative Therapies

Conservative therapies, such as lifestyle changes and non-surgical medical treatments are considered the first line of treatment for urinary incontinence.

- **Pelvic floor (Kegel) exercises** - The most important thing you need to do is reverse the damage to your pelvic floor and bring it back to full strength. Kegels (pelvic floor exercises) will help strengthen the muscles so they can better support your vital organs, giving you greater control. There are many other benefits of having a strong pelvic floor; such as an improved sex life, reduced bloating and improved bowel movements.
- **Maintain a healthy weight** - Reducing your weight by just 8% can decrease the frequency of your incontinence episodes by half.
- **Vaginal pessary** - A silicone or rubber pessary device can be inserted into the vagina. It presses against the bladder neck and urethra to reduce leakage. Vaginal pessaries are more commonly used to treat pelvic organ prolapses as they support the organs in their naturally elevated positions.

Surgical Treatments

Various surgical operations are available to treat stress incontinence, which cannot be resolved or sufficiently improved by conservative therapies or non-surgical medical treatments. The procedures available aim to tighten or support the muscles and structures below the bladder.

- **Colposuspension procedure** - The urethra is stitched to ligaments at either side to elevate it as the pelvic floor naturally should.
- **Tension-free Vaginal Tape (TVT) procedure** - A sling of synthetic (man-made) tape is surgically implanted to support the urethra and bladder neck as the pelvic floor naturally should. However, due to recent press and further studies, the National Institute for Health and Care Excellence (UK) currently only recommend using synthetic mesh within the context of research, as current evidence into the safety of using it is considered insufficient, at this time.

9. Urge Urinary Incontinence (UI)

The National Institute for Health and Care Excellence (UK) defines urge (aka urgency) urinary incontinence as "involuntary urine leakage accompanied or immediately preceded by urgency (a sudden compelling desire to urinate that is difficult to delay)".

If you suffer with urge incontinence, you will likely not be able to make it to a toilet without leaking a small amount of urine. Your urge to urinate may be triggered by certain things; such as standing after sitting for a long time, or arriving home (latch key urgency).

Urge incontinence is one of the most common forms of incontinence. A third of adults who suffer from urinary incontinence suffer from both urge and stress incontinence together - it is then called mixed incontinence.

The group most vulnerable to developing urge incontinence are men older than 75 years old, with reports suggesting 42% of this group suffer. Women also suffer, however, with 31% of women over 75 suffering.

If left untreated you may begin to experience depression and social isolation, as you may no longer be comfortable leaving the house. However urge incontinence can be treated, often without the need for pharmaceutical drugs or surgery. Therefore, there is no need to consider it an inevitable part of ageing and you should seek treatment as soon as possible.

Symptoms of Urge UI

<u>You may be suffering from urge incontinence if you:</u>

- have a sudden or uncontrollable urge to urinate, often followed by leaking urine
- visit the toilet more than 8 times in a 24 hour period
- often do not make it to the toilet before beginning to urinate
- often wear incontinence pads to catch leaks before you reach a toilet
- feel the sensation to urinate when you change position; such as standing after sitting for a long period
- feel the sensation to urinate with a sensory stimulation; such as running water, cold weather or arriving home (latch key urgency)

Speak to your physician for a formal diagnosis before seeking treatment.

Causes of Urge UI

Urge incontinence is caused by involuntary bladder contractions that occur as the bladder fills however, is usually not yet full (which is when you should normally experience the urge to empty it).

The bladder contracts involuntarily if you are suffering from an overactive, unstable detrusor muscle - the main muscle behind the bladder that is responsible for its contractions (causing urge incontinence). This muscle can be made unstable if it becomes irritated or if you lose the conscious ability to relax it.

Urge incontinence can also occur when the bladder is directly stimulated by irritation, inflammation or infection. If this is the case, then the incontinence is considered sensory and the cause of the stimulation should be treated alongside the symptoms of the incontinence.

Urgency issues can be caused by one or more of the following:

- **Diuretics** - Such as caffeine, spicy food and alcohol, increase your urine production, causing you to feel the urge to urinate more frequently.
- **Urinary tract infection (UTI)** - Suffering from a UTI can stimulate the urge to urinate as it irritates both the bladder and urethra.
- **Bladder stones** - These crystals develop if you frequently have urine in your bladder, even after you urinate. These then irritate the bladder, stimulating the urge to go.
- **Nerve issues** - Diseases such as multiple sclerosis and Parkinson's disease affect the nerves that are linked to the bladder, removing your ability to consciously relax and contract the detrusor muscle.
- **Menopause** - It is thought that the vaginal atrophy (dryness) that occurs as a result of the drop in oestrogen during menopause, irritates the bladder, leading to urge incontinence.

Treatment of Urge UI

Conservative Therapies

Once your GP has diagnosed you with urge incontinence, you will discuss an appropriate programme of treatment, which resolves the symptoms alongside treating the original cause(s). The most common specific treatments for urge incontinence are conservative therapies, such as lifestyle changes and non-surgical medical treatments.

- Pelvic floor (Kegel) exercises - Considered to have the greatest success rate at treating urge incontinence, pelvic floor exercises are part of any treatment plan. Strengthen your pelvic floor over a 12 week programme, followed by weekly maintenance exercises, to better support your bladder and give you better control over your urethra. You will also benefit from an improved sex life, flatter tummy and better bowel movements.
- Biofeedback behaviour training - Using an electronic or manual biofeedback trainer or skin electrodes or a vaginal probe, your specialist/physiotherapist can confirm that you are completing your pelvic floor exercises correctly. Or they can help you change your Kegels to make them more effective. This can be an invaluable addition to your pelvic floor exercise routine, as many women do not correctly contract their muscles; leading to pelvic pain at worst, and a waste of time at best.
- Lifestyle changes - For a lasting treatment for urinary incontinence, you will need to amend your lifestyle. This includes maintaining a healthy weight (BMI less than 30), avoiding constipation, and avoiding foods that increase urine production such as caffeine and spicy curry's as well as diuretics like cucumber.
- Medication - You may be inclined to discuss what prescription drugs are available with your doctor as your first line of treatment, with the hope of a quick resolution with minimal effort. However studies show that due to the nature of follow-up appointments and incontinence recurrence, drugs cannot be considered as a fool proof treatment for urge incontinence. The prescription drugs that are available only aim to reduce the contractions of the detrusor muscle.

Surgical Treatments

Surgery is reserved for those that are unable to treat their urge incontinence through the methods above, usually because the damage to their muscles, bladder and/or urethra is irreversible.

- Bladder enlargement - Also known as augmentation cystoplasty, during this procedure the capacity of the bladder is increased by inserting a section of the bowel.
- Urinary diversion - During this procedure, the normal flow of urine exiting the body is rerouted from the kidneys into an external drainage pouch or an artificial internal reservoir. It can be done temporarily (several days or weeks) to reduce pressure whilst a blockage is treated, or permanently if there is irreversible damage to the bladder.
- Percutaneous implanted sacral neuromodulation - This form of sacral nerve stimulation is used to resolve issues with bladder function. It involves having an electric device permanently implanted under the skin, when you are under local anaesthesia.

  Non-surgical sacral nerve stimulation can also be achieved using an electronic pelvic toner together with a probe, or if you prefer, skin electrode pads, specifically placed on the lower back to successfully treat incontinence. The device can also be used to increase the strength of the sphincter and pelvic floor muscles for them to work together more effectively.
- Injections of botox (botulinum toxin) - In the same way as prescription drugs, botox injections aim to decrease the involuntary contractions of the detrusor muscle. However, their affects weaken over time and therefore need to be repeated often.

10. Mixed Urinary Incontinence

Mixed urinary incontinence (UI) is the leakage of urine as a result of involuntary bladder contractions caused by UTI's, nerve issues and menopause and exertion; such as sneezing, exercising and coughing. As such it is a combination of both stress and urge incontinence and is considered to have a greater impact on quality of life, than each of them separately, with 32% of sufferers aged 40-64 reporting symptoms of depression.

There are many treatments available for mixed incontinence, including those for stress and urge incontinence, which will benefit you. So there is no reason to allow your incontinence to go untreated for longer than needed. Even though it is not life threatening, it can greatly reduce your quality of life and if left untreated, it will develop into fully emptying your bladder each time you leak.

Symptoms of Mixed UI

<u>If you suffer from mixed UI, you may leak urine:</u>

- if you touch or hear running water
- when you have consumed only a small amount of water
- when you are asleep
- when you sneeze, cough or laugh
- when you are exercising

Causes of Mixed UI

The detrusor smooth muscle is the main muscle in the bladder wall, it contracts to expel urine from the body or, it is relaxed to allow the bladder to fill with urine. To urinate the urethra relaxes at the same time as the bladder contracts, otherwise the urethra is empty and it is unconsciously contracted to prevent leaks.

Issues with bladder functionality always relate to the coordination and efficiency of these organs; as a result of psychological issues, damage to the associated nerves, a weak pelvic floor, and/or a change in hormones.

Mixed incontinence is caused by an over activity of the detrusor muscle (detrusor instability), meaning it contracts more often than required and can spasm when you sneeze, cough or exercise. You may be unaware of it occurring or unable to suppress it, resulting in a leak or fully emptying your bladder.

<u>There are many events that can lead to the detrusor muscle not functioning correctly:</u>

- **Pelvic organ prolapse** - 25% of women suffering from a later stage pelvic organ prolapse will experience mixed urinary incontinence as the bladder and urethra become unsupported by the pelvic floor and more vulnerable.
- **Pelvic surgery** - Even during surgeries that do not directly include the bladder or urethra, nerve damage to the surrounding area can occur through any pelvic surgery. Resulting in the detrusor muscle not functioning correctly.
- **Serious health issues such as diabetes, MS or suffering from a stroke** - These cause nerve damage, which can lead to the bladder muscles involuntary contracting.
- **Pregnancy** - The extra weight of your growing baby puts strain on your pelvic floor. The strain combined with the change in hormones that you experience, can stretch your pelvic floor beyond its rebound limit. Leaving you more vulnerable to developing mixed incontinence.

- Childbirth - Even uncomplicated vaginal births and caesareans can leave you vulnerable to developing mixed incontinence due to the change your pelvic floor experiences during pregnancy. And if you are unfortunate and experience a complicated birth, you are more likely to have suffered nerve damage, which can also lead to mixed incontinence.
- Ageing and the menopause - Hormone changes mean the pelvic muscles, ligaments and fibres lose their resilience and elasticity. As a result your pelvic floor weakens, no longer supporting the organs correctly.
- Overweight - If you carry extra weight, this pressure will consistency weigh on your bladder; this downward force on your bladder acts like a contraction. In addition, extra weight also weakens you pelvic floor, leaving you vulnerable to incontinence.
- Smoking - The chronic cough that develops from smoking cigarettes weakens your pelvic floor and causes your detrusor muscle to spasm.
- Medication - Some medications unfortunately contribute to stress incontinence, for instance muscle relaxants such as Statins and anti-depressants are a lethal combination for your pelvic floor and urinary system. Hay fever medication plays havoc too. However, do not stop any prescribed medications until you have consulted your physician/specialist.

Treatment of Mixed Urinary Incontinence

As the symptoms of mixed urinary incontinence can vary in intensity and frequency, recommending treatments without examination is difficult. However, treatments include those for both stress and urge incontinence (see previous) as well as the associated behaviour and lifestyle changes together with pelvic floor muscle exercises.

Surgery is available, but should be reserved for extreme cases, due to the comparatively low success rate at improving this condition at present, and reduced success over time.

20-30% of individuals suffering from mixed urinary incontinence are considered to have chronic incontinence. This means their symptoms are unlikely to be greatly improved with conservative therapies alone. In this situation (mixed UI) your physician/specialist may also prescribe a course of medication to help relax your detrusor muscle.

-----END OF PART 7 -----

Important Notices

FIND 1x DOWNLOADABLE PDF BONUS ON THE PART 7 REPORT PAGE

1. Bladder Retraining Diary.pdf

KEEP AN EYE OUT FOR PART 8
(The final instalment)

Double Incontinence:
Bladder and Bowel

With BONUS: Food Diary.pdf

Medical knowledge is always advancing and in light of this we acknowledge that this information herein is current as of the date of publication (July 2019) and that some information may no longer be valid in the future.

For updates and a first world understanding of what the current medical practices are, visit the National Institute for Health and Care Excellence (www.nice.org.uk) for advice into procedures you are offered .

If you have not yet subscribed for the full 8-part report titled, **The Road to Pelvic Health for All**, you can do so here: www.pelvichealthsubscribe.betamarketing.co.za

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