

NEW DEVELOPMENTS FOR TREATING INCONTINENCE

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New Developments For Treating Incontinence

What is incontinence?

Incontinence is the inability to control the passage of urine or stool. Current figures indicate that a large percentage of people have involuntary loss of bladder control (urinary incontinence) and that some of these patients also have problems with bowel control (fecal incontinence).

Often, embarrassment and the stigma associated with incontinence prevent the person from seeking treatment, even when incontinence threatens his or her quality of life and that of his or her family.

Urinary and fecal incontinence can be cured or significantly improved once the underlying cause has been detected. However, it's important to recognize that incontinence is a symptom and not a disease. Its cause may be quite complex and involve many factors. Your doctor should complete an in-depth evaluation before beginning treatment.

What can I do to address this problem?

Getting help means taking the first step. See your doctor. Many patients can be evaluated and alone. Some patients require additional diagnostic tests. These tests can be completed in the treated even after a simple office visit outpatient setting and are not painful. Once these tests have confirmed the cause of your incontinence, your doctor can make specific recommendations for treatment, many of which do not require surgery. No matter how serious the problem seems, incontinence is a condition that can be significantly helped and, in most cases, cured.

How can incontinence be treated?

Urinary incontinence can be caused by many different factors. Your doctor will suggest a treatment plan after considering these factors and your

specific symptoms. Common treatments for urge and stress incontinence, two common types of incontinence, are described below.

Urge Incontinence

Urge incontinence is an urgent desire to void, which is followed by an involuntary loss of urine. This condition can be caused by an “overactive” bladder and is commonly referred as OAB. Normally, strong muscles (sphincters) control the flow of urine from the bladder. The muscles of an “overactive” bladder spasm (contracts) with enough force to override the sphincter muscles of the urethra and allow urine to pass out of the bladder.

Medications For “Overactive Bladder”

Medications can work very well to return normal function to the bladder. The type of medication used should also be chosen for your specific needs. Your doctor may prescribe a low dose and then gradually increase the dose. In this way, he or she can evaluate the how well the drug is working and reduce your risk of experiencing side effects. Your doctor should discuss with you the risks and benefits of using medications. Common medications used include:

Anticholinergic medications (These medications control muscle spasms in the bladder):

- Oxybutynin (Ditropan®), oxybutynin XL (Ditropan XL®), oxybutynin TDDS (Oxytrol®)
- Propantheline (Pro-Banthine®)
- Dicyclomine (Antispas®, Bentyl®, Di-Spaz®, Dibent®, Or-Tyl®, Spasmoject®)
- Tolterodine (Detrol®)
- Solifenacin (Vesicare®)
- Fesoterodine (Toviaz®)
- Darifenacin (Enablex®)
- Trospium (Sanctura XR®)
- Oxybutynin Gel (Gelnique®)

Antidepressant Medication - Imipramine (Norfranil, Tipramine, Tofranil)

Self-help techniques

- Empty your bladder regularly, especially before physical activity
- Avoid drinking caffeine or a lot of fluid before activities
- Avoid lifting heavy objects
- Practice Kegel exercises (explained later in this document).
- Practice timed voidings. (Go to the bathroom on a regular schedule rather than waiting for the urge)

Aids used with self-help techniques

- **Perineometer:** This device is used to measure the force of the sphincter muscles.
- **Vaginal cones (for women):** The woman inserts a tampon-shaped cone into the vagina and holds it in place by contracting the pelvic muscles. As the muscles get stronger, the weight of the cone is increased.
- **Electrical stimulation:** Mild electrical impulses are used to stimulate contractions of the pelvic floor muscles. Devices for electrical stimulation can be implanted near the spine or activated by the urethra, vagina, or rectum (non-implanted devices). Electrical stimulation can be used for incontinence that does or does not involve neurological problems.
- **Biofeedback:** In biofeedback, devices are used to help you see the strength of your contractions. Biofeedback can help you learn how to perform Kegel exercises.

Surgery

Your doctor may recommend surgery if other treatments fail to improve your symptoms of overactive bladder. Surgical procedures for urge incontinence can be used to:

- Increase the storage capacity of the bladder (hydro-distention)
- Limit nerve impulses to the control muscles (denervation) with use of off-label botulinum toxin injections into the bladder
- Divert the flow of urine
- Modulate the nerves to bladder/penis (neuromodulation) as outpatient therapy that is quite effective and minimally invasive

Stress incontinence

Stress incontinence occurs when an activity, such as a cough or sneeze, increases abdominal pressure on the bladder. Typically, a small amount of urine leaks from the urethra. This problem can result from a number of factors, including weak muscles of the pelvic floor, a weak sphincter muscle at the neck of the bladder, or a problem with the way the sphincter muscle opens and closes. Women who have given birth are more likely to have stress incontinence.

Treatments for stress incontinence

Self-help techniques and aids, as described above, can be used to treat mild stress incontinence.

Bulking Agents

Bulking agents are substances that are injected into the lining of the urethra. They increase the size of the lining of the urethra, which creates resistance against the flow of urine. Collagen is one bulking agent commonly used.

Surgery

When these methods fail, surgery may be an option and is highly effective and durable. Surgery is now minimally invasive and performed on an

outpatient basis in most cases without the need for a catheter after surgery. Surgery can be used to:

- Increase resistance in the urethra
- Implant an artificial sphincter
- Tighten the pelvic floor muscles
- Change pressure within the urethra using an implant device
- Minimize leakage with exercise and activity
- Allow one to resume most normal activities within a couple weeks after surgery
- Allow for a long lasting result
- Selectively help in patients with both overactive bladder and stress incontinence combined (mixed incontinence)

Kegel Exercises

Kegel exercises, also called pelvic floor exercises, help strengthen the muscles that support the bladder, uterus, and bowels. By strengthening these muscles, you can reduce or prevent problems such as leaking urine.

How To Do Kegel Exercises

Imagine you are trying to stop the flow of urine or trying not to pass gas. When you do this, you are contracting the muscles of the pelvic floor and are practicing Kegel exercises. While doing Kegel exercises, try not to move your leg, buttock or abdominal muscles. In fact, no one should be able to tell that you are doing Kegel exercises.

How often should I do Kegel exercises?

Kegel exercises should be done every day. We recommend doing five sets of Kegel exercises a day. Each time you contract the muscles of the pelvic floor, hold for a slow count of five and then relax. Repeat this ten times for one set of Kegels.

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