CONDITION

Urinary incontinence

Urinary incontinence is leakage of urine that you cannot fully control.

WHAT IT IS
Unintentional leakage of urine

BODY SYSTEM
Urinary system and pelvic floor

MAIN SYMPTOMS
Leaking with activity, sudden urges, frequent urination, dribbling

WHAT CAUSES IT
Bladder, pelvic floor, nerve, prostate, or medicine-related problems

HOW IT IS DIAGNOSED
Symptoms, bladder diary, examination, urine test, sometimes bladder testing

MAIN TREATMENT
Bladder training, pelvic floor exercises, medicines, procedures, or surgery

CAN IT BE CURED?
Sometimes - treatment may stop or greatly reduce leakage

IS IT AN EMERGENCY?
Sometimes - new leakage with leg weakness or saddle numbness

LONG-TERM OUTLOOK
Often manageable, though symptoms may return or change

Overview

Urinary incontinence means leaking urine when you do not intend to. It may involve a few drops, a larger amount, or complete loss of bladder control. It can happen occasionally or become an ongoing problem.

Incontinence is not simply an unavoidable part of getting older. It can affect people of any age and gender. Pregnancy, childbirth, menopause, prostate problems, neurological conditions, medicines, and changes in mobility can all play a part.

The pattern of leakage helps identify the type:

Some causes are temporary, such as a urinary infection or constipation. Others are long-term but can often be improved with the right support.

- Stress incontinence: leakage when coughing, laughing, exercising, lifting, or making another movement that increases pressure on the bladder
- Urgency incontinence: leakage with a sudden, difficult-to-control need to urinate
- Mixed incontinence: both stress and urgency symptoms
- Overflow incontinence: frequent dribbling because the bladder does not empty properly
- Functional incontinence: difficulty reaching or using a toilet because of mobility, memory, communication, or environmental barriers

Symptoms

The main symptom is urine leakage. The timing and circumstances may suggest what is happening.

Stress incontinence usually causes leakage during physical effort. This might happen while running, lifting, sneezing, coughing, laughing, or changing position.

Urgency incontinence involves a sudden need to urinate that may be followed by leakage before you reach a toilet. You may also urinate often during the day or wake several times at night.

Overflow incontinence may cause a weak stream, difficulty starting, a feeling that the bladder has not emptied, or ongoing dribbling. Some people pass small amounts of urine frequently.

Other symptoms can include:

Pain or burning when urinating, fever, visible blood in the urine, or lower abdominal pain are not typical features of uncomplicated incontinence. They may point to another urinary problem.

- Using pads or changing clothes because of leakage
- Avoiding exercise, travel, sex, or social activities
- Skin irritation around the groin
- Bedwetting during sleep
- Needing to plan activities around toilet access

Causes and risk factors

Urine is stored in the bladder and released through the urethra, the tube that carries urine out of the body. Bladder muscles, pelvic floor muscles, urinary sphincters, and nerves must work

together to control this process. Problems affecting any part of this system can cause leakage.

Stress incontinence often develops when the pelvic floor or the tissues supporting the urethra become weaker. Pregnancy, vaginal childbirth, pelvic surgery, long-term coughing, and higher body weight may contribute.

Urgency incontinence is often linked to an overactive bladder. The bladder muscle contracts before the bladder is full or before you are ready to urinate. Sometimes no single cause is found. It can also occur with conditions affecting the brain, spinal cord, or nerves, such as multiple sclerosis, Parkinson's disease, stroke, or spinal injury.

Overflow incontinence happens when the bladder cannot empty fully. Possible causes include an enlarged prostate, narrowing of the urethra, constipation, nerve damage, weak bladder muscle, or certain medicines.

Medicines that increase urine production, cause sleepiness, affect bladder contractions, or make it harder to reach a toilet may worsen leakage. Alcohol and caffeine can aggravate urgency in some people.

Reduced mobility, dementia, poor vision, inaccessible toilets, and clothing that is difficult to remove can contribute to functional incontinence without a primary bladder problem.

Diagnosis

Urinary incontinence is usually identified from your symptoms and their effect on daily life. There is no single test that confirms every type.

A healthcare professional may ask when leakage happens, how much urine is lost, how often you use the toilet, and whether you have pain, urgency, constipation, weak flow, or trouble emptying your bladder. Your medical history, pregnancies, operations, medicines, and fluid intake may also be relevant.

You may be asked to keep a bladder diary for several days. This records what and how much you drink, when you urinate, episodes of urgency, and any leakage. It can show patterns that are difficult to remember during an appointment.

A urine sample can check for infection, blood, or signs of another condition. An examination may assess the abdomen, nerves, mobility, pelvic floor, vagina, or prostate, depending on your body and symptoms.

A bladder scan may measure how much urine remains after you urinate. This is particularly useful if you have a weak stream, ongoing dribbling, repeated infections, or a feeling of incomplete emptying.

Specialist tests are not needed for everyone. Urodynamic testing measures how the bladder stores and releases urine. Imaging or cystoscopy, in which a small camera examines the bladder, may be used when symptoms are unusual, surgery is being considered, or another urinary condition is suspected.

Treatment and management

Treatment is chosen according to the type of incontinence, its cause, your health, and how much it affects you. More than one approach may be needed.

Lifestyle changes can reduce symptoms for some people. These may include adjusting caffeine or alcohol intake, treating constipation, stopping smoking, and working toward a sustainable weight if excess weight contributes to stress leakage. Drinking too little can make urine concentrated and irritate the bladder, so severe fluid restriction is not usually helpful.

Pelvic floor muscle training strengthens the muscles that support the bladder and urethra. It is often a first treatment for stress or mixed incontinence. Correct technique matters, and improvement usually requires regular training over time. A pelvic health physiotherapist can help if you cannot identify the right muscles or symptoms do not improve.

Bladder training is commonly used for urgency incontinence. It involves gradually increasing the time between toilet visits and using strategies to manage sudden urges. This is different from repeatedly holding urine for very long periods.

Medicines may be offered for urgency incontinence or overactive bladder when bladder training is not enough. They work by reducing unwanted bladder contractions or helping the bladder store urine. Possible side effects and interactions differ between medicine groups and should be reviewed before and during treatment.

If an enlarged prostate contributes to poor emptying or urgency, treatment may target the prostate. Significant retention may require a catheter, which is a thin tube used to drain urine.

Procedures for persistent urgency incontinence include injections into the bladder muscle or treatments that change the nerve signals controlling the bladder. These require specialist assessment and may have risks such as infection or difficulty emptying the bladder.

Surgery may be considered for stress incontinence when non-surgical treatment has not provided enough improvement. Different operations support the urethra or improve closure of the urinary sphincter. The benefits, recovery, long-term evidence, and possible complications differ between procedures.

Absorbent pads, protective underwear, skin products, portable urinals, and home adaptations can help you manage leakage. They can be used alongside active treatment rather than as a

replacement for assessment.

Medicines commonly used for this include darifenacin , oxybutynin , solifenacin and tolterodine . Which one suits you, if any, is a decision for you and your doctor.

Complications

Urinary incontinence can irritate the skin, especially when it is frequently exposed to urine. Gentle cleaning, careful drying, and suitable barrier products may help protect it.

Urgency can increase the risk of falls if you rush to the toilet, particularly at night or when mobility is limited. Lighting, clear pathways, easy-to-remove clothing, and a bedside toilet may reduce this risk.

Leakage can affect sleep, exercise, work, intimacy, confidence, and mental well-being. Embarrassment sometimes causes people to withdraw from activities, but incontinence is a medical issue and support is available.

When leakage is caused by severe urinary retention, pressure can occasionally affect the bladder or kidneys. This is different from ordinary stress or urgency incontinence and needs medical assessment.

Prevention

Urinary incontinence cannot always be prevented. Causes such as neurological disease, necessary pelvic surgery, inherited tissue differences, or age-related changes may not be avoidable.

Pelvic floor muscle training during and after pregnancy may reduce the likelihood or severity of some pregnancy-related leakage. Learning the correct technique is important.

Maintaining a weight that is healthy for you may reduce pressure on the bladder and pelvic floor. Treating constipation and seeking help for a persistent cough may also reduce repeated straining.

Smoking cessation can help by reducing chronic coughing and has wider health benefits. Avoiding caffeine is not necessary for everyone, but reducing it may help if it clearly triggers urgency or frequent urination.

Living with it and what to expect

The course of urinary incontinence differs according to its cause. Temporary leakage may settle when a urinary infection, constipation, or medicine-related problem is addressed. Symptoms associated with pregnancy or childbirth may improve over the following months, although some continue longer.

Pelvic floor training and bladder training usually take time. Keeping a record of leaks, urgency, and toilet visits can make gradual improvement easier to notice. Follow-up is useful if the exercises are difficult, symptoms change, or the first treatment does not help enough.

Long-term conditions affecting the nerves, bladder, or prostate may cause symptoms to change over months or years. Treatment can be adjusted as mobility, health, or bladder function changes.

Many people control or substantially reduce leakage through training, medicines, procedures, surgery, or practical aids. Others continue to have some symptoms but find ways to protect their skin, sleep better, stay active, and take part in work and social life.

Routine review is appropriate if leakage continues, becomes more frequent, interferes with daily activities, or requires increasing use of pads. You do not need to wait until symptoms are severe to seek help.

When to get medical help

Arrange a routine medical appointment if you develop urinary leakage, even if it is mild. Assessment can identify the type and check for treatable causes. Seek a prompt appointment if you also have pain when urinating, repeated urinary infections, difficulty starting urine, a weak stream, or a persistent feeling that the bladder is not empty.

Get urgent medical help if you:

Seek emergency care for sudden bladder loss or inability to urinate together with new leg weakness, numbness around the genitals or buttocks, or loss of bowel control. These can be signs of serious pressure on the nerves at the bottom of the spine.

- Cannot urinate despite a painful or increasingly swollen lower abdomen
- Have visible blood in your urine
- Have fever, chills, vomiting, or pain in your side or back with urinary symptoms
- Develop new incontinence after a significant injury to your back or pelvis

Common questions

Can urinary incontinence go away on its own?

Sometimes. Leakage related to a temporary infection, constipation, pregnancy, or a medicine may improve when the cause resolves. Persistent or unexplained leakage should still be assessed because targeted treatment is often more effective than waiting.

Is urinary incontinence a normal part of ageing?

It becomes more common with age, but it is not inevitable and should not be dismissed as normal. Changes in muscles, mobility, medicines, prostate size, or nerve function may contribute, and many of these can be treated or managed.

Why do I leak urine when I cough or sneeze?

Coughing and sneezing briefly raise pressure inside the abdomen. If the pelvic floor and urethral support cannot counter that pressure, urine may leak. This pattern is called stress incontinence.

Why do I suddenly need to pee and cannot hold it?

This pattern may be urgency incontinence. The bladder muscle can contract before you are ready to urinate. Bladder training, changes to triggers, medicines, and specialist procedures are possible treatments.

Should I drink less water to stop leaking?

Usually not. Drinking too little can lead to concentrated urine, constipation, and bladder irritation. A bladder diary can help identify whether your total intake or particular drinks are contributing.

Do pelvic floor exercises really work?

They can improve or stop stress and mixed incontinence, especially when performed correctly and consistently. They are less likely to help if leakage is mainly caused by severe retention or an obstruction, so identifying the type matters.

Sources

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