

Female Urinary Incontinence Referral

Diagnosis/Definition

- Involuntary loss of urine that is bothersome to the patient.
 - Urge Incontinence: incontinence accompanied by or immediately preceded by urgency
 - Stress Incontinence: the involuntary, sudden loss of urine secondary to increased intraabdominal pressure that is bothersome or affecting the patient's quality of life.

Initial Diagnosis

- 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.
- Confirm that cervical cancer screening is up to date. If not, obtain screening sample
- Provide comprehensive cervical screening history
- 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.

Management

Unspecified or Mixed Incontinence:

- Have the patient keep a three-day voiding diary including fluid intake (quantify), micturition, and notation of leaking episodes with events surrounding loss (Valsalva, urge, no sensation, etc.).
- Encourage pelvic floor exercises, e. g., Kegel's.
- Referral for Nutrition and Exercise if BMI > 30
- Tobacco cessation encouraged
- If postmenopausal, consider 3 nights / wk low dose topical estrogen
- Urge Incontinence:
 - Educate on behavioral interventions including bladder retraining, dietary and fluid modification, and urinary frequency (See Bladder Retraining Below)
 - If urge symptoms, then consider 30-day trial of bladder antispasmodic.
- Stress Incontinence:
 - Educate on pressure management: avoiding breath holding and using pelvic floor contraction prior to symptom triggers e. g. coughing, sneezing, lifting.

- Educate on importance of meeting CDC guidelines of 150 minutes of physical activity per week.
- Educate on how to facilitate correct pelvic floor contraction (see Pelvic Floor Strengthening Below)
- If not improved in 3 months, obtain SCF Physical Therapy referral, to the attention of the Pelvic PT Team

Indications for Referral

- If incontinence impacts daily living enough to warrant medical or surgical treatment.
- Patient must be tobacco free for 8 weeks, if CO becomes a candidate for certain reconstructive surgeries
- If recurrent UTIs documented – a separate referral to Urology Dept

Customer Owner Information

- Leakage that is not bothersome to the patient does not require treatment.
- A program of pelvic floor exercises can avoid surgery in most cases, but Kegel's are frequently done incorrectly. Counsel CO not to tighten rectus abdominis muscles during Kegel's. (See Pelvic Floor Muscle Strengthening, below)
- If a referral to GYN is desired – come with a full bladder

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Pelvic Floor Muscle Strengthening

Helpful Instructions for Doing Kegel Exercises

The pelvic floor is a group of muscles that sit in the bottom of the pelvis. The pelvic floor muscles provide foundational support to the organs inside the pelvis, such as the bladder, bowel, and uterus. The pelvic floor muscles, when functioning optimally, help to prevent urinary leakage. Some tips to help you contract your pelvic floor 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.

Ask your provider 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 affect 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.

Bladder Retraining

URINATE EVERY 2-4 HOURS, 5-7 TIMES A DAY

- A bladder takes 3 hours to fully fill and can hold 20 oz of fluid. Increased frequency can be due to habitual triggers, medications, or consuming bladder irritants, such as coffee, alcohol, carbonated drinks, spicy foods, or citrus fruits.

NO GOING "Just in case"

- Don't urinate just because you have the opportunity. Pay attention to your frequency and if it has been <2 hours, try to hold it a little longer to work on getting back to appropriate frequency. Urinating "Just in Case" urinations reinforce poor bladder habits.

SIT ON THE TOILET AND NO STRAINING

- In order to void, the pelvic floor muscles relax and the bladder contracts, therefore there should be no need to push. Sitting on the toilet, feet on a stool, knees apart, with a forward lean, places the pelvic floor in the proper position to relax.

AVOID DEHYDRATION

- Generally you should be drinking half your body weight in fluid ounces a day and 2/3 should be water. Dehydration can lead to increased concentration of urine which our body wants to remove, thus leading to increased urge and frequency.

AVOID CONSTIPATION

- Constipation causes chronic straining and increased pressure on the pelvic floor. Over time, this pressure can lead to pelvic floor weakening, in turn exacerbating urinary incontinence.