

Urinary incontinence

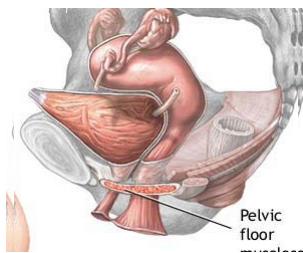
Dr E M Moshokoa

Success and age

- 4- not peeing
- 12 – friends
- 17 – License
- 35 - money
- 50 – money
- 70- license
- 75 – friends
- 80 – not peeing

Outcomes

- Changes associated with ageing
- Correctable causes of incontinence
- Evaluation
- Treatment



Case presentation

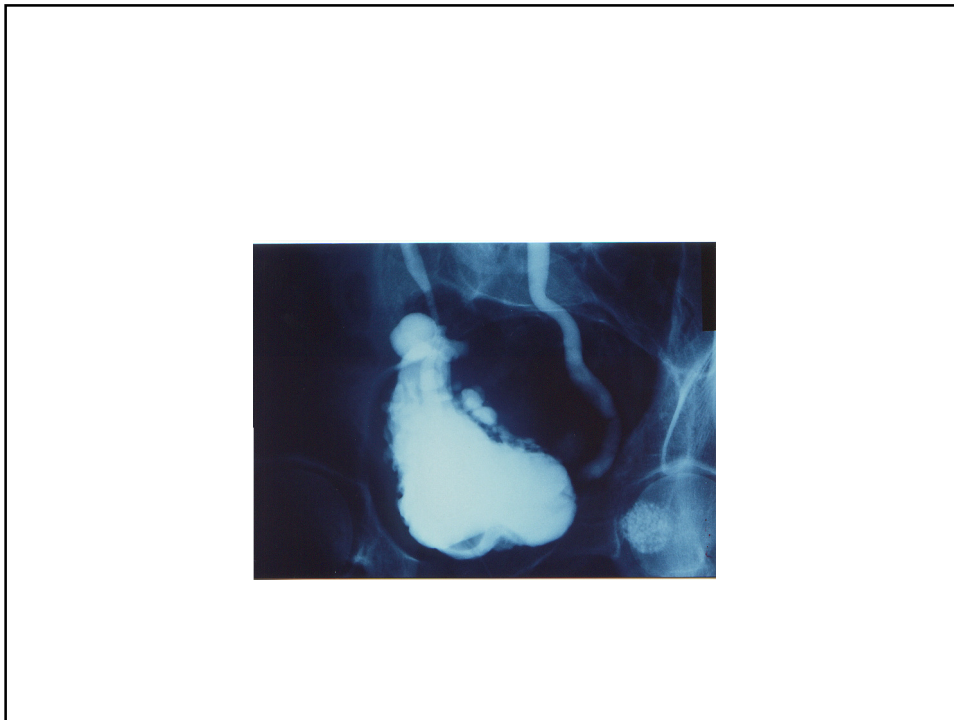
- 60 yrs old female, Hpt on Rx
- Wet all time for 4 months
- History of TAH, and disc prolapse op

Evaluation

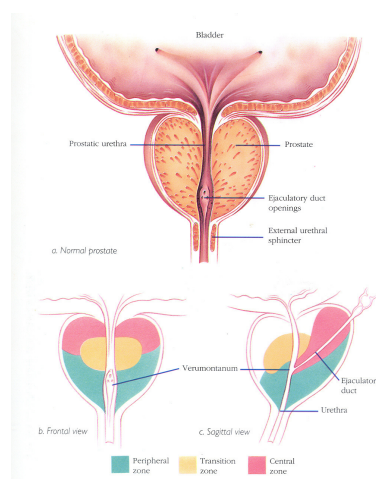
- History
 - Trauma
 - Irradiation
 - Pv bleeding
 - Parity
 - LUTS
 - Sexuality
- Exam
 - Urine in vagina?
 - Prolapse
 - Atrophy
 - Diverticula

Evaluation

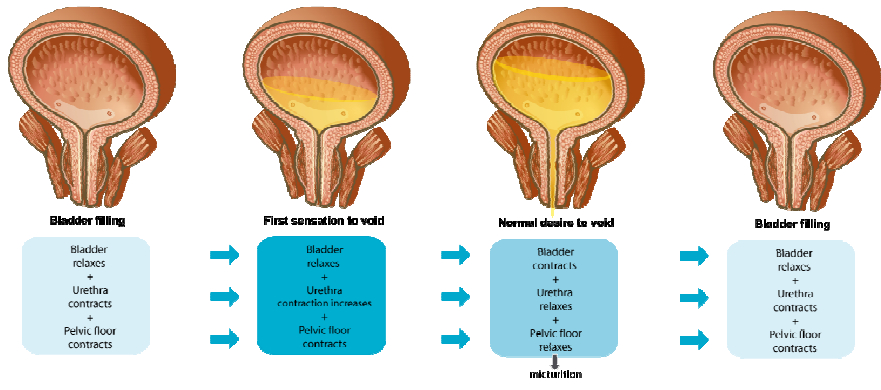
- Lower tract (anatomy and functioning)
- upper tract
- Presence of infection



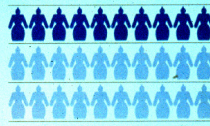
Male sphincter Mechanism



The normal micturition cycle



INCIDENCE OF INCONTINENCE



1 in 3 women aged 55+



1 in 10 men aged 55+

“... between 50 and 75 elderly patients in a practice of 2,000 patients have their social activities and contacts severely limited by incontinence.”

- Urinary incontinence - not a recent medical or social phenomena. Disorders of urinary tract written in ancient times.
 - Women more willing to talk about it.
 - Improved understanding of the diverse pathophysiology of incontinence.
 - Advent of new treatment.
 - Development of urology & urogynaecology as a specialty.

Continence?

- **recognize the need**
- **identify the correct place**
- **hold on until he/she reaches the correct place**
- **reach the correct place**
- **pass urine when he/she gets there**

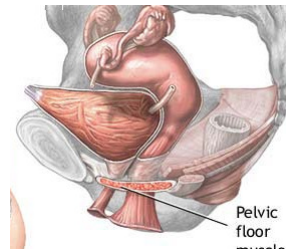
- **Urinary Incontinence - involuntary loss of urine which is objectively demonstrable & is a social and hygienic problem.**

Continence

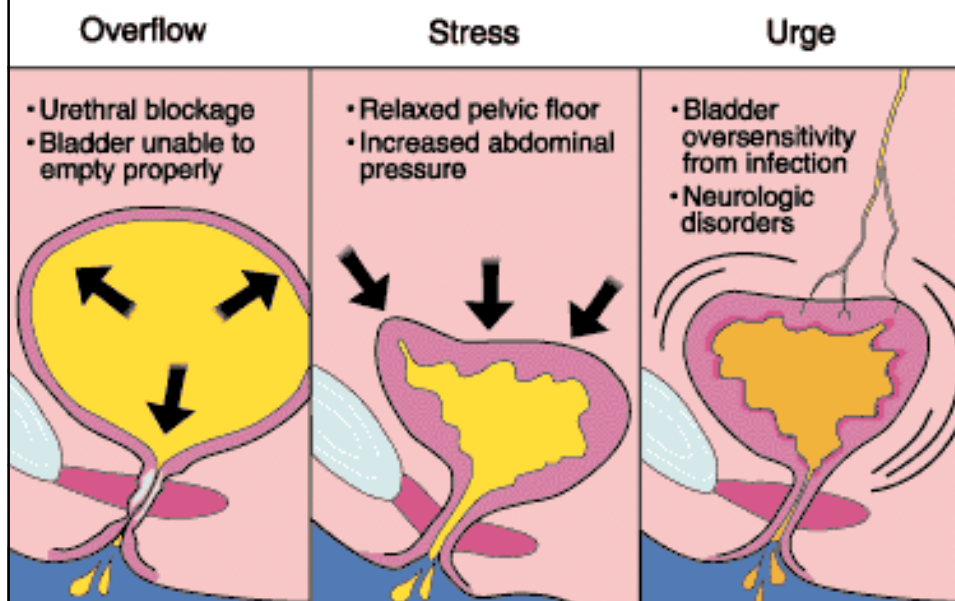
- Depends on
 - Mobility
 - Mentation
 - Manual dexterity
 - Intact lower urinary tract function

How does incontinence occur

- **Bladder factors :**
- underactive detrusor
- detrusor/sphincter dyssynergia
- unstable detrusor
- Urethral Factors
- incompetent urethral closure
- weakness of pelvic floor muscles
- urethral obstruction
- overactive urethral closure
- **Factors affecting our ability to cope with the bladder:**
- impaired mental function
- other psychological factors
- mobility and dexterity problems
- environmental problems
- drug treatment



Types of Incontinence



Incidence

- 15- 30% at home
- 1/3 in acute care setting
- ½ in long term institutions

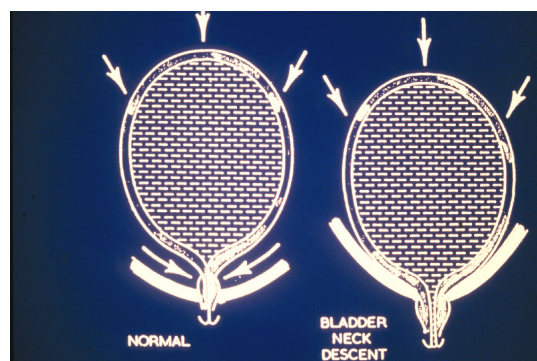


" YOU CAN DENY IT TILL YOU'RE BLUE IN THE FACE BUT YOU'RE DEFINITELY INCONTINENT!"

Consequences

- Medically
 - Perineal rashes
 - Pressure sores
 - UTI'S
 - Falls and fractures
- Psychologically
 - Embarrassment
 - Stigmatization
 - Isolation
 - depression
- Economically

Stress urinary incontinence



Risk factors for SUI

- Increasing parity, probably related to obstetrical trauma
- 2 Increased intra-abdominal pressure
 - a medical factors (eg smoking, chronic bronchitis or other pulmonary problems, constipation with chronic straining at stool, obesity (?))
 - b environmental factors (eg jobs requiring heavy lifting or straining)
- 3 Pelvic floor trauma and denervation injury
 - a obstetric trauma
 - b nonobstetric trauma (eg pelvic fractures and radical surgery)
- 4 Hormonal status and estrogen deficiency
- 5 Connective tissue disorders

Changes ass with ageing

- Cormobid ds
- Nocturia
- Sleep disorders
- Bladder
 - Capacity
 - Contractility
 - Ability to postpone voiding
 - Involuntary bladder contractions

Transient causes 'DIAPPERS'

- Delirium
- Infection
- Atrophy
- Pharmacological
- Pshycological
- Excessive urine output
- Restricted mobility
- Stool impaction

DRUGS

- Sedative hypnotics
 - Benzodiazepines
 - Alcohol
- Diuretics
- Anticholinergic agents
 - Antihistamines Antidepressants
 - Antipsychotics Antispasmodics
 - Anti-Parkinsonian agents
- Andrenergic agents
 - Sympathomimetics Sympatholytics (Prazosin)
- Calcium channel blockers

Risk of incontinence

- Abdominoperineal resection 10%-44%
- Radical hysterectomy 7%-80%
- Polio (almost always recovers) 4%-42%
- Diabetic neuropathy 2%-83%
- Lumbar disc disease 6%-18%
- Multiple sclerosis
 - Presenting symptom 2%-12%
 - Overall incidence 33%-78%
- Parkinsonism 37%-70%
- Stroke 34%-53%
- Meningomyelocele 97%

Evaluation

- Patient history. Frequency, nocturia, urgency, urge incontinence, stress incontinence, voiding patterns, drinking habits, drugs, medical problems, quality of life. Frequently female pts present with mixed incontinence.
- Physical examination: general, abdominal, pelvic - atrophic vaginitis, uterine descent, vaginal wall prolapse, pelvic muscle strength, S234.sonar.
- Frequency/volume chart: intake, output, episodes of dampness, leaking, acts as a teaching aid.
- Urine examination
- Urodynamics

Evaluation

- History
- Physical examination
- Investigations
 - Voiding diary
 - Urinalysis & blood U&E
 - Sonar
 - Other

Aging- effect

- In men
 - Prostate enlarges
- Urethra in women
 - Length
 - Closing pressure

Treatment goals

- Continence
- Preserve upper tracts –
 - Prevention & early treatment of infections

Established causes

- Urinary tract causes
 - Bladder
 - Overactivity
 - Underactivity
 - Urethral resistance
 - urethral obstruction

treatment

- Overactive bladder
 - Behavioral
 - Drugs(anticholinergics)
 - Adjunctive measures(pads, condom/indwelling catheters-complications)
 - Other –botox, neuromodulation

Underactive bladder

- High PVR
- Intermittent catheterisation

Stress incontinence

- Pelvic muscle exercise
- Pharmacological
- Surgical
 - bulking agents
 - Sling
 - AUS

Approach

- Outlet
 - Pharmacological- Alpha blockers
 - surgical