

Female Urinary Incontinence Referral

Diagnosis/Definition

- Involuntary loss of urine that is bothersome to the patient.

Initial Diagnosis and Management

- Quantify the leakage: ask the patient how much this impacts her daily living (i.e. # of pads/day and whether leak is small or large amount).
- Pelvic exam with a bimanual component
- Urinalysis and culture.
- Acute allergic and asthma symptoms causing sneezing/coughing should be maximally controlled.
- Gynecologic history: post or premenopausal/prior hysterectomy/salpingo-oophorectomy/estrogen replacement/dyspareunia.
- Bladder functions/frequency of voiding/normal sensation of filling and complete emptying/nocturia.
- Have the patient keep a three-day voiding diary including fluid intake (quantify), micturation, and notation of leaking episodes with events surrounding loss (Valsalva, urge, no sensation, etc.).
- A program of pelvic floor exercises, e. g., Kegel's
- If urge symptoms, then consider 30 day trial of tolterodine

Indications for Referral

- If incontinence impacts daily living enough to warrant medical or surgical treatment.

Customer Owner Information

- Leakage that is not bothersome to the patient does not require treatment.
- A program of pelvic floor exercises can surgery avoid in the majority of cases, but Kegel's are frequently done incorrectly. Counsel CO not to tighten rectus abdominis muscles during Kegel's. (see Helpful Instructions over)

Pelvic Floor Muscle Strengthening

Helpful Instructions for Doing Kegel Exercises

Kegel exercises are frequently discussed in childbirth classes or written about in magazine articles. Unfortunately, because pelvic muscles are hidden from view, it is difficult to know if you are doing them correctly. Some tips that can help you find the right muscles include:

- Try to stop your urinary stream. If you succeed then you have identified the right muscles to exercise. This is a learning tool. Do not stop your urine frequently as there is concern that this may create problems with bladder emptying.
- Imagine you are going to pass gas, then, squeeze the muscles that would prevent that gas from escaping from your rectum. Exercising the muscles around the rectum will also strengthen those around the vagina and under the bladder.
- Use a hand mirror to look at your vaginal opening and the perineum (the muscle wall between the vagina and rectum). You should see the perineum lift up when you contract your pelvic muscles.
- While lying or sitting, place one finger inside your vagina. Squeeze as if you were trying to stop urine from coming out. You should feel your finger lifted and squeezed if you are correctly contracting your pelvic muscles.
- Do not hold your breath while exercising.
- Remember not to tighten your stomach and back muscles or squeeze your legs together. Those areas should be relaxed as you isolate and contract *just* your pelvic muscles
- You don't have to do this alone! If you are just not sure that you are doing the exercises correctly ask your doctor or their nurse at a pelvic exam to check if your squeeze is working the right muscles.

GET A PERSONAL TRAINER FOR YOUR PELVIC FLOOR! Ask your doctor for a referral to a physical therapist with expertise in pelvic floor muscle rehabilitation. They are trained to evaluate your back and abdominal strength, your gait and your posture. These all effect how your pelvic muscles work.

Recommended Routine

- Start by pulling in and holding a pelvic muscle squeeze for 3 seconds then relax for an equal amount of time (3 seconds).
- Do this for 10 repetitions three times a day
- Increase your contraction hold by 1 second each week until you are contracting for a 10 second squeeze.
- Remember to rest and breathe between contractions.
- When you start, do the exercises while lying down. As you get stronger; do an exercise set sitting and standing.