

Urge Urinary Incontinence



There are two kinds of urinary incontinence common in women: stress urinary incontinence and urge urinary incontinence. The causes and treatments for the two are very different. It's possible to have both types.

Urge urinary incontinence is the involuntary leakage of urine preceded by or accompanied by the feeling of urgency or the need to empty one's bladder. Most patients associate this with "gotta go, gotta go" leakage, which can be severe at times. Typical triggers include standing up after sitting for a period, getting out of one's car, running water (like doing the dishes or washing hands), or putting the key in/opening the door as one comes home. This common problem affects thousands of U.S. women.

The most common causes of urge urinary incontinence are urinary tract infections (UTI) or overactive bladder (OAB). Other less common causes include bladder stones, urethral obstruction from a prior continence surgery or advanced pelvic organ prolapse, complications from prior continence surgery, and bladder cancer, which is uncommon. Most patients with urge urinary incontinence have either a UTI or OAB.

OAB is particularly embarrassing for many patients. Leakage is caused by the bladder muscle contracting uncontrollably but for most patients, it's not known why it contracts like this. Sometimes the problem is caused by neurologic conditions like spinal cord injuries or multiple sclerosis. However, it's uncertain what causes most OAB cases. We do know that it can be bad enough to require diapers for some.

The evaluation of OAB and urge urinary incontinence includes reviewing your history with your provider. A pelvic exam should be performed to look for any abnormalities such as pelvic organ prolapse or urethral diverticulum. Urine is also checked for an infection. An important part of the evaluation is keeping a bladder diary that records the timing and type of fluid intake, timing and volume of voids, and the timing of incontinence episodes and associated urge or activity.

There are several options for the treatment of OAB and urge urinary incontinence. Many patients improve with simple behavioral changes such as avoiding bladder irritants (caffeine, tobacco, alcohol, spicy or acidic foods), timing voiding and practicing pelvic floor exercises. Patients often improve significantly with behavioral changes but may also need anticholinergic medications to help reduce uninhibited bladder contractions. These medications are safe in most patients.

Advanced options are available for patients who fail medical treatment. Sacral neuromodulation behaves like a bladder pacemaker and has been shown to cure many except patients with severe OAB. Recent studies have shown that Botox injection into the bladder may also cure many patients.

Urogynecologists at UMass Memorial Medical Center are fellowship trained in the treatment of pelvic floor disorders. Call for an appointment: 508-334-9840 (Worcester) or 508-870-7281 (Westborough).



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