Female Urinary Incontinence

Causes can include UTI, weak pelvic floor muscles, prolapse, atrophy, detrusor muscle dysfunction, obstruction, incompetent sphincter, urethral diverticulum, fistula, congenital lesion, cognitive impairment

Refer if:
- Haematuria
- Difficulty voiding
- Palpable bladder / pelvic mass
- Bladder / urethral / pelvic pain
- Suspected urogenital fistula
- Previous surgery for incontinence
- Associated faecal incontinence
- Previous pelvic cancer therapy
- Neurological disease (CVA/MS/SCI)
- <12mths post-partum and abnormal examination

History to establish predominant symptoms (stress or urge)
Appropriate examination & dipstick urine
If symptomatic prolapse found at or below vaginal introitus refer to Gynaecology
Bladder diary for at least 3 days

Lifestyle advice
- lose weight, reduce intake of fluids to 1.5 litres daily, stop caffeine & reduce alcohol intake

Mainly stress
- Refer to physiotherapist for supervised pelvic floor muscle training for 3 months

Mainly OAB +/- Urge
- Refer to continence advisor for bladder training for 6 weeks
- Consider anticholinergic at the same time*
- Consider vaginal oestrogen if atrophy and OAB

If mixed then treat predominant symptom
- No improvement despite bladder training and no response to two tolerated anticholinergics

Symptoms persist
- If symptoms improved consider withdrawal of anticholinergic after period of bladder training

Refer to either Urology or Gynaecology with a report from continence advisor / physiotherapist

*Choice of Anticholinergic (Patient’s should be counselled about potential side effects)
- 1st line: Oxybutynin immediate release (beware increased confusion in elderly)
- 2nd & 3rd line anticholinergic consider use of the following (in no particular order):
  - Solifenacin (expensive but most efficacious with fewer side effects, VIP programme for patients)
  - Trospium /darifenacin (better for elderly as does not cross BBB, but less efficacious as no dose escalation)
  - Oxybutynin patches (lowest risk of side effects, but less efficacious)

Stress incontinence: Involuntary leakage on effort or exertion, or on sneezing or coughing
Urge Incontinence: Involuntary leakage accompanied by or immediately preceded by urgency
Overactive bladder (OAB): urgency, with or without urge incontinence, usually with frequency and nocturia

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Department of Urology, Addenbrooke’s Hospital (http://www.camurology.org.uk); Female Incontinence Guidelines 2007
International continence society http://www.icsoffice.org/