



Urinary incontinence is common, and it can have a huge impact on your physical, psychological and social wellbeing as well as on your family and carers. It is difficult to estimate the prevalence of urinary incontinence because of differences in its definition and also the fact that it is thought that many people won't admit to having continence problems. The prevalence in men is largely unknown, figures range from 5.3 to 45.8% of the population. About 3.4 million men in the USA have it right now. All types of urinary incontinence become more prevalent with age and is common in adults living in institutions, and care homes. But don't just accept that: seek help, as there may be some treatable underlying cause and there are many options to improve the symptoms, manage the problem and reduce the risk of embarrassment.

Urinary incontinence is the involuntary (uncontrolled) leakage of urine. Different types of urinary incontinence exist:

- 1 Functional incontinence:** happens when a person is unable to reach the toilet in time, for such reasons as poor mobility or unfamiliar surroundings.
- 2 Stress incontinence:** happens when activity such as bending, lifting, jumping or coughing puts pressure on the bladder and triggers leaks.
- 3 Urge incontinence:** is a sudden and compelling desire to urinate that cannot be delayed, caused by the bladder contracting when it shouldn't. This triggers a sudden and overwhelming need to urinate. The feeling is so intense that it's hard to make it to the bathroom in time.
- 4 Mixed incontinence:** is the involuntary leakage of urine associated with both urgency and exertion, effort, sneezing or coughing.
- 5 Overactive bladder syndrome (OAB):** is an urgency to pass urine

MEN'S PELVIC HEALTH

URINARY INCONTINENCE

frequently and frequent night-time urination (nocturia). It may be called 'OAB wet' or 'OAB dry'; wet meaning you do then actually pass urine, dry implying you have the urge and then nothing happens (a type of mixed signalling from the bladder).

- 6 Overflow incontinence:** happens when you're unable to completely empty your bladder and you leak unexpectedly, this is often due to prostatic disease in men or can be caused by nerve control issues associated with a stroke or Parkinson's disease. It can lead to complications involving the kidneys.

RISK FACTORS

Risk factors in men include lower urinary tract symptoms, infections, functional and cognitive impairment, neurological disorders (stroke, dementia, Parkinson's disease or nerve damage following injury or surgery) and prostatectomy. Obstruction, including an enlarged prostate gland in men and pelvic tumours, can lead to incontinence.

INVESTIGATIONS

A doctor, urologist or physician should perform a full assessment to help determine any underlying causes of incontinence and the type of incontinence, which may direct management further.

Digital rectal examination to assess the prostate, nerve conduction studies, physical independence, mobility and function, as well as a bladder diary are all tests to help diagnose your incontinence. A bladder diary can be used for a few days to keep a record of how much you drink and how often you pee. Recording any accidents or leakage and when it happened – for example was it associated with lifting a heavy box, laughing or simply driving in the car – will help determine any possible triggers. Further testing may include dipstick tests of urine to check for infection, blood or glucose in the urine. Kidney function tests may be done, as well as an ultrasound of the pelvic region to assess for any masses in the area.

MANAGEMENT

- 1 Temporary containment products** (eg. pads, diapers or collecting devices). These can help achieve 'social' continence, which is to hide any accidents while at work or socialising. Lots of men balk at the idea of using pads or disposable undergarments. But not only do they stop embarrassing leaks, they can protect skin from irritation and block odour. Best of all, they can help you regain confidence and re-establish a social life where you are not confined to your home and bathroom. You

may be surprised at the number of product options. Unlike the big, bulky 'adult nappies' that you might imagine, today's incontinence pads and undergarments are designed to be comfortable and unnoticeable. Drip collectors are disposable padded sheaths that go around the penis and are good for slight leaking or dribbling. The permanent use of these products should only be considered after assessment and exclusion of other methods of management. That's not to say we are discouraging them as they do offer you a sense of security when out in public and therefore the freedom to live your life more freely and not be isolated or ashamed.

2 Medication may help. Some drugs relax the muscles to help prevent unwanted contractions of the bladder. Others block the nerve signals to the bladder that make it contract at the wrong time. Drugs prescribed to shrink an enlarged prostate can help with other urinary problems. Drugs like diuretic 'water pills' can actually trigger or worsen incontinence.

3 Intermittent self catheterisation or in-dwelling catheters. External catheters roll onto the penis like condoms and catch urine. They're attached to drainage bags that can be hung over the side of your bed while you sleep, or strapped to the body under your clothes during the day. If overflow incontinence is the issue, you may want to consider intermittent catheterisation (placing a tube through your urethra into your bladder at scheduled times) to regularly empty it and help prevent leakage. Talk to your doctor about it.

4 Incontinence surgery and other options. Surgical options include a male sling for stress incontinence. Material is wrapped around the urethra to compress it and prevent leaking due to coughing, sneezing or vigorous activities. An implanted artificial sphincter may also help stress incontinence. It uses a cuff to close the urethra. Squeezing the pump opens the cuff and releases urine when you want to pee. A pacemaker-like device stimulates nerves that relax the bladder and pelvic floor muscles.

5 Pelvic floor muscle retraining. This is done as exercise therapy with a physical therapist. Kegel exercises can help boost the strength of pelvic muscles that help the bladder to hold urine. Kegels are

easy to work into a daily routine.

6 Electrical stimulation/biofeedback. This treatment approach is performed with physical therapy. Electrodes are placed over the muscles and you watch a monitor that gives you real-time information about muscle contractions around your bladder. With time, you can learn how to relax your body, ease your muscles, gain better control and contract the muscles in the correct sequence. Over time this will improve your symptoms.

7 Bladder training. This is a behavioural technique. Start by going to the bathroom to pee every half hour, whether you feel the urge or not. As you get into the rhythm, gradually over days or weeks lengthen the time between bathroom breaks. Eventually, you may be able to space breaks by 3 to 4 hours and the urges in between may decrease.

8 Monitor fluid volume intake. Some men have success by spacing out their fluid intake during the day and cutting back on liquids a few hours before bed. If that helps, stick with it. But don't restrict yourself too much and risk becoming dehydrated. Not drinking enough fluids can lead to complications such as bladder infections, which can make urinary incontinence worse.

9 Think before you drink. Caffeinated drinks can irritate the bladder working as a diuretic and making symptoms worse. Soda and other carbonated drinks could have the same effect. Alcohol is also a diuretic, making you pee more. Cut back on tea, coffee, soda, and alcohol and see if

that makes a difference for you.

10 Watch what you eat. Some men report that spicy or acidic foods can make urinary incontinence related to OAB worse. Others say it helps to stay away from chocolate and artificial sweeteners. The specific triggers vary from person to person. Some people find that diet doesn't seem to have any effect. To find out, keep a food diary to track possible triggers. One at a time, try cutting back on them for a week at a time to see if your symptoms change.

11 Reduce stress. Life with incontinence can be stressful. Simple relaxation techniques, like breathing exercises, meditation, massage or some gentle exercise may help you cope with symptoms.

12 Be prepared. Urinary incontinence can strike at inconvenient times. When you walk into a restaurant or store, note where the bathrooms are so you can get there quickly. Planning a car trip? Map your route and decide on the spots where you'll take bathroom breaks. Wear clothing that's easy to remove in a hurry. And always have extra pads and a plastic urinal in the car for emergencies, like being stuck in a traffic jam!

13 Reach out for support. If you're always anxious about leaking, you can start to feel worn down. Your social life may suffer. You may not even want to leave the house. If this is what your life has become, you can change that. Look for a support group or a therapist. Or go back to the doctor and see if there's something different you can try. Remember, incontinence is almost always treatable.



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