

## Stress Urinary Incontinence

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# Stress Urinary Incontinence

If you sometimes experience accidental urine loss from laughing, coughing, sneezing, or from physical activities such as walking or lifting, you're not alone. As many as one in three women have the same experience you do. Called stress urinary incontinence, or SUI, this medical condition occurs when muscles at the bladder outlet become weakened. Something as simple as a cough or sneeze can create mild pressure against the abdomen. Then the muscle responsible for holding urine in the bladder—the urethral sphincter muscle—may not be able to do its job.

## SUI Basics

Most women think that SUI is an inevitable part of aging and that there is nothing they can do about it. Fearful of being embarrassed, they may stop exercising, seeing friends or continuing other activities that bring joy to their lives. Most are even too embarrassed to discuss the problem with a health care professional, the person most able to help.

SUI can occur when pelvic muscles or other pelvic support structures become damaged or weakened. This happens following physical changes to the muscles resulting from pregnancy, childbirth and menopause, for example.

## Questions to Ask

When talking to your health care professional about incontinence issues, the National Institute of Diabetes and Digestive and Kidney Diseases recommends that you ask these questions:

1. Could my usual food or drinks cause urinary incontinence?
2. Could my medicines (prescription or over-the-counter drugs) cause urinary incontinence problems?
3. Could other medical conditions cause accidental urine leakage?
4. What are the treatments to regain bladder control? Which one is best for me?
5. Can you help me, or can you tell me whom I should see instead?
6. What can I do about the odor and rash caused by urine?

In recent years, medical literature has suggested that certain childbirth methods, such as a vaginal delivery, might increase a woman's risk of developing SUI. However, this thinking was challenged by a study published in the *New England Journal of Medicine* in March 2003. The study demonstrated that by age 50, the incidence of SUI was similar among all women who had given birth, be it vaginally or by a cesarean section.

## Diagnosing SUI

The first step to recovery is diagnosis, which may include a review of your medical history and a thorough physical examination. Diagnostic tests may also be needed. These may include:

- **Urinalysis.** Your urine is collected and examined for infection or presence of blood or other abnormalities.
- **Post-void residual measurement.** This test checks for any urine remaining after you have attempted to empty your bladder completely.
- **Ultrasound.** This determines the size and shape of the kidneys, and bladder.
- **Cystoscopy.** A thin telescope-like instrument, called a cystoscope, is inserted into the bladder through the urethra, and allows a health care professional to visually check for problems.
- **Stress Test.** You relax, then cough vigorously on cue, as the health care professional watches for urine loss.

## Managing SUI

There are treatments available for SUI. These include non-invasive lifestyle and/or behavioral changes, special bladder control aids and devices, and, as a last resort, surgery. There are no approved medications to treat the condition.

### Lifestyle Approaches

There are a handful of simple activities you can try on your own that may help lessen your SUI symptoms.

**Kegel exercises** can strengthen the pelvic floor muscles. These are the muscles you use to stop the flow of urine or to keep from passing gas. Often health care professionals suggest that women perform Kegel exercises several times a day by squeezing and holding these muscles, relaxing them and repeating. The success of the strengthening program depends on performing the exercises correctly and regularly. Ask your health care professional for specific instructions.

**Behavioral techniques** such as timed voiding and bladder training, can also improve symptoms. Timed voiding involves using the toilet regularly—every two to three hours—and making the toilet facilities convenient for use. Bladder training means holding the urine in your bladder when you have the urge to urinate so that the bladder “learns” how to function better.

**Dietary changes** include avoiding bladder irritants, such as alcoholic beverages, soft drinks, coffee, tea, milk, acidic foods and juices, spicy foods, sugar, honey, chocolate, corn syrup and artificial sweeteners. Drinking enough liquids—and drinking the right kinds of liquids—is also very important. Grape juice, cranberry juice, cherry juice, apple juice and water are not irritating to the bladder.

**Quitting smoking**—cigarette smoking is also irritating to the bladder surface, and coughing associated with smoking may lead to stress incontinence during coughing spasms.

**Other lifestyle changes** such as wearing cotton underpants, using dye-free, unscented toilet paper and sanitary napkins, as well as skipping bubble baths with soaps that have detergent additives may also help decrease additional irritation and improve symptoms. And, if you're overweight, losing weight under medical supervision may help.

### Medical Approaches

**Medications.** There are currently no approved medications on the market to treat SUI, and medications used to treat overactive bladder are not effective in treating the condition. While postmenopausal hormone therapy (estrogen applied vaginally), is believed to improve the normal functioning of muscles involved in urination,

it carries potential health risks that need to be weighed and discussed with your health care professional.

**Surgical treatments** for SUI involve pulling the bladder up and securing it in order to restore it to its normal position in the pelvis. Another technique narrows the urethra in order to prevent leakage.

**Other treatment options** include injecting collagen or other agents into the area around the urethra, a semi-noninvasive procedure that can help it close. The injected materials bulk up to close the urethra and reduce stress incontinence, but the procedure may have to be repeated because the body slowly eliminates the substances. Health care professionals may also suggest a small throwaway

patch or a small tampon-like urethral plug to improve SUI symptoms.

A vaginal insert called a pessary may also improve incontinence caused by uterine prolapse—when the uterus falls below its normal position in the pelvis. A pessary is a stiff ring that is inserted by a health care professional into the vagina, where it presses against the wall of the vagina and the nearby urethra. The pressure helps reposition the urethra, and helps decrease stress-induced urine leakage.

Other devices are available that can help increase muscle tone, such as weighted vaginal cones, pelvic floor electrical stimulation devices, and biofeedback devices. Ask your health care professional if any of these might be appropriate for you.

### Resources

#### National Association For Continence

PO Box 1019  
Charleston, SC 29402-1019  
1-800-252-3337 (toll free)  
www.nafc.org  
Support, public education and information about continence-related issues.

#### Bladder Health Council

c/o American Urological Association  
1120 North Charles Street  
Baltimore, MD 21201  
1-800-242-2383 (toll free)  
www.afud.org  
Information about the causes, symptoms, diagnoses and treatments of bladder disorders.

#### The Simon Foundation for Continence

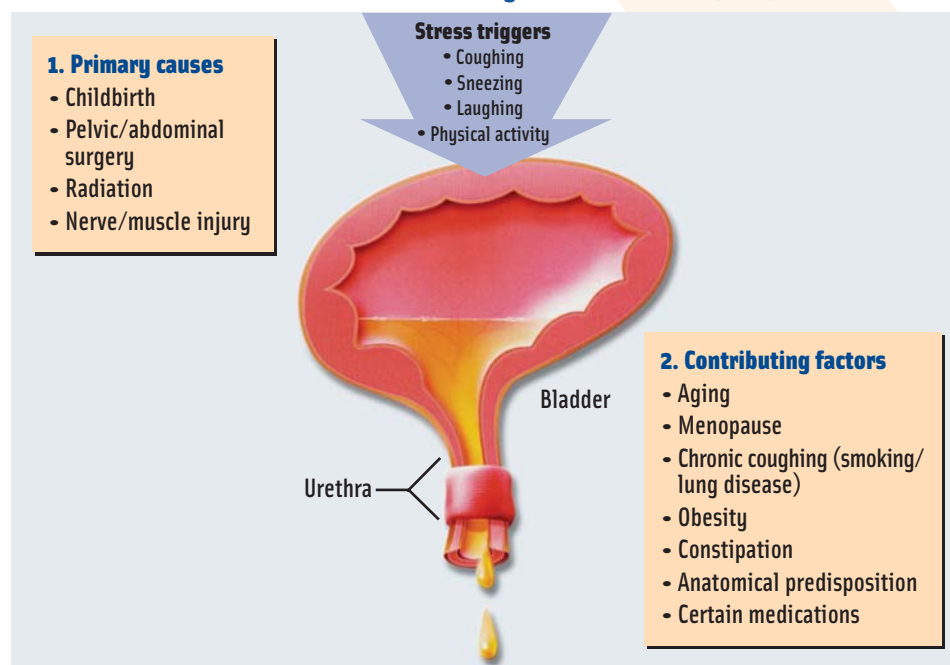
PO Box 835  
Wilmette, IL 60091  
1-800-237-4666 (toll free)  
www.simonfoundation.org  
Provides assistance to those suffering from urinary incontinence.

#### National Kidney and Urologic Diseases Information Clearinghouse

3 Information Way  
Bethesda, MD 20892-3580  
1-800-891-5390 (toll free)  
www.niddk.nih.gov  
Online consumer health information and physician referrals.

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## Causes of Stress Urinary Incontinence (SUI)



*SUI occurs when either the pelvic floor muscles or the urethral sphincter muscle become weak.*

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