

Urge Urinary Incontinence: Condition Information

Body Part

Pelvis - bladder and pelvic floor muscles.

Condition:

Urge Urinary Incontinence (UUI), unwanted leaking of urine due to sudden urgency. Sometimes referred to as overactive bladder (OAB).






Summary

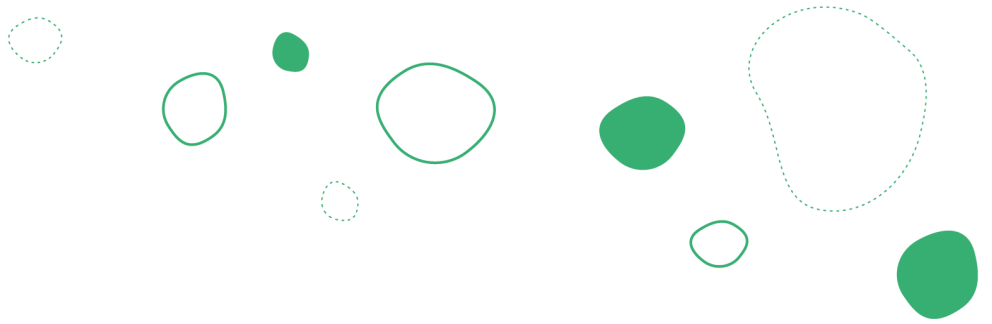
UUI occurs when the bladder starts to contract and empty its contents with little or no warning, and the individual is unable to prevent the leaking of urine. UUI can be caused by irritation to the lining of the bladder, habitual bladder emptying, volume of liquid consumed, and timing of liquid consumed, just to name a few. UUI can be present with stress urinary incontinence (SUI) as well, this is called mixed urinary incontinence (MUI). Urinary incontinence is more prevalent than most people think as it isn't something widely spoken about, but of the people sitting in a GP waiting room 65% of the women, and 30% of the men, will be suffering from some type of incontinence. 70% of people with urinary incontinence do not seek advice or treatment, despite many forms of incontinence being simple to address.



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Symptoms:

Those suffering with UUI complain of needing to rush to the toilet to empty their bladder, unable to stop the flow of urine, resulting in the loss of anywhere from a few drops to complete bladder loss, before reaching the toilet. Sometimes the sensation of urgency can be in the lower pelvic region (the bladder neck) or it can be right at the entrance of the urethra. Some people might find they always get urgency in the same situations eg. unlocking the front door, arriving at work, walking into the frozen section at the supermarket. Some people will get urgency after eating or drinking certain foods or fluids. Almost everyone with UUI will go to the toilet a number of times a day 'just incase', and will often go to the toilet to only produce a small amount of urine.






Treatment:

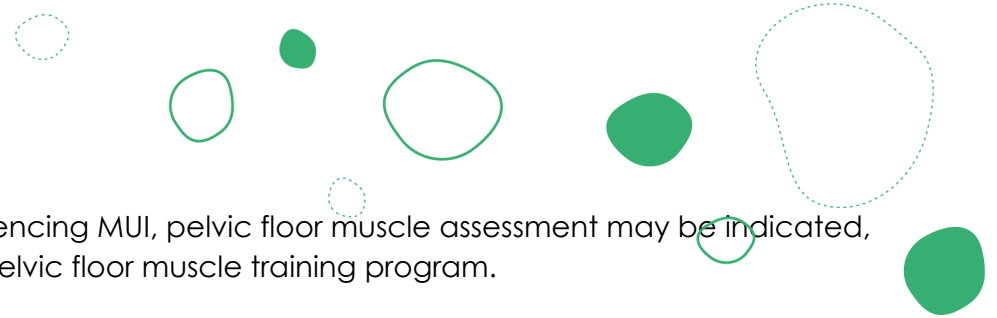
UUI is managed by first working out the cause of the urgency. This often involves completing a bladder diary, where accurate measurements of fluid consumed and urinated, as well as any accidents are noted for a few consecutive days to establish a pattern, and assist your physiotherapist in being able to work out the cause/s. UUI that is simple in nature is often resolved by educating the individual on how to manage the sensation of urgency, making any alterations to diet that may be required, and educating on how to consume fluids without overloading the bladder. During this period of behaviour retraining, it is important to recognise that accidents may become more frequent and/or more severe initially, as the individual progresses, this will reduce and improve overall symptoms.



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If the individual is experiencing MUI, pelvic floor muscle assessment may be indicated, to prescribe a tailored pelvic floor muscle training program.

In more complex cases, or situations where the individual isn't responding to physiotherapy treatment, a referral to a gynaecologist may be made for urodynamic testing. This test is completed in a specialised clinic where accurate measurements of the bladder and when incontinence occurs can be observed.

Prognosis:

In simple cases of UUI, if the individual is consistent with their behaviour retraining and being conscious of the fluids consumed, they should see improvement within six weeks. More complex cases with multiple issues may take longer.






Further information:

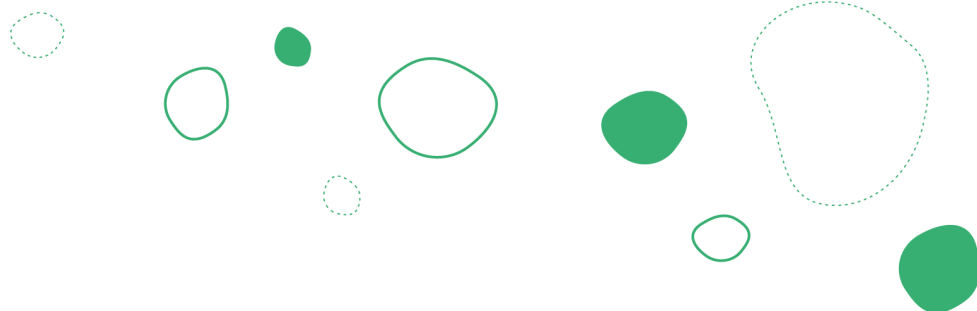
For further information, please contact our friendly team at Gen Health.



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Picture Link: <http://www.innovativephysio.com.au/Incontinence.html>



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