

Female incontinence: *Understanding the inconvenience*

Jane Simpson, Continence Nurse Specialist at The London Clinic, answers some common questions about female incontinence

Q What is female incontinence?

- A** Urinary incontinence is the involuntary loss of urine. For some the problem can be as minor as the rare dribble, for others as problematic as wetting your clothes. The most common types of female urinary incontinence are:
- stress incontinence: the involuntary loss of urine during physical activities such as coughing, sneezing, laughing, exercising or other ordinary movements. This is especially common during pregnancy and after childbirth
 - overactive bladder syndrome, also known as urge incontinence, is the sudden compelling desire to pass urine. This also encompasses 'key in the door' syndrome, which is typically characterised by an uncontrollable urge to void when unlocking the door after returning from a trip out of the house
 - mixed incontinence: a combination of urge and stress urinary incontinence.

Q What impact does female incontinence have on the individual's lifestyle?

A Female incontinence is uncomfortable, a nuisance, and often embarrassing. It can affect a woman's lifestyle by meaning they need to restrict or avoid physical activity, travel or social relationships. Unsurprisingly, it is also a condition many people find difficult to talk about. As a result, thousands of women are suffering in silence; many think it is something they just have to put up with, often considering it to be simply a part of everyday life, especially after having children. Unfortunately many women don't realise that most cases of female urinary incontinence are treatable. They are often too self-conscious to seek help.

Q How many people does female incontinence affect in the UK?

A Urinary incontinence is not only an inconvenience but is a medical condition which can affect people of all ages, including women of childbearing age, those experiencing menopause in middle age, ladies aged 60 and older, and even athletes in their mid-twenties. There are an estimated 14 million people in the UK¹ who experience continence problems. Statistics show that the majority of sufferers are female, affecting one in five women who are over 40 years of age.²

Q How is stress incontinence treated?

- A** Getting a diagnosis is the first step on the road to recovery. Once your doctor has gathered a detailed medical history with which to make a diagnosis, various treatment options can be considered:
- first-line treatment for most patients is pelvic floor exercises. Vaginal cone therapy, electrical stimulation and biofeedback are also very useful therapies
 - lifestyle advice is also very important. For example, weight loss, a new fitness regime, a more appropriate diet and more regulated fluid intake
 - drug therapy which helps to improve the tone of the urethral sphincter
 - surgical options, including sling procedures whereby a tension-free vaginal tape (TVT) is inserted into the vagina through a small incision to help support the urethra. This procedure usually requires an overnight stay in the hospital, and relieves over 90% of patients with stress urinary incontinence.

Q What is the pelvic floor?

A The pelvic floor is a group of muscles that are attached to the pubic bone at the front and the coccyx at the back. The openings to the bladder, vagina and rectum all pass through the pelvic floor, and its role is to provide support for pelvic organs such as the bladder, intestines, the uterus (in females), and also in maintenance of continence.

Q How is overactive bladder syndrome treated?

A Bladder retraining involves trying to hold on between visits to the toilet to increase bladder capacity. A number of options can help this:

- a bladder diary
- as with stress incontinence, pelvic floor exercises and lifestyle advice apply
- drug therapy to block the release of messages from the nerves that control the bladder's contractions can provide an effective treatment in 60-70% of patients. This treatment can however cause side effects such as dry mouth and constipation.

Q What recent medical advances are there in the field?

A A relatively new procedure using Botox is being used to treat patients with overactive bladder syndrome who have not had successful treatment with drug therapy. This treatment involves injections into the bladder under general or local anaesthesia, and its effect lasts an average of 12 months.

Q How does Botox treatment work for incontinence?

A When a normal bladder is full, messages from nerve endings cause the bladder muscle to contract by releasing chemicals called neurotransmitters. In patients with incontinence, these contractions occur very frequently and prematurely even when the bladder is not full, making the patient need to go to the toilet many times a day. Usually the urge associated with these premature contractions is so strong that the sufferer leaks urine before reaching the toilet. When injected directly into the bladder, Botox prevents the nerves producing these neurotransmitters in the first place and, in turn, prevents the bladder muscle from contracting prematurely. So it desensitises the action just enough to ensure there is still the normal urge to pass urine, but you no longer need to go as often. As the Botox wears off, the treatment will need to be repeated.

Q Are there any steps that can be taken to prevent female incontinence?

A Beginning pelvic floor exercises at an early age, and maintaining these through all stages of life, can help to minimise the risk of developing female urinary incontinence. By strengthening these muscles, you will provide a stronger network of support to the bladder and urethra, and help stop leaking from occurring. In addition, a well-balanced diet, regular gentle exercise and not smoking are all thought to contribute to limiting progression of the condition.

1. Bladder and Bowel Foundation, <http://www.bladderandbowelfoundation.org/> - Populus Research interviewed 1040 adults aged 18+ years between 9-22 June 2008. 23% reported a bladder control problem and 11% a bowel control problem
2. National Health Service, <http://www.nhs.uk/>

The London Clinic is located on Harley Street, in the heart of the capital's medical community, and is internationally renowned for its medical and surgical expertise. A number of continence specialists provide a full range of inpatient and outpatient services.

If you would like to put any alternative questions on female incontinence to our specialists to appear in print, please contact The London Clinic Press Office on 020 8786 3860 or at pressoffice@thelondonclinic.co.uk

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