

URINARY INCONTINENCE

This is defined as the involuntary loss of urine, which is unacceptable to the patient or carer. Urinary incontinence should not be accepted as part of normal ageing and all patients deserve investigation and/or treatment.

Causes

- Urinary Tract Infection
- Genuine Stress Incontinence – often secondary to weakened pelvic floor muscles as a result of childbirth
- Detrusor Instability – with uncontrolled contractions of the bladder Detrusor muscle
- Others – neurogenic e.g., multiple sclerosis, CVA, vesico-vaginal fistula

Initial Assessment

- Clinical history.
- Physical examination to exclude chronic retention with overflow or fistula.
- Screening for UTI.
- If patients request investigations and/or treatment, referral should be made to the gynaecology clinic at Sandyford. After examination and assessment, the woman may be referred on for specialist physiotherapy.

Clinicians should be aware of and take into consideration the potentially severe adverse effects that even mild urinary incontinence has on a patient's quality of life.