

UROLOGYHEALTH extra

Female Urinary Incontinence:

What You Should Know

ALSO:

Bladder Control Dietary
Strategies

Telemedicine and other
Timely Topics

A PUBLICATION OF THE UROLOGY CARE FOUNDATION

SPECIAL WOMEN'S
BLADDER HEALTH EDITION

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female urinary incontinence

WHAT YOU SHOULD KNOW

Urinary incontinence (loss of bladder control) can be stressful to go through—and to talk about. But “talking with your doctor about your incontinence can lead to treatment that will help you live more comfortably and more fully,” says Dr. Suzette E. Sutherland, University of Washington’s Director of Female Urology.

Depending on the type of incontinence you have, there is a range of treatments available. These treatments can include:

- Dietary and lifestyle changes
- Exercises
- Vaginal devices
- Medications
- Simple surgical procedures

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TYPES OF INCONTINENCE

Urinary Incontinence (UI) is any involuntary loss of bladder control, which can lead to embarrassing urine leakage. It can range from mild dribbling to flooding you cannot control. Any amount of urine leakage is not normal. About 1 out of 2 women struggle with urinary incontinence. Incontinence increases with age.

STRESS URINARY INCONTINENCE

There are several types of urinary incontinence:

In Stress Urinary Incontinence (SUI), urine leaks when there is pressure on the bladder such as during exercise, coughing, sneezing, laughing or lifting heavy objects. The pelvic floor muscles (which hold the pelvic organs – such as the bladder – in place) have become weak. They can no longer support the bladder and urethra the way they should. About 1 in 3 women suffer from SUI at some point in their lives.

Risk factors for SUI include:

- Pregnancy and childbirth (especially vaginal delivery with forceps or vacuum)
- Being overweight
- Smoking
- Chronic coughing
- Any activity that involves a lot of straining, such as weight training or heavy lifting
- Nerve injuries to the lower back

OVERACTIVE BLADDER (OAB)

A person with Overactive Bladder (OAB) can feel a sudden and strong “urge” to urinate, like they have to go to the bathroom right away, without much warning. You may also feel the need to urinate many times during the day and night. Many experts agree that going to the bathroom more than eight times in a 24 hour period is considered “frequent urination” and is not normal. These symptoms can occur day or night. “Sometimes this can be like a chronic nagging feeling to go to the bathroom, and other times the urge can be so strong that it is associated with strong, painful bladder spasms,” explains Dr. Sutherland.

When the sudden urge or “gotta go” feeling is so strong that it causes leakage of urine, it is called Urgency Urinary Incontinence (UUI). Some people may leak just a few drops as they are rushing to the bathroom, while others can have a sudden large gush. OAB affects as many as 30 to 40 percent of women and men in the U.S. It is more common in people with other medical problems that can affect the nerves to the bladder, such as diabetes, multiple sclerosis, stroke or spinal cord injuries.

Risk factors for OAB include:

- Increasing age
- Back issues/surgery
- Being overweight
- Neurological conditions that affect the brain and spine including diabetes, multiple sclerosis, Parkinson's disease, stroke, cerebral palsy and spinal cord injury

“We all have to get past the embarrassment, because it is much more common than you think. It shouldn't be any different than talking about another health issue with your doctor.”

– TWILA, INCONTINENCE PATIENT

- Bladder tumors, stones and bladder infections
- Certain medications such as diuretics, sedatives and antidepressants

OVERFLOW INCONTINENCE

Overflow Incontinence occurs whenever the bladder cannot empty and it stays full. Small amounts of urine leak out when the pressure in the bladder gets too high and the bladder overflows. This is not very common in women.

When a person has more than one type of urinary incontinence, it is called Mixed Urinary Incontinence (MUI). Many women seen by a urologist have both SUI and OAB, which are the two most common reasons why women leak urine. Of course, both will require treatment in order to be dry.

To diagnose the type of urinary incontinence you have, your doctor will ask questions about your habits when you make urine, as well as any lifestyle issues, dietary habits and your overall health. Some tests may be helpful such as a urine test or a simple ultrasound of your bladder to check how well you empty your bladder when you pass urine. More in-depth bladder function testing, called a urodynamic test, can be used to better understand why you leak urine.

TREATING URINARY INCONTINENCE

Treatment for stress incontinence involves strengthening and/or supporting the pelvic floor muscles and ligaments.

This can involve:

- Kegel exercises to strengthen the muscles of the pelvic floor
- A vaginal insert, like a pessary
- Mid-urethral sling
- Urethral bulking agents
- Pubovaginal sling

TREATMENT FOR OAB INCLUDES:

- **Dietary changes.** Your doctor may ask you to limit caffeine, alcohol and other liquids that might bother the bladder. Drinking enough fluids every day is of great value. "Aim for 2 liters of fluid a day – about 8 glasses – spread out evenly throughout the day," says Dr. Sutherland. Limiting fluids a few hours before bed can reduce the need to get up to pass urine at night.
- **Kegel exercises** can be helpful in getting the bladder to calm down. By contracting the pelvic floor muscles, this signals a reflex that forces the bladder to relax and reduces or ends the bladder spasm and related sense of urgency.

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- **Medications** to help the bladder relax are also available. “These medications act on receptors in the bladder and force the bladder muscle to relax, and then the bladder to calm down. This allows your bladder to hold more urine before you feel like you are full and have to urinate. And when you are full, you can get more warning time, so you can make it to the bathroom in time without leaking,” says Dr. Sutherland.

If these things together do not work well enough to solve your problem, there are other procedures that have proven quite effective for OAB. These include:

- Percutaneous Tibial Nerve Stimulation (PTNS)
- Sacral Nerve Stimulation (SNS)
- Bladder Botox treatment

THE BOTTOM LINE

“Is your bladder running your life? Is the fear of leaking urine stopping you from doing things you enjoy? Then it is time to do something about it!” says Dr. Sutherland. “No one needs to feel embarrassed to talk to their doctor about urinary incontinence,” she says. “Knowing that there are simple treatment options available will hopefully empower patients to speak up and seek treatment.”

Advice for Speaking Up: TWILA'S PATIENT JOURNEY

Twila first realized she could not “hold” her urine in high school.

“I was kind of bashful about asking a date to stop somewhere to let me go,” she says. “It didn't become a really big issue until later in life though. By the time I hit my 50s, I really started being unable to fight the urge to go.”

Despite the symptoms starting at a young age, it took Twila a while before talking about it with her doctor. She felt uneasy telling someone she had a hard time not wetting herself.

In the end, Twila overcame her shyness and spoke up about what was bothering her.

“We all have to get past the embarrassment, because it is much more common than you think. It shouldn't be any different than talking about another health issue with your doctor.”

Twila says that if you are not embarrassed about having the flu, or a bad knee, then you should not feel shame about having something as common as incontinence.

She encourages anyone with incontinence to speak up.

“Bring it up during your annual exam or any time you see your doctor,” says Twila. “It can be as easy as saying, ‘I have noticed I sometimes leak urine when I cough or sneeze, or I sometimes feel like I’m not going to make it to the bathroom in time without leaking urine.’”

There are many ways to treat incontinence. Talk to your doctor to find out which option may be best for you.

GO WITH THE FLOW

Millions of people in the United States live with urinary incontinence and bladder control symptoms. Such symptoms can often prevent women from living the life they want. The fear of being far from a bathroom can limit choices about work and many other things. Many women either do not talk about their symptoms, or assume there are no good treatments available. Because of this, many wait years before seeking treatment,

when they could have been feeling better all that time.

Most bladder health issues are not serious, but some can lead to serious problems like bladder infections. You can experience symptoms of urinary incontinence at any age, but there are peak times in life when they are more common. Let's explore some of these bladder health conditions across the lifespan!



Bladder Health in Children

When children urinate without control while they sleep, it is called nocturnal enuresis. It's also known as bedwetting. Most children can control their bladder during the day and night by the age of 4. About 10 percent of children age 6 or 7 still can't stay dry, as they have day or nighttime "accidents." If a child experiences bladder control problems during sleep after the age of 7, it's worth looking into. Your health care provider can help. Nocturnal enuresis is common for more than 5 million children in the U.S. It is slightly more common in boys than girls.

Urinary Tract Infections (UTIs) are also very common in children under the age of 5 years. Girls are more likely than boys to get a UTI. If a UTI or other urinary problem keeps occurring with your child, your doctor may send you and your child to a pediatric urologist. Pediatric urologists are doctors who can diagnose, treat, and manage children's urinary and genital problems. A parent can help lower the risk that their child will get a UTI by making sure they stay hydrated. It's also of great value to go over or teach good 'toileting habits' with kids, such as going to the bathroom often and making sure they don't hold in their urine.

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Bladder Health in Pre-Menopausal Women

During puberty, women may get UTIs. This peak in UTIs is often linked to the onset of sexual activity. Women may notice more UTIs after sexual activity. “For patients who experience this issue, taking a low dose antibiotic around the time of sexual activity can be very useful in lowering the overall rate of infection,” says Dr. Tomas Griebing, professor of urology at the University of Kansas School of Medicine.

Urine leakage is a problem for millions of American women. There are two main types of incontinence: Stress Urinary Incontinence (leaking urine when you cough, laugh, sneeze, lift something heavy or exercise), and Overactive Bladder (when you get a strong “gotta go” feeling and start leaking urine before you can make it to the bathroom). Younger women tend to

have stress urinary incontinence (SUI). Pregnancy and childbirth can stretch and weaken a woman’s pelvic floor muscles, which is why SUI is more common after childbirth.

Another common bladder condition often linked to childbirth is bladder prolapse. Most of the time, the bladder is held in place by a “hammock” of supportive pelvic floor muscles and tissue. Bladder prolapse happens when these tissues are stretched and become weak. In women, the bladder can drop and bulge through this layer of muscles and into the vagina. Some women have bladder prolapse, but are not bothered by the symptoms. For others, the symptoms of bladder prolapse can be bothersome enough to seek treatment.



Bladder Health in Post-Menopausal Women

Middle age is a time of great change for women, both in their personal lives and in their bodies. Many women begin to shift their focus from balancing work and raising a family to focusing more on their work lives and planning for the next 25 years.

After menopause, women are more likely to have urinary tract infections. They can give you a burning feeling while urinating. Post-menopausal women are at a greater risk for UTIs due to lower amounts of vaginal estrogen, which can change the vaginal climate. The normal flora, 'good bacteria,' are looked at as 'good' because they kill off other types of bacteria that can cause UTIs. Good bacteria can only grow in slightly acidic vaginal climates and this needs some estrogen. Menopause reduces the amount of estrogen.

As women enter their 50s and 60s, their risk for overactive bladder also increases. As with UTIs,

menopause may play a role, explains Lara MacLachlan, MD, urologist at Lahey Hospital and Medical Center in Burlington, MA.

"The lack of estrogen in the tissues that support the urinary tract may contribute to a woman's incontinence," she says. "Menopause isn't always the reason why your bladder is acting up. A woman's muscles may have naturally weakened due to age."

BLADDERS MATTER



A healthy bladder can hold **about 2 cups (16 oz.) of urine** before it's looked at as full. It takes your body 9-10 hours to make 2 cups of urine.

When empty, your bladder is



roughly the size of a pear!



Water is the best fluid for bladder health.

To keep your bladder healthy, drink plenty of water. Aim to drink at least **64 oz.** of water each day.

5 TYPES OF FOODS AND DRINKS THAT MAY BOTHER YOUR BLADDER:



Coffee /
Tea / caffeine



Alcohol



Soda and
other fizzy
drinks



Some citrus
fruits



Tomato-based
foods

Urinary Tract Infections (UTIs) are the most common outpatient infections in the United States. Bladder infections are the most common type of UTI.

Incontinence affects twice as many women as men.

Bladder cancer can affect women at any age.



Smoking is the greatest risk factor for bladder cancer. Smokers are **3 times more likely** to get bladder cancer than nonsmokers.

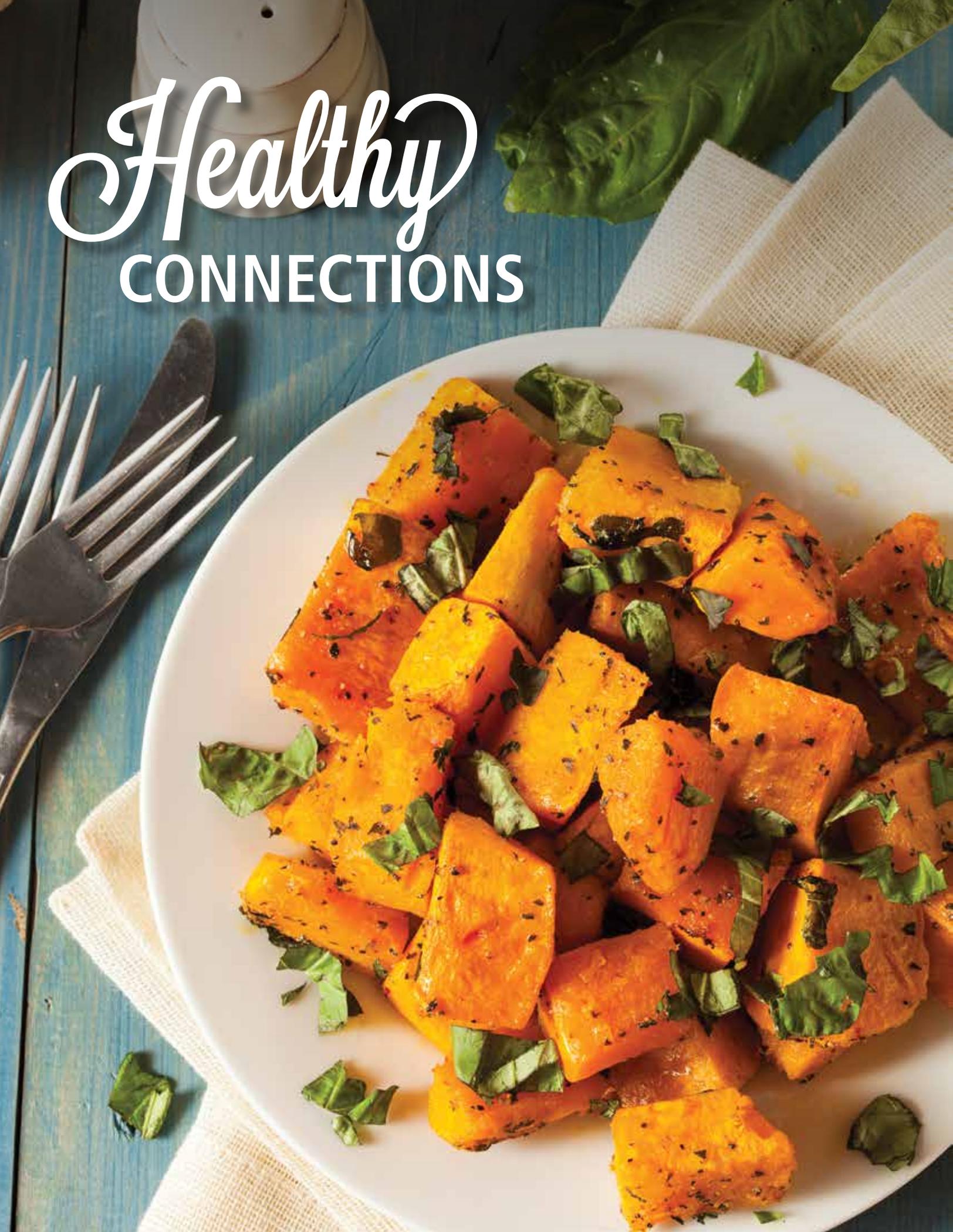
Did you know?

Holding in urine too long can cause bladder problems. It's normal to go to the bathroom **4-8 times a day** and no more than **2 times per night**.

Bubble Baths do not cause UTIs. It is simply a myth!



Healthy CONNECTIONS



Bladder Control Dietary Strategies



Overactive bladder, or OAB, causes a frequent and sudden urge to urinate that may be hard to control. You may also have leaking of urine (urgency incontinence). If you have either of these, you may feel embarrassed. You may also limit your work and social life because of them. The good news is a brief visit to your doctor can find out whether there's a specific cause for your OAB symptoms or incontinence.

You may be able to manage symptoms of an overactive bladder with simple changes in your diet. Here are a few tips.

1. **Drink more water** (yes, that's what we said). Water is the best fluid for bladder health. Most healthy people should try to drink 6 to 8, 8-ounce glasses of water each day. Avoid drinks like alcohol, coffee and caffeinated teas because they can bother your bladder.
2. **Eat fiber-rich foods.** Did you know your bowels are located near your bladder? When you're constipated, you may feel extra pressure on your bladder. Fiber-rich foods such as fruits and vegetables can help you stay regular.
3. **Try lean proteins.** Examples of lean proteins include low-fat beef, pork, chicken, turkey and fish. When baked, steamed or broiled, they're less likely to bother your bladder. If you prefer vegetarian options, try beans, lentils and peas.

The foods that bother your bladder may change over time. Keeping a food and drink diary is a good way to track what bothers your bladder. It's also a good way to watch your eating patterns. This is great for people who are trying to manage their weight.

Roasted Butternut Squash

Check out this bladder-friendly recipe for Roasted Butternut Squash that is sure to please the crowd.

INGREDIENTS

- 1 Butternut Squash, peeled and cut into 3/4 inch chunks
- 4 Medium Shallots, quartered
- 2 Tablespoons extra virgin olive oil
- 1 Teaspoon fresh rosemary
- 1 Teaspoon kosher salt
- 1/2 Teaspoon granulated sugar
- 1/2 Teaspoon black pepper

PREPARATION

1. Mix all ingredients together.
2. Bake at 450 for 20 minutes.
3. Stir and bake 10-15 minutes more, then enjoy!



WHAT YOU SHOULD KNOW ABOUT TELEMEDICINE

In today's world, technology is changing more quickly than ever. Technology is getting smarter each day. Also known as telemedicine, telehealth is fast becoming a popular way to see your doctor. The COVID-19 pandemic has greatly added to its use.

WHAT IS TELEHEALTH?

Telehealth visits are virtual office visits which let you video chat or remotely connect with your urologist or other health care provider in real-time. Phone, laptop, desktop computer, an online app or an online patient portal helps make this happen. It is done from the comfort of your home or wherever you have internet access.

Your telehealth appointment is the same as your normal doctor's visit. The only difference is you will see and speak to your doctor by video conference or phone. If you have ever used FaceTime, it is very similar to how telehealth video conferencing works. You will be able to clearly see and hear your doctor.

But not all doctor appointments are suitable for telehealth. If a careful physical exam is needed, or certain equipment is needed during the visit, an in-person visit may still be the way to go. In many cases, after an in-person visit, a follow-up visit often can be done through telemedicine.

WHAT ARE THE BENEFITS TO TELEHEALTH?

Telemedicine has benefits beyond the current pandemic. It can better link patients to their providers. It is great for those who live in remote areas or who have a harder time traveling. Other benefits include:

- No transit time or costs.
- Less time in the waiting room.
- Less chance of catching a new sickness.

WHAT TO EXPECT DURING A VIRTUAL VISIT?

A telehealth visit is like what would happen in person. You will be given a scheduled appointment time. You

will also be given a phone number or email link before your appointment, which will take you to an audio or computer check-in area.

You will check in for your appointment by confirming your personal information, insurance, medications, allergies, and so on, much like you would for an office visit. But you do it over the phone or electronically.

When your urologist or provider is ready to see you, both parties are linked by video conference or phone so you can see and hear each other. Your urologist has your patient chart and can view your medical records just as if you were together in the office.

Because your privacy is key, telehealth visits often take place in rooms designed for in-person appointments. Your appointment is also not recorded. The equipment is on a secure network that meets the same privacy and security standards as the telehealth equipment you find in a hospital.

HOW TO PREPARE FOR A VIRTUAL VISIT

When preparing for your virtual visit, there are some helpful tips to consider. To get the most out of your telemedicine visit:

- Check your insurance coverage before your visit. Not all insurers will cover every type of telemedicine visit.
- Make sure you have had any scheduled tests done before the visit. This allows the doctor to discuss the results with you.
- As with any other medical visit, have questions ready – in writing.
- Have a list of your medications with you so you can show them to the doctor.
- It may be helpful to have a partner, family member or other loved one in the room to listen or help answer questions.
- Ask what will happen if you need hands-on care – can the doctor provide it, or refer you to a specialist in your area?



IT'S TIME TO TALK!

Do you leak urine when you exercise?

Have you ever sneezed or laughed so hard you leaked urine?

Have you ever had that “gotta go” feeling and you are not sure whether you are going to make it in time to the bathroom?

Do you have bladder control issues, but are too embarrassed to talk to a doctor?

If you answered yes to any of these questions, you are not alone. Millions of women experience the same issues. The key is talking to your doctor about your bladder health so you both can determine the best treatment option(s) to keep you dry.

One way to do this is to weave your questions into an existing doctor visit or you can schedule a visit specifically to talk about your bladder health. “I decided to talk about my urine leakage as part of my annual exam,” says Charlotte, a 45-year old stress urinary incontinence patient.

“I would leak urine when I laughed too hard or when I did certain classes at the gym so I decided to finally ask why this was happening. It was a relief to learn what was causing it and to know there were simple treatment options for me – now I can laugh with friends, my husband or kids and not feel anxious about it.”

There is no need to feel embarrassed talking about your bladder health. Remember, your doctor is used to hearing about all kinds of symptoms and conditions. Tell your provider not only what symptoms you have, but how they make you feel and affect your everyday life.

“My symptoms got worse to the point where I did not feel comfortable going on long walks anymore

without mapping out exactly where I could use a public restroom,” explains Sandy, a 65-year-old OAB patient.

“I finally decided enough was enough and brought it up to my doctor about a year ago,” she says. “These days, I don't have to worry about running to the restroom every 20 minutes.”

Here are a few sample questions to help start the conversation with your provider:

- Is it common for women to leak urine as they age?
- Should I leak urine when I cough or sneeze?
- After I use the bathroom and stand up, I leak urine. Should this happen?
- I don't always make it to the bathroom in time and there have been instances in which I've had an “accident.” Could this be because of age, having kids or something else?
- I seem to wake up more often at night to go to the bathroom. Why is this happening?

Other ways to provide your doctor with an update on your symptoms or progress:

- I seem to be leaking urine less and less. How long will it be before I am completely dry?
- Are there any lifestyle changes I can make that could help with my symptoms?
- Are there any exercises I can do to help with my symptoms? Do I need to see a physical therapist?
- Can you help me or do I need to see a specialist? If so, how can I find the right one for me?

These questions, and later talks, can help you and your health care provider decide which treatment choices are best for you.

Tune into the Women's Bladder Health Podcast series.

Visit UrologyHealth.org/Podcast
to listen today!

