

Urinary incontinence: the type of leak decides the treatment

Urinary leakage has several mechanisms: pressure from a cough or lift, a sudden urge, a bladder that stays too full, or barriers to reaching the toilet in time. Identifying which one, or which mix, you have is what makes treatment work.

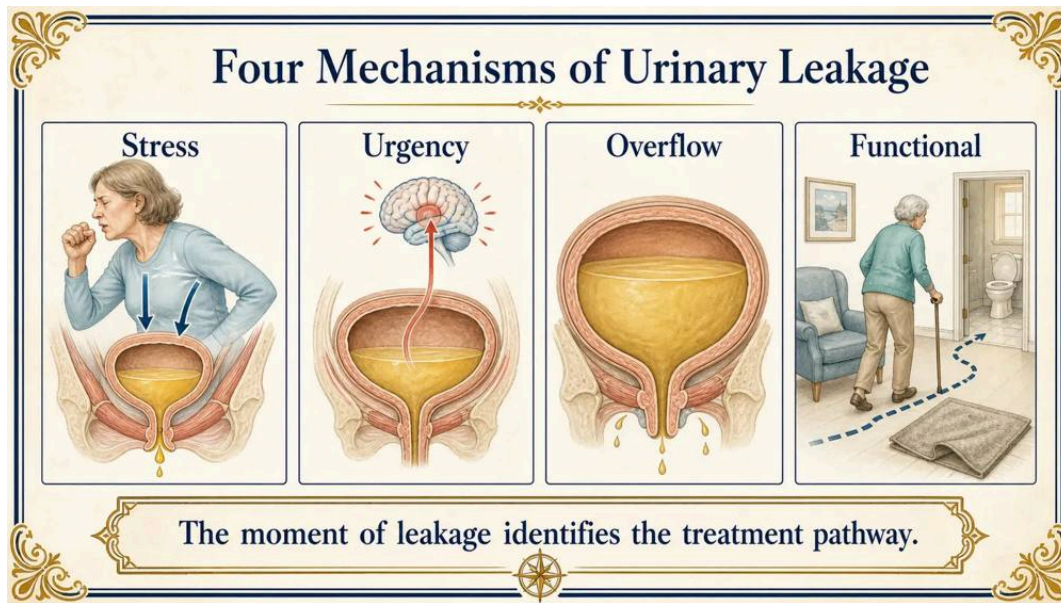


Figure 12.1. Four Mechanisms of Urinary Leakage. Leakage with pressure, urgency, overfilling, and impaired access arise from different mechanisms and need different treatment plans. The timing of leakage is a clue, not a diagnosis; mixed mechanisms require assessment.

Key points

- The pad looks the same; the physiology is not.
- Mixed leakage is common and often needs more than one treatment target.
- Giving a storage medication to someone whose bladder is already overfilled can worsen the problem.
- Not everyone needs urodynamics before treatment; testing should match uncertainty and risk.
- Conservative treatment is not merely a delay before surgery.
- Cutting fluids indiscriminately is rarely the answer.

Get prompt care if you notice

- Leakage with weak flow or a feeling of incomplete emptying (possible overflow), which needs a residual measurement
- Sudden complete inability to urinate
- New leakage with leg weakness, numbness or other new neurologic symptoms

Questions to ask your urologist

- Which type, or combination of types, of leakage do I have?
- Am I emptying my bladder adequately?
- Should my pelvic-floor therapy focus on strengthening, relaxation or both?
- Which nonsurgical and procedural treatments fit my situation and goals?
- How do childbirth, prior prostate treatment, radiation or neurologic disease change my options?

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