While a Laugh Can Prompt it, Urinary Incontinence is No Laughing Matter
By Betsy van Die for Northwest Women's Consultants

Urinary incontinence (UI) can be embarrassing, but be reassured that you are not alone if you are experiencing this distressing malady. It is a fairly common occurrence, affecting 25 million American adults either occasionally or chronically, according to the National Association for Continence. Of those, an estimated 75-80 % are women, and 9 to 13 million have severe symptoms that impact their daily quality of life. Many women are hesitant to tell their OB/GYN about this problem, but it is important to do so because receiving a proper diagnosis is the first step to resolving UI. Among the underlying causes are urinary tract infections; pelvic support tissues that have become damaged or stretched by childbirth or aging; urinary tract abnormalities such as fistulas, growths, or diverticulum; neuromuscular disorders which cause bladder spasms; medication side effects; or physical limitations that prevent one from getting to the bathroom in time. The good news is that you no longer need to suffer – the healthcare professionals at NWWC provide individualized testing and a variety of treatment options that can help ease your UI symptoms.

There are three primary forms of UI. Stress incontinence, sometimes referred to as light bladder leakage (LBL), is commonly associated with weakening of the tissues that surround the urethra and bladder. With this type, laughing indeed may result in involuntary urine leakage, as can sneezing, coughing, or physical exertion. Urge incontinence, also known as overactive bladder (OAB) is the most common and results in a sudden, intense urge to urinate, followed by an involuntary loss of urine. Overflow, which is the least prevalent, involves the inability to fully empty the bladder. In addition to the primary symptom of leaking urine, other signs include the urge to urinate even when the bladder isn't full; urinating more than every two hours or in excess of seven times a day; waking up to urinate two or more times a night; or painful urination.

Diagnosis will likely begin with a discussion of your medical history, lab tests to rule out urinary tract infection, and keeping bladder diaries at home. We may advise you to eliminate irritants from your diet for 3-5 days to see if that helps. These include caffeine, coffee and tea, citrus fruits, and artificial sweeteners. Urodynamic testing performed in the comfort of our facility may include postvoid residual measurement which gauges urinary function/output; a stress test in which you cough vigorously while we look for urine leakage; or flushing water into the bladder with a catheter and recording bladder/urinary sphincter health. Medications may be prescribed such as anticholinergics, topical low-dose estrogen, or imipramine, an antidepressant. Other non-surgical options include Kegel exercises to help strengthen the pelvic muscles, physical therapy, electrical stimulation, or a pessary inserted into the vagina that helps support the bladder neck. If these approaches are ineffective, we may refer you to an urogynecologist for surgery. While there are several types of surgery for stress incontinence, the most commonly used method is a sling that provides internal support around the bladder neck and urethra to keep it closed. If you are experiencing any signs of UI, help is just a phone call away – NWWC is committed to finding a personalized solution for you.

Additional Resources

American College of Obstetricians and Gynecologists
Mayo Clinic
National Association for Continence

WebMD