



Urinary Incontinence

Table of contents

About urinary incontinence	2
What is urinary incontinence?.....	2
Treatments	2
Self-management	2
Medication	4
Surgery	8
Electrical stimulation	16
Botulinum toxin injections	17
Cystoplasty	17
Living with urinary incontinence	19
What is it like living with urinary incontinence?.....	19
Physical and emotional effects	20
Practical issues.....	21

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This chapter contains general information about urinary incontinence. If you have any specific questions about your individual medical situation you should consult your doctor or other professional healthcare provider. No website or leaflet can replace a personal conversation with your doctor.

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This information has been reviewed by a lay panel.

Urinary incontinence

About urinary incontinence

What is urinary incontinence?

Urinary incontinence means that you aren't always able to control when you urinate. For instance, some urine might come out at times when you haven't meant it to, or you might leak sometimes when you cough, laugh or sneeze. Sometimes you might not make it to the bathroom in time before you begin leaking urine.

There are three types of urinary incontinence:

1. Stress incontinence
2. Urge incontinence
3. Mixed incontinence

The type of urinary incontinence you may have depends on how and when you lose urine. Urinary incontinence can be extremely embarrassing, it can make you feel stressed, depressed, cause low self-esteem, or even shame. Some people feel isolated by their condition as it affects their work and social life. But it's important to know that there are treatments and products that can help you.

Treatments

Self-management

Lifestyle advice

It is very likely that some simple lifestyle changes you can make will improve your urinary incontinence. You may need to do some detective work to find what patterns make it worse or better, but it is very likely that you are already doing some things to help your symptoms. This section will give you further information and advice on other simple changes you can make to help manage your symptoms.

Given that urinary incontinence often makes people feel out of control of their body, it can be empowering to take charge and see the benefits of changes that you have made. It may be helpful to keep a diary during this time so that you can keep track of what changes you have made, what other things you are trying, and what effect these have.

Diet can have a noticeable effect on urinary incontinence. Certain types of food are known to irritate the bladder. The most common are spicy foods and sharp-tasting foods such as citrus fruits and strong cheeses.

If you regularly include these foods in your diet, you may wish to try removing them for a while and see if this improves your usual urinary incontinence symptoms. If it does, you can then choose to continue leaving these foods out of your diet. If you miss these foods, you could try re-introducing them one at a time. That way you can work out whether it is a specific food that makes your urinary incontinence worse or whether there is a 'tipping point' of how many of those foods you can enjoy, before they start to have a negative effect on your urinary incontinence.

You may also wish to keep a note of when you eat, as well as what and how much, to see if any of these factors trigger your urinary incontinence symptoms.

Drinking a lot of liquid, can make your urinary incontinence symptoms worse, but limiting your fluid intake can be harmful because it may lead to dehydration, urinary tract infections, urinary stones, or constipation. It is best to speak

to your doctor about how much liquid to drink each day.

Caffeine, alcohol, and soft drinks do not cause incontinence, but it is well known that they can make some people need to urinate more urgently or more often, because they irritate the bladder. Avoiding these types of drinks may therefore improve your symptoms. Remember that even drinks marked as decaffeinated may have some caffeine in them.

Constipation has also been linked to urinary incontinence. If you don't have regular bowel movements, the pressure inside the colon builds up and presses against the bladder, making urinary incontinence worse. It is therefore important to make sure that you take in enough fluids each day and that you have a balanced, varied diet that includes plenty of vegetables, fibre, and fruits.

Trying to stay a healthy weight is a good idea, as obesity is also linked to urinary incontinence. If you are currently overweight, some of your urinary symptoms may improve, or even disappear altogether, if you lose weight. This is because being overweight causes more pressure to weigh down on the bladder and urethra (the tube through which urine leaves the body from the bladder). It can also weaken your pelvic floor muscles and reduce the amount of control you have over your bladder.

The majority of people with urinary incontinence find that their symptoms improve or disappear altogether with lifestyle changes alone, so it is well worth giving it a go.

Bladder training

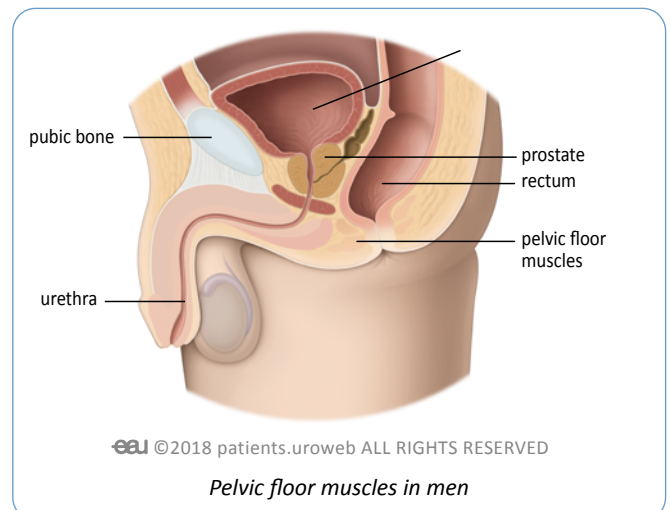
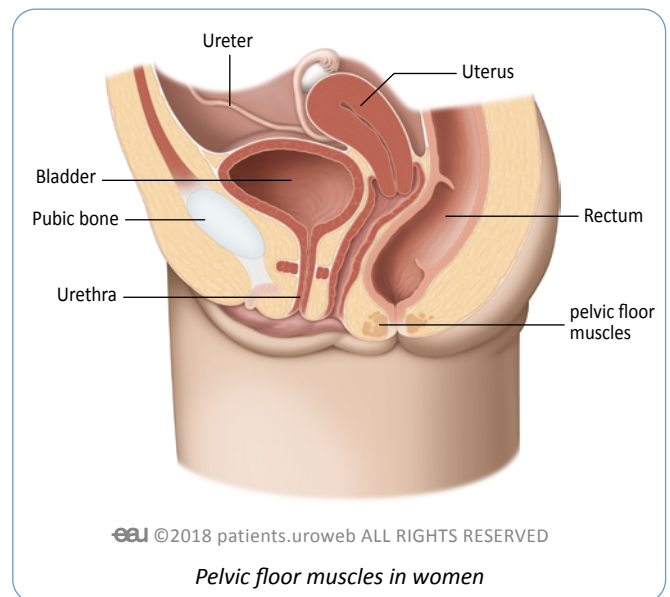
Your doctor may recommend bladder training to help improve your urinary incontinence. Firstly, you will be asked to keep a bladder diary. You may be asked to write down what and how much liquid you drink, how often you go to the toilet to urinate and possibly also to measure how much urine you produce when you go to the toilet.

Based on this information, your doctor will give you a schedule/timetable for going to the toilet to urinate. By following the schedule, you will gradually increase the amount of time between toilet visits which can help to re-train your bladder. If the bladder training is successful, you will gain more control, and be able to hold more urine in your bladder or hold your bladder for longer periods of time.

Pelvic floor muscle exercises

The pelvic floor muscles support the bladder and the bowel. Weak pelvic floor muscles can lead to urine leakage. Pelvic floor muscles can weaken with age, illness or due to hormonal changes.

Pregnancy and childbirth can weaken the pelvic floor muscles in women. Prostate surgery, and in particular, radical prostatectomy (an operation to treat prostate cancer), can weaken the pelvic floor muscles in men.



Pelvic floor muscle exercises can help to re-strengthen the pelvic floor, and if done correctly and carried out regularly, have been shown to successfully improve, and even cure, urinary incontinence. If your doctor decides that this course of action is suitable, you may be referred to a physiotherapist for specialist advice such as pelvic floor exercises that are tailored to your individual needs.

Medication

The medicine you are prescribed will depend on your urinary incontinence symptoms. For instance, if you have urinary incontinence only at certain times, such as at night, faster (but shorter) acting tablets may be more suitable for you. Faster acting medications also help to manage incontinence if you need relief in certain situations, such as when travelling. Immediate-release medications generally cause more side-effects compared to the slow-release ones, so this needs to be weighed up against the benefits to you of taking it.

Muscarinic receptor antagonists

This medication treats the urgent need to urinate by blocking nerve signals that cause the bladder to squeeze and empty. This means that sudden, uncontrollable bladder activity happens less often, and the bladder can hold more fluid because it is relaxed. This medication also reduces the number of times you need to go to the toilet each day to urinate.

They can also be used to manage the frequent need to urinate at night, a condition known as nocturia. However, they are not suitable for stress urinary incontinence because stress incontinence is caused by different circumstances.

There are several types of muscarinic receptor antagonists. Most are taken as a tablet. Some are taken once a day and work for 24 hours. Others can be taken multiple times a day and have an immediate, but shorter effect. One type, Oxybutynin, is also available as a cream or skin patch.

Side-effects of these medicines are usually mild, such as dry mouth and eyes, constipation, difficulties urinating, blurred vision, and dizziness. In older people, these medicines may cause reduced memory and also confusion. This may be true for Oxybutynin.

If you have certain types of glaucoma (closed-angle) or significant urinary retention, you will not be offered muscarinic receptor antagonist medications.

Mirabegron

This is a type of medicine called a Beta-3 receptor agonist. These medicines relax the bladder muscle, helping to increase the amount of fluid the bladder can hold and to reduce the urgent need to urinate.

The immediate side-effects of Mirabegron are usually mild, such as nausea (feeling sick), constipation, diarrhoea, headache and feeling dizzy. They may improve once your body has got used to the medication. The long-term effects of the medication are currently unclear, but what is known is that you cannot take Mirabegron if you have high blood pressure that is not under control with medication.

Oestrogen

This is a hormone in women that plays an important role in being able to hold urine until going to the toilet. Oestrogen is known to improve blood flow and increase nerve function. It also helps maintain the strength and flexibility of tissues in the urethra and vagina.

As women age, they naturally produce less oestrogen. This may affect the bladder and urethra in a way that can contribute to problems with bladder control. Oestrogen therapy may be recommended if you suffer from urinary incontinence and have already gone through menopause. The treatment comes in the form of a vaginal cream, an oestrogen-releasing device (called a vaginal ring) inserted into the vagina, or an oestrogen-releasing tablet inserted into the vagina.

There is no evidence that vaginal oestrogen therapy cures stress incontinence, but it may improve or even cure urge incontinence.

Oestrogen can also be used in combination with other medications to treat urinary incontinence. When vaginal cream is used correctly, it usually doesn't cause side-effects. The ideal length of time that vaginal oestrogen therapy should be given for is currently unknown and the long-term side-effects are still being researched.

Duloxetine

This is used to improve, rather than cure, moderate to severe stress incontinence, however, it is not a standard treatment for stress incontinence in most countries in Europe.

It only works on a temporary basis, in two ways. Firstly, it strengthens the urethra valve muscle. When you urinate, this valve opens allowing urine to pass through it and out of your body. In the case of some urinary incontinence, this valve can open when you don't want it to, and this causes urine to leak out, because the valve muscle is weak. So, by strengthening this valve, Duloxetine reduces urine leakage, as it helps the urethra valve to remain closed, keeping the urine in. Secondly, Duloxetine reduces any incorrect nerve signals sent to the urethra valve by the bladder which may cause the valve to mistakenly open and leak urine.

Common side-effects include nausea and vomiting, dry mouth, constipation, tiredness, and difficulty sleeping.

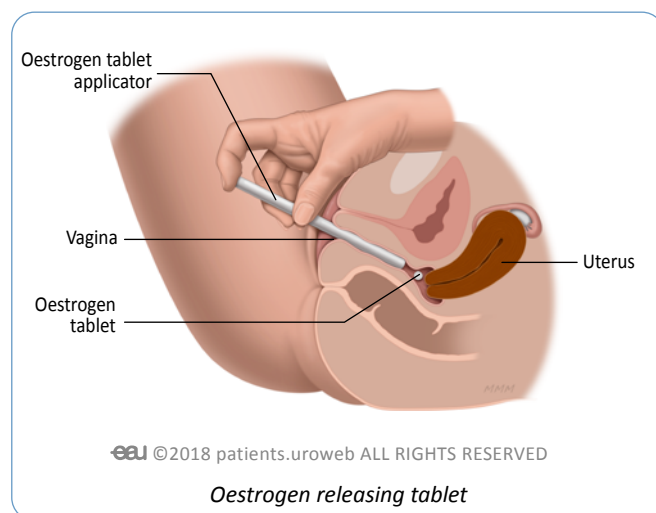
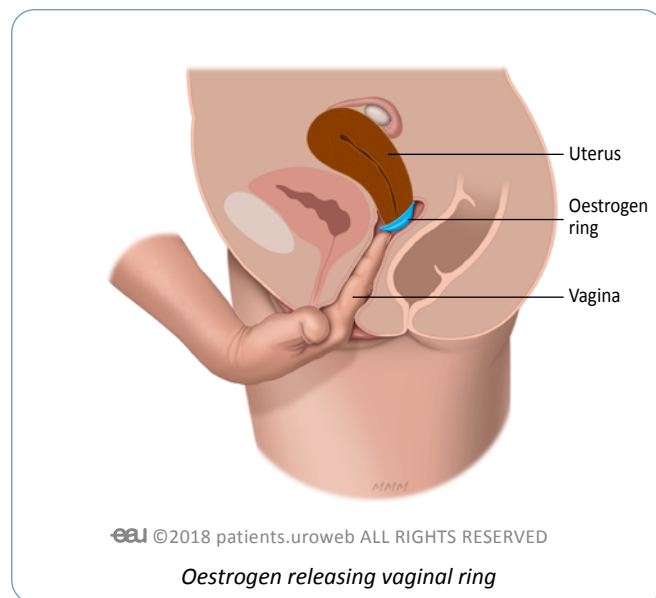
For any of the medications listed here, it is important to have a discussion with your doctor as to which treatment is most appropriate for you. The good thing is, that there are plenty of options for you to try.

Surgery

Options for women

Midurethral sling

Up until recent years a midurethral sling was the standard surgical treatment for treating stress incontinence in women. It involves inserting a mesh strap, called a sling, under the urethra to support it. The sling is made of synthetic material, and helps the urethra stand up to pressure when you do a sudden movement or action, such as a cough or sneeze. The sling material remains permanently inside your body and it is not absorbed over time.



When correctly placed, the sling supports the urethra like a hammock, helping to prevent the urethra from collapsing and leaking urine unexpectedly, as might usually happen with stress incontinence.

If this surgery is recommended for you, your doctor will discuss in detail how they would plan to insert the sling. However, there are now procedures which have less serious complications than those midurethral slings caused. Additionally, midurethral slings are not available in all countries, due to the nature of the complications sometimes associated with them. Some countries still offer them, but doctors are careful to assess the risks and discuss these thoroughly with their patients.

There are two different ways the operation can be carried out: a retropubic approach, sometimes called TVT, or a transobturator approach, which is sometimes called TO. A retropubic approach means the sling is inserted via the vagina behind the pubic bone, whereas the transobturator approach involves the sling being passed through the window of the pelvic bones.

The operations involve a surgeon inserting the sling through your vagina using special surgical tools and a guide to make sure that the sling is positioned correctly. Both types of midurethral sling operation are very effective.

Although midurethral slings are very successful in the treatment of stress urinary incontinence, complications can occur, which can make your urinary incontinence worse. This can require further operations to correct.

Your doctor will discuss thoroughly with you, the benefits and risks of this type of operation, the types of slings available in your country and alternative treatments available to you.

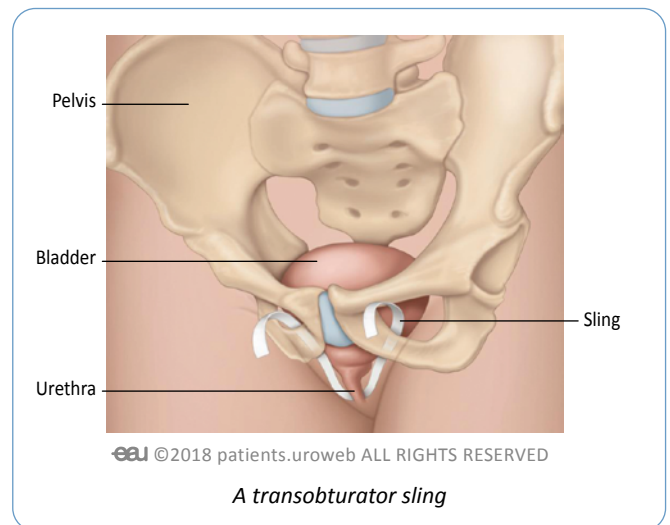
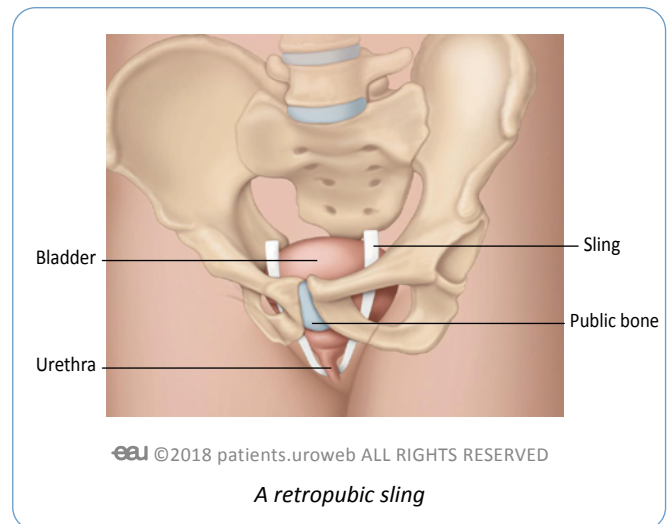
Autologous fascial sling

Your doctor may recommend an autologous fascial sling as surgical treatment for your stress incontinence. This type of operation may be suitable for you in any of the following circumstances:

- If you have previously had surgery which wasn't successful
- If you are not able to have a midurethral sling procedure
- If you do not wish to have any surgery which involves any synthetic (artificial) material being used in your body

This operation is similar to a midurethral sling operation. Both procedures use a sling to support the urethra, but an autologous fascial sling also supports the pelvic floor muscles. This strengthens the urethra against pressure in your abdomen when you do sudden movements such as coughing or sneezing. The urethra is supported and in turn prevents unexpected urinary leakage.

Where the autologous fascial sling operation differs from the midurethral sling operation is that in this operation, some of your own connective tissue, called fascia, is cut from your inside your lower abdomen or thigh, and is used by the surgeon to form the sling that is then moved into place underneath your urethra. The surgeon places the sling



either at the mid-urethra, or nearer to the bladder.

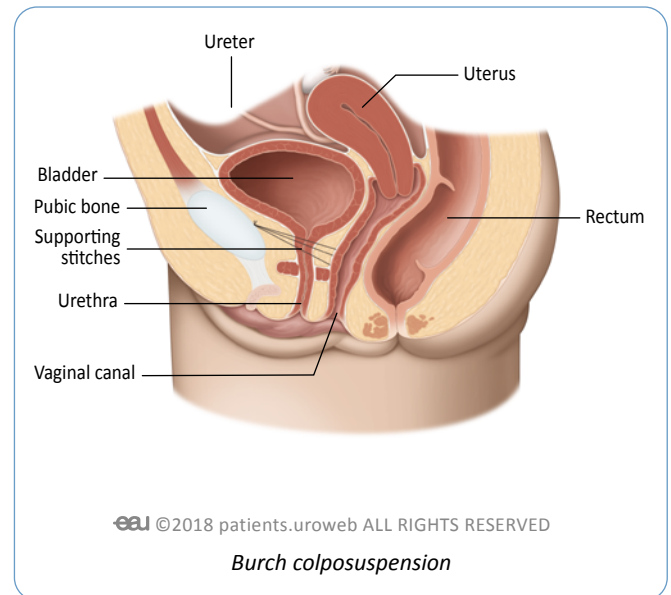
This means that no synthetic (artificial) material is used in your body. This type of operation can have different complications. For instance, you may have difficulty emptying your bladder after the operation. However, these complications are likely to be more minor than those that sometimes occur in mid-urethral, synthetic slings. It is for this reason that this type of operation has gained popularity.

This type of surgery also means that you would have surgical wounds in two or three places rather than one place, because making the sling from your own body tissue means that the lower belly groin or thigh is also cut into, as well as the incisions that are made in for example, your abdomen and vagina, depending on how the sling is inserted.

Burch colposuspension

Burch colposuspension is an operation that involves repositioning the muscles that connect the bladder to the urethra. These muscles are called the bladder neck. The operations aims to improve the strength of the bladder neck so it does not leak urine unexpectedly when you do sudden movements, such as laugh or jump.

Burch colposuspension procedures were commonly used to treat stress incontinence before the invention of midurethral slings. These days, slings have largely replaced Burch colposuspension because it is more straightforward to insert a sling and is a smaller operation. If a midurethral sling is not an option for you, your doctor may suggest that you have a Burch colposuspension, as an alternative. It can also be offered to you if you have previously had a different type of surgery for your stress incontinence, that wasn't successful.

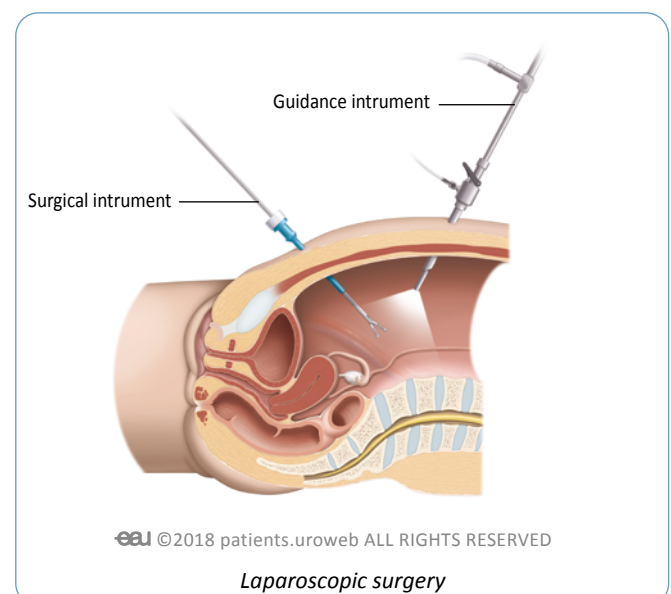


During Burch colposuspension surgery, the surgeon attaches the side of the vagina to the ligament behind the pubic bone with stitches, so that the bladder neck lies in a hammock. This lifts and supports the bladder neck, strengthening it against collapse and resulting in less bouts of urinary leakage.

The surgery can be done in one of two ways:

1. Open surgery, where the surgeon makes a larger incision (cut) into your lower abdomen to access the bladder; or
2. Laparoscopic surgery, where the surgeon makes a number of small cuts to get to the abdomen. A small camera is then inserted into the area, so the surgeon has a high-quality view on a video monitor to guide them while they are carrying out the surgery.

Both surgical methods are equally effective, but laparoscopic surgery usually involves a shorter hospital stay because small wounds usually heal more quickly.



Injection of bulking agents

A bulking agent is a medical substance which can be injected into the outside edges of your urethra to help strengthen it. Bulking agents are usually synthetic (made of a manufactured medical substance) but sometimes collagen from cows is used. Bulking agents help the urethra stand up to pressure and prevent urine unexpectedly leaking when under pressure from an action such as a sneeze.

Bulking agents are an option if you are unable, or do not wish, to have other surgical treatments, or if you need, or wish, to postpone having surgery. Bulking agents are not a permanent solution and cannot cure stress incontinence because the bulking agent gradually and harmlessly dissolves over time, so the benefit is short-term.

During the operation, a surgeon uses a narrow, flexible, surgical telescope (called an endoscope) to insert a needle into, or next to, the wall of the urethra. Once inside, bulking agent is injected into the outside edges of the urethra. There are no incisions or stitches involved with this procedure.

Artificial urinary sphincter implantation

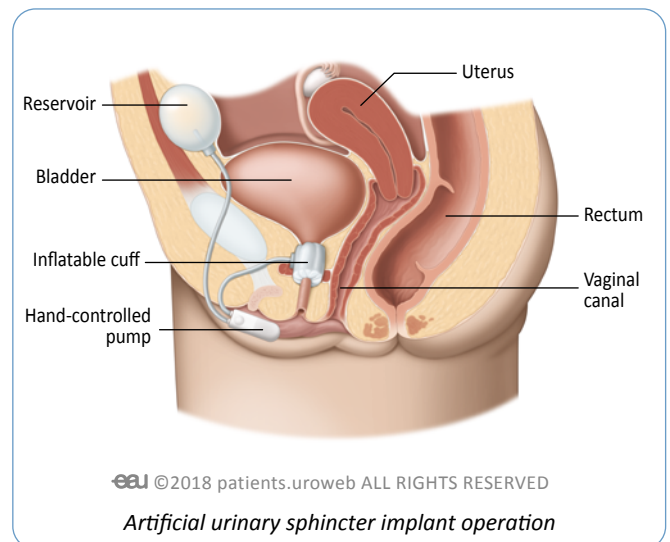
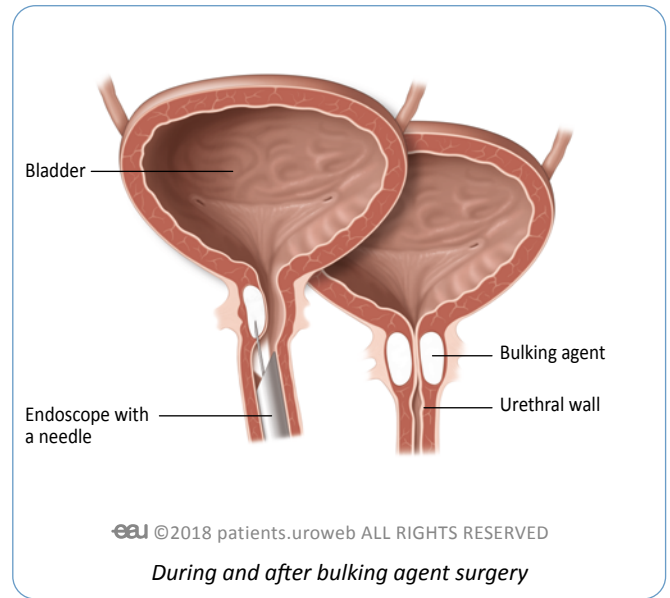
An artificial urinary sphincter implant, or AUS, operation is only offered for patients with complicated stress incontinence problems. It may be offered to you if you have previously had surgery for your stress incontinence, but it didn't work. Alternatively, your doctor may recommend this operation if other treatment options have a low chance of success.

Before being offered this operation, your doctor will need to work out whether it will be effective. You will be asked to do a urodynamic test so your doctor can check how your lower urinary tract is working. This test will help your doctor determine if an artificial urinary sphincter implant may work for you.

An artificial urinary sphincter implant operation involves putting a cuff around the urethra. The surgeon makes incisions in the abdomen and in the front wall of the vagina. A water-filled balloon, called a reservoir, is inserted under the lower abdominal muscles above the bladder. This inflates the cuff via a hand-controlled pump.

The pump is placed just under the skin of one of the labia (vaginal lips) so that it is accessible. The pump is hand-operated so that you can control it yourself in your everyday life.

The cuff is left open (no fluid is pumped in) around your urethra, until your doctor activates it a few weeks later. This is to allow time for the operated area to settle down following surgery. Usually, stitches that dissolve and disappear are used, so you do not need to have them removed.



With this treatment, some people find that their stress incontinence is cured, whereas for other people, they have an improvement in their symptoms but still experience some bladder leakage.

Options for men

Sling implant

A sling implant is the standard surgical treatment for treating stress incontinence in men. The procedure involves inserting a mesh strap, called a sling, under the urethra to support it. The sling is made of synthetic material and helps the urethra stand up to pressure when you do a sudden movement or action, such as a cough or sneeze. The sling material remains permanently inside your body, so it is not absorbed over time.

When correctly placed, the sling lightly compresses the urethra to slightly close it, helping to prevent the urethra from leaking urine unexpectedly, as can happen with stress incontinence.

Your doctor will discuss in detail how they would plan to insert the sling. This involves having an incision between your scrotum and anus. There are different types of slings and different ways the operation can be carried out. The diagrams below show the different types of slings.

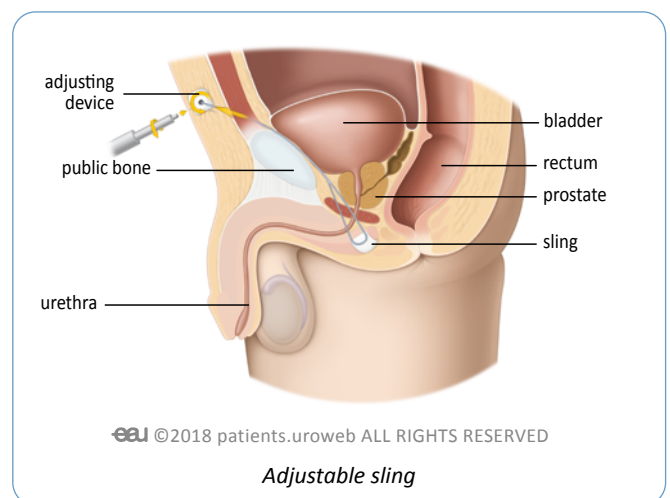
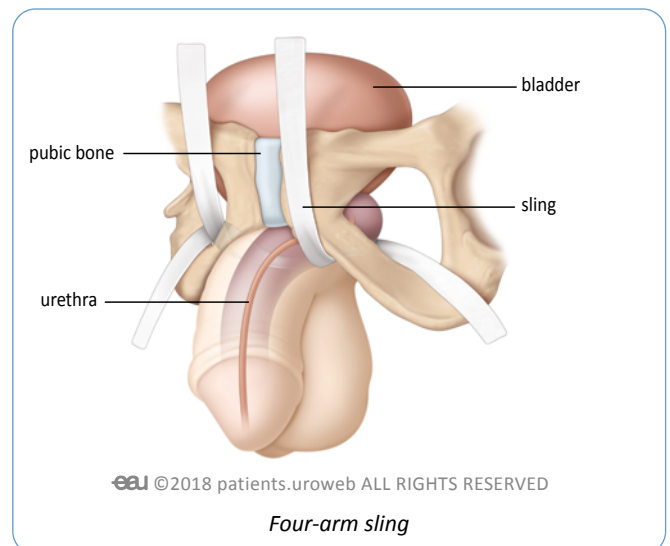
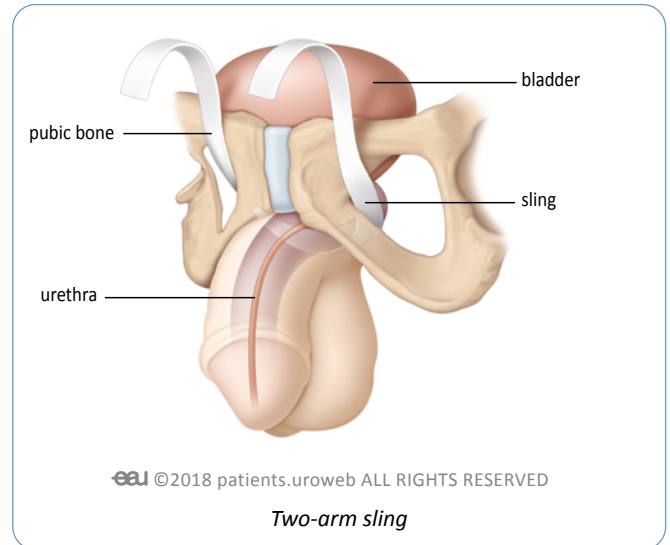
In two-arm slings, the ends of the sling are put in position on both sides of the urethra, shaping the sling like a hammock. Then, the ends of the sling are attached to tissue either just above the pubic bone, or around the groin.

In four-arm slings, the ends of the sling are put in position on both sides of the urethra, shaping the sling like a hammock. Then, two ends of the sling are attached to the groin, while the other two are attached to tissue around the pubic bone.

For adjustable slings, the technique may include additional incisions to insert an adjusting device in the body, which allows adjustable support of the urethra.

There is limited evidence that adjustable male slings can cure or improve stress incontinence.

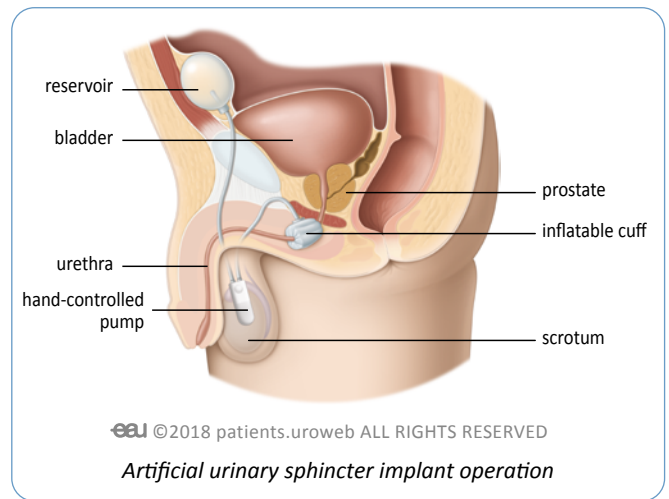
The type of sling recommended to you will depend on your individual circumstances, such as those slings offered by your hospital or in your country, and which slings your doctor has experience with using. Your doctor will discuss their recommendation and the sling offered to you, as well as the possible side effects.



Artificial urinary sphincter implantation

An artificial urinary sphincter implant, or AUS, is the standard treatment for moderate to severe stress urinary incontinence in men. It may be offered to you if you have previously had a sling implant for your stress incontinence, but it didn't work. Alternatively, your doctor may recommend this operation if other treatment options have a low chance of success.

Your doctor will inform you and discuss the risk of complications, mechanical failure, and the potential need for removal.



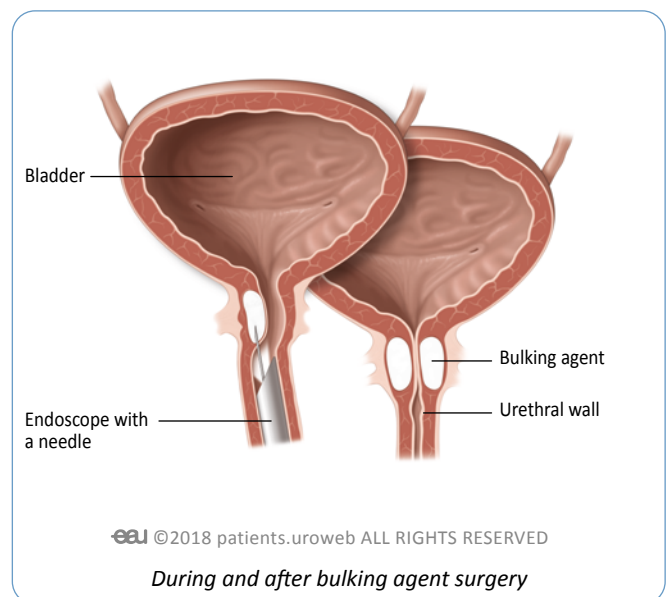
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An artificial urinary sphincter implant operation involves putting a cuff around the urethra. An incision is made between the scrotum and the anus, and another one in the lower abdomen. A water-filled balloon, called a reservoir, is inserted under the lower abdominal muscles above the bladder. This inflates the cuff via a hand-controlled pump. The pump is placed beneath the skin, inside the scrotum, so it is accessible. The pump is hand-operated so that you can control it yourself in your everyday life.

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Bulking agents may be an option if you are unable, or do not wish, to have other surgical treatments, or if you need, or wish, to postpone having surgery. Bulking agents are not a permanent solution and cannot cure stress incontinence because the bulking agent gradually and harmlessly dissolves over time, so the benefit is short-term.



During the operation, a surgeon uses a narrow, flexible, surgical telescope (called an endoscope) to insert a needle into, or next to, the wall of the urethra. Once inside, bulking agent is injected into the outside edges of the urethra. There are no incisions or stitches involved with this procedure.

Electrical stimulation

Our bodies are made up of trillions of nerves which send signals between your brain, spinal cord, and the rest of your body. Each of your muscles has thousands of nerve endings that activate the muscles, either by tightening or relaxing when your brain commands. Sometimes the brain struggles to activate or deactivate a muscle, and this is where electrical stimulation can be helpful.

Electrical stimulation involves having a device called an electrode placed near a nerve so it can send an electric current to artificially activate the muscle. As with all treatments, electrical stimulation may not be suitable for everyone, but your doctor will be able to discuss this with you.

Electrical stimulation can feel a little uncomfortable at first, but it is not painful. The treatment usually starts with a low level of intensity which may be increased, but only up to a certain point where you still feel comfortable.

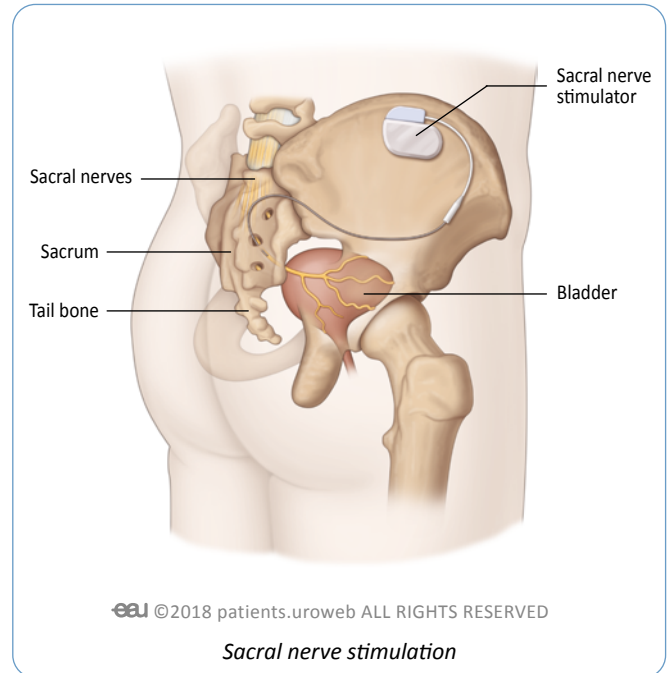
To help relieve urinary incontinence, your doctor may offer you different types of electrical stimulation including sacral nerve stimulation, tibial nerve stimulation, or pelvic floor stimulation.

Sacral nerve stimulation

You have a network of nerves (called a plexus) in the lower half of your body, near the base of your spine. This particular network is called the sacral plexus. Your sacral nerves are found in the thigh, most of the lower leg and foot, and part of the pelvis.

If your doctor recommends trying sacral nerve stimulation, you will need to have a thin wire (called an electrode) and a control unit inserted under your skin. The procedure is done under a local or general anaesthetic.

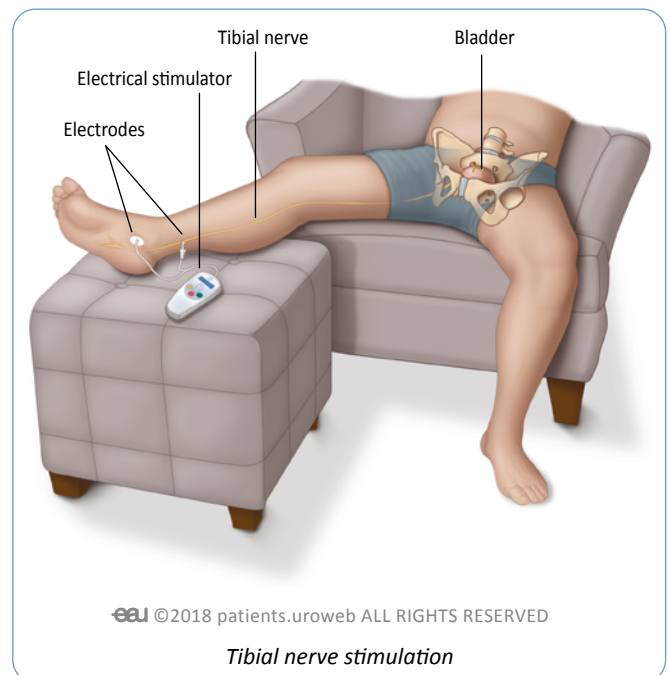
The control unit is about the size of a mobile phone and is used to change and control the frequency of electrical signals delivered to the electrode, which stimulates the sacral nerves.



Tibial nerve stimulation

Your sciatic nerve is the largest nerve in your body. It extends from the lower end of your spine, down the back of your thigh, and divides into two branches above the knee. Your tibial nerves are one of these two branches of nerves. Your tibial nerves extend through your leg and foot muscles.

Tibial nerve stimulation involves having a tiny needle inserted into your foot which is used to send electrical pulses to the nerves around your pelvis, which can be helpful if the brain is struggling to activate the muscles necessary for holding urine in the bladder.



Pelvic floor stimulation

Your pelvic floor muscles are a sheet of muscle at the bottom (floor) of the pelvis. The muscles help you to control when you release urine from the bladder. Pelvic floor stimulation can help both women and men contract and strengthen their pelvic floor muscles to address the cause of their urinary incontinence symptoms. Pelvic floor stimulation involves passing a small electrical current through your pelvic floor muscles. The probe is placed in the vagina for women or in the anus for men.

Botulinum toxin injections

Botulinum toxin works by paralysing nerve endings. You may have heard this substance being referred to as Botox®. While most of us think of botulinum toxin as a cosmetic procedure to reduce the visible signs of ageing, botulinum toxin injections do have several medical purposes including treating muscle and nerve-related health problems.

Your doctor may suggest treating your urinary incontinence with botulinum toxin injected into the wall (lining) of your bladder. This treatment is often used in people who have been diagnosed with an overactive bladder, but it is also used to help treat urge incontinence. Botulinum toxin helps the muscles relax, which will give you more time to get to the bathroom when you feel the need to urinate.

The procedure involves filling your bladder with an anaesthetic liquid to numb it. A thin tube with a tiny camera on the end, called a cystoscope, is then inserted up your urethra and into your bladder. Your doctor will then pass a special needle through the tube and begin injecting botulinum toxin into the wall of your bladder.

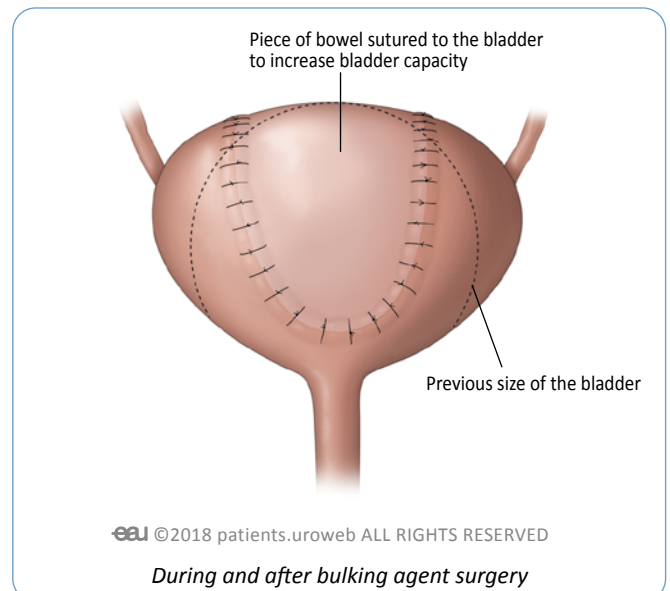
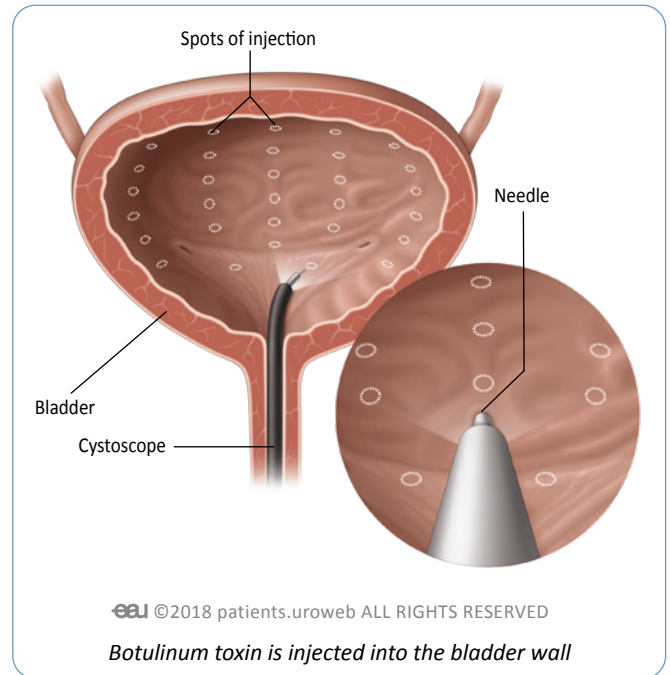
Your doctor will be able to advise you if botulinum toxin is a treatment option for you and discuss potential side effects, such as the risk of urinary tract infections, urinary retention and the need for repeated botulinum toxin injections as this is a temporary treatment and the effects will wear off over time.

The injections are done under a local anaesthetic.

Cystoplasty

In cases where all other treatment options have been unsuccessful in helping a person to manage their urinary incontinence, a cystoplasty (bladder enlargement) may be considered. Otherwise known as a bladder augmentation, this involves removing strips of tissue from the bowel, and adding it to the tissue of the bladder to enlarge it. This has 2 intended results: increasing the bladder volume to hold more urine and reducing the amount of bladder tissue that can contract, which will lower the pressure in the bladder during urination.

The risks of this surgery are that the bladder won't completely empty, and you may need to insert a catheter to drain the remaining urine. Also, blockage of the bladder due to scar tissue where the bowel tissue has been attached.



Urinary diversion

This should be considered only when all other treatments are not an option. Urinary diversion is a surgical procedure involves removing the bladder through an incision in the abdomen. Part of the intestines are then used to either create a new urethra or to create a new bladder. If a new urethra tube is created, it exits the body via a new opening in the abdomen called a stoma. A small urine disposal bag is placed over the stoma. The bag fits under your clothes and your doctor will teach you how to take care of and empty it as you will need to use urine disposal bags permanently afterwards.

If a new bladder is created, urine will pass out of the body as it did before, but it will feel different, and you will require a catheter and to wear pads in your underwear while you re-learn how to hold in urine and how to go to the toilet.

It is carried out under general anaesthetic as open surgery with an incision, or by laparoscopic or robotic-assisted surgery at specialist centres that offer this facility.

These types of surgery are considerably more invasive and are carried out by doctors with a lot of experience in this type of surgery. Should this type of surgery be recommended for you, there are potential long-term complications associated with having this type of operation, that your doctor will discuss with you in detail, should this type of surgery be recommended for you. Having an operation of this nature can also involve the life-long use of a catheter or urine disposal bags afterwards.

Living with urinary incontinence

What is it like living with urinary incontinence?

Urinary incontinence can be an embarrassing and isolating condition and can negatively affect your physical and mental health. Although it is not an illness in the same way as diabetes or cancer, or life-threatening in itself, urinary incontinence can nevertheless have a huge effect on quality of life and in severe cases, people may start to run their lives around managing their urinary incontinence.

Sometimes, people stop certain hobbies, limit how far they travel, become physically distant from their partner, or become discouraged about starting new relationships. Previously confident people may become very self-conscious.

Such changes to your life can really take a toll on your happiness and affect your social life, work life, and sex life in a negative way. Urinary incontinence can cause physical and emotional discomfort and can lead to low self-esteem. Urinary incontinence can also make you feel powerless. Having unwanted urine leakage in a public place can be upsetting and embarrassing. This could lead to fear of leaving the house, can cause social withdrawal, a sense of isolation and prevent you from enjoying your life to the full. It may also affect your loved ones if they witness your unhappiness or if you stop doing things together that you previously used to enjoy.

Understanding a bit more about urinary incontinence, and what can improve symptoms or make them worse, may help you feel more positive and in control. For instance, you may wish to make some dietary or lifestyle changes to improve your urinary incontinence. Understanding that certain foods and drinks, such as acidic and spicy foods, fruit juice, fizzy drinks, alcohol, and caffeine can make urinary incontinence symptoms worse, can enable you to make informed choices when it comes to food and drink and avoid any triggers.

There are many reasons why people develop urinary incontinence. Some causes can be treated or even cured, but sometimes it is only possible to manage urinary incontinence with lifestyle changes and by using products that help to contain any urinary leakage and which keep you feeling dry and comfortable.

It's helpful to plan ahead and focus on solutions where possible rather than focussing on the problems. Before you go out, think about the day ahead of you. A little foresight can make living with urinary incontinence much less stressful. For instance, if the stair-climbing machine at the gym makes you leak, try the bicycle instead. If you know you often shop longer than planned take panty liners or pads with you. Know where the bathrooms are when you are out and about and try to go as often as possible. That way you will enjoy your time at the gym or the shops much more.

Try not to feel discouraged if your urinary incontinence can't be cured completely as there are many ways you can improve things for yourself. There are also products available to help improve your quality of life. Your doctor can help you from a medical point of view and can also refer you to further sources of help, equipment, and information.

A large part of having urinary incontinence is the effect it can have on your personal life and how you feel in yourself. Social attitudes often mean that it is considered as a somewhat taboo subject, with stigma associated with it, which can make it difficult to talk about; even with your partner or the people closest to you. You do not need to feel alone or suffer in private. Throughout many European countries, there are organisations, support groups and charities providing help and information to people living with urinary incontinence. There are telephone helplines and online forums for example, where people can ask questions or chat with others who understand or are in a similar situation.

Specialist help, in the form of counselling or therapy, is also possible and it can be helpful to talk through difficult feelings and life changes with an expert.

Physical and emotional effects

Sex and relationships

It can be difficult to feel attractive or confident when you do not always feel in control of your body. Low self-esteem, depression or anxiety related to urinary incontinence can have a negative effect on your sex life and make you feel distant from your partner. Fear of having urine leakage during sex can lead to avoiding being intimate.

It is important to talk to your partner about how you feel so that your urinary incontinence doesn't cause distance in your relationship, and your partner can support you. The love and encouragement of your partner may help you keep your sense of self-esteem, if you are reassured that your partner still appreciates you for who you are and sees beyond your urinary incontinence.

It can be difficult for your partner if you have previously enjoyed a close relationship, but you have become distant. It may help you both if you try your best to talk to your partner about any difficulties you are having because of your urinary incontinence, and trust them to be supportive.

Emotions

Urinary incontinence can trigger a range of emotions, including helplessness, frustration, sadness, shame, anger and bewilderment. Often, people still experience emotions that are difficult to handle even if they have talked to loved ones about their condition. This may be because people close to us who do not suffer with the same problems, aren't quite able to understand what we are going through, or it might be that talking to people you know about such personal matters causes you stress, rather than relieves it.

There are some matters that people would rather discuss with a professional who isn't part of their personal life. Talking to a counsellor or therapist for example, can provide an outlet for uncomfortable emotions and such experts

can suggest new ways of looking at problems, or help you brainstorm about ways of coping with your difficulties and work through any difficult emotions that you feel.

You may prefer a one-to-one meeting with a professional, where you see a therapist at their office, or you may wish to see if there are any groups that you can join, such as online chat groups or forums, that are available through urinary incontinence charities or organisations.

You may find having connections to others with similar issues to be helpful in terms of having people to reach out to that understand your situation, or who might be able to offer helpful suggestions or advice from their own experience of the condition. Quite often, groups can provide an understanding environment to air your feelings or exchange helpful tips, such as things you can do, or avoid doing, to help your urinary incontinence, or useful products to buy.

There are also various charities and helplines that provide useful information or someone to talk to, if you wish.

If you think speaking to a professional might be helpful, you can ask your doctor for details of local counselling services that are available or if they can refer you. Alternatively, you may wish to consider private counselling or seeing what telephone or online support is available.

Practical issues

How can I deal with incontinence at work?

It can be stressful going to work when you are having to deal with urinary incontinence, especially if you worry a lot about it while you are there. Having a plan of action and thinking about coping strategies in advance can help lessen the inconvenience and worry of urinary incontinence, and help you feel more in control of the situation. There are many things you can do, and products you can use, to make urinary incontinence less of a burden to live with in your life in general, as well as at work.

You may wish to consider:

- Keeping a supply of good-quality pads designed just for incontinence in your desk or locker, at work.
- Buying odour preventers. Ask your pharmacist or doctor about these.
- Wearing your favourite perfume or aftershave, as well as your regular deodorant/anti-perspirant. These will not prevent the odour but may make you feel more confident.
- Avoiding drinking too much liquid during working hours.
- Avoiding having caffeinated or fizzy drinks at work.
- If you are in a meeting, taking sips from a glass of water rather than drinking full cups of coffee or tea.
- Trying to use the toilet before you feel your bladder is full. Standing up with a full bladder may cause urine leakage.
- Trying to use the toilet regularly.
- Wearing dark coloured clothes on your lower half. Lighter-coloured skirts or trousers may show stains more easily.
- Keeping an extra set of underwear or spare clothes at work.
- If recommended by your doctor or physical therapist, trying to do your pelvic floor exercises during work hours to regularly strengthening your bladder control.

How can I deal with incontinence while travelling?

Travelling, especially long distances, or staying away from home can be difficult when you have urinary incontinence. It can also cause worry. For example, you may find it stressful being in a situation where you don't know where the nearest toilets are, not being able to access a toilet or being away from a toilet for a lengthy period of time.

To make travel more comfortable you can:

- Try to pre-book a seat near a toilet on trains and aeroplanes.
- Carry different incontinence pads for day and night use, and spare underwear in your hand luggage.
- When travelling by car, plan toilet breaks throughout the trip e.g., decide which service stations or towns you will stop at to use toilet facilities.
- Try sitting on cushions to prevent engine vibrations triggering incontinence.
- Avoid drinking too much liquid, especially coffee, tea, alcohol, fruit juice or fizzy drinks, just before and during travel.
- Wear loose clothes for comfort.
- Wear protective incontinence pads or incontinence underwear/briefs for peace of mind.
- Try to use toilet facilities before your bladder feels full.
- Take incontinence bed pads, designed to protect the mattress, with you so you do not have to worry about urine leakage in a hotel bed or while staying away from home.

How will a catheter affect my daily life?

Your doctor may recommend that you have a catheter inserted to manage your urinary incontinence. You may be taught how to insert an intermittent (temporary) catheter to empty your bladder every couple of hours, or you may need an indwelling catheter, which would be inserted by a doctor or nurse and would remain in place for longer.

Although having a catheter can take a little getting used to, it is possible to do many activities and actions with a catheter in place. Your doctor will advise you about working, exercising (such as swimming), and travelling with a catheter.

Having a catheter does not need to put a halt on your sex life either. Men and women can have sex with a urinary catheter. For men, the tubing can be bent backwards next to the penis, and a condom could be applied to keep it in place. For women, the tubing can be taped to the thigh, out of the way. You would need to make sure the tube is not folded in half at any time because this would prevent the bladder from being drained.

Alternatively, it may be possible for you to be taught to remove and replace your catheter so that you can have sex without your catheter in place.

Living with a catheter can feel a bit strange at first and you may find it difficult to get used to the idea of wearing one, especially if you require an indwelling one. There are several charities and organisations across many countries, that provide helpful information, advice and support to people living with urinary incontinence and who use catheters.

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