Female Urinary Incontinence Pathway

**Refer to secondary care directly**
- Haematuria
- Pelvic mass/ suspected urogenital fistula
- Bladder/urethral/pelvic pain
- Significant vaginal prolapse
- Previous surgery for incontinence
- Previous pelvic cancer surgery
- Neurological disease (CVA/MS.CVI)

**History to establish predominant symptoms (stress or urge)**

Appropriate examination and dipstick urine

**Lifestyle advice**

- Lose weight, stop caffeine, reduce alcohol, prevent constipation, fluid intake 1.5-2 litres daily, pelvic floor exercises.

**Mainly stress**

- Involuntary leakage on effort or exertion, or on sneezing or coughing

**If mixed then treat predominant symptom first but consider referral to both Physio and continence advisors in tandem**

**Mainly OAB +/- urge**

- Urge - Involuntary leakage accompanied by or immediately preceded by urgency
- OAB – urgency, with or without urge incontinence, usually with frequency and nocturia

**Refer to physiotherapy** for supervised pelvic floor muscle training for 3 months at AHP Suffolk.

This team will also accept self-referrals.
- [http://ahpsuffolk.co.uk/](http://ahpsuffolk.co.uk/)

**Refer to continence advisor for bladder training for 6 weeks**

- Consider vaginal oestrogen if atrophy and OAB

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**If 6 weeks of conservative management and no improvement, pharmacological treatment may be required**

Before treatment, an Anticholinergic Burden (ACB) assessment should be undertaken and patient advised about possible link of dementia with high ACB. [Click here for ACB scale.](#)

If no risk of cognitive impairment and ACB risk is low:

1st line: Solifenacin 5mg OD (increased to 10mg OD) or tolterodine immediate release (2mg BD) or tolterodine MR (4mg OD). Patients should be reviewed within 2 weeks to assess efficacy and side-effects.

If ACB risk high and no current cognitive impairment or patients are unable to tolerate an anticholinergic due to side effects/contraindications:

**Mirabegron 50mg OD.** Mirabegron can increase blood pressure. Blood pressure should be measured at baseline and periodically during treatment with mirabegron, especially in hypertensive patients. Patients should be reviewed within 2 weeks to assess for efficacy.

Mirabegron is contraindicated in patients with severe uncontrolled hypertension, defined as systolic blood pressure ≥180 mm Hg and/or diastolic blood pressure ≥110 mm Hg. Patients should be reviewed to establish treatment is still effective.

If symptoms persist refer to either Urology or Gynaecology with report from continence advisor/physiotherapist

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