#### **INCONTINENCE**

Four clinical types (all of which can overlap)

**Urge:** Leakage associated with uncontrollable urge to urinate **Stress:** Leakage with sudden increase in intra-abdominal pressure

Overflow: Associated with distended bladder

Functional: inability or unwillingness to use toilet or collection device

# **OVERFLOW** Least common but must be ruled out in all incontinence by determination of residual urine **Etiology:**

Outlet obstruction

Neurologic Lower cord lesion: trauma, disc, spondylosis, tumor etc.

Peripheral neuropathy: Diabetes

Multiple sclerosis (hyper or hyporeflexia and/or DS dysynergia)

Pharmacologic Bladder: anticholinergies

Outlet: alpha adrenergic agonists

Fecal impaction Immobilization

## **URGE** "Detrusor instability" or hyper-reflexia Bladder contraction without owner's permission

**Etiology:** 

Neurologic Upper cord or intracranial lesion (loss of inhibition)

Multiple Sclerosis

Occasionally peripheral neuropathy

Local Bladder Infection/inflamation

Cystocele

Stress incontinence!!

Aging

Pelvic or urethral surgery

IDIOPATHIC \*\*\*

## **Diagnosis**

History, including bladder diary Urodynamics (cystometrogram)

+/- cystoscopy to look for local bladder problem

## Treatment

Anticholinergics

Tricyclic antidepressants

Interstim

#### **STRESS**

#### Etiology

1. Loss of pelvic support (bladder neckhypermobility)

2. Loss of elasticity & coaptation in urethra (ISD= intrinsic sphincter deficiency)

These can occur independently or together

#### **Evaluation**

<u>PE</u> - hypermobility of vesical neck (cystocele) Q-tip test to confirm Stress test- prevention of leakage by support of vesical neck

**Cystoscopy** esp. in ISD to visualize lack of coaptation

<u>Cystometrogram</u> for leak point pressure, also hyper-reflexia if urge incontinence present also. "Mixed" incontinence is stress <u>and</u> urge. Urge may or may not be caused by stress but often is. Urge resolves with correction of stress in 75%. Always try to treat urgency before surgery for stress incontinence.

<u>Treatment</u> for stress incontinence is <u>surgical</u>. Bladder neck suspension or pubovaginal sling