

Urinary incontinence is a common problem in both the female and male populations.

Recent advances in treatment, and improvements in the services available, have enabled an increasing number of patients to be helped overcome this embarrassing condition.

This month Idai Makaya discusses the causes of female incontinence with particular focus on a new nerve stimulation technique which helps treat incontinence in women – called PTNS (percutaneous tibial nerve stimulation).

Incontinence refers to the involuntary loss or leakage of urine from a person's bladder.

There are two major types of incontinence – stress incontinence (leakage with coughing, sneezing and exercise) and urge incontinence, which

# Embarrassing, but treatable

is most often caused by an overactive bladder.

When the bladder is irritable or overactive patients often have to pass urine frequently both during the day and at night. In addition they sometimes develop a sudden, overwhelming desire to pass urine (also known as urgency) which can lead on to incontinence if they are not near a toilet.

Incontinence has become a highly topical issue in recent years as sufferers become increasingly aware that it is not necessarily a normal part of getting older,

and more treatments become available.

Many patients of all ages with stress incontinence can now be cured with simple day-case surgical techniques if they fail to improve with pelvic floor exercises.

A number of tablets have been developed to help women who suffer from urgency and for those who don't improve with medication, Botox injections into the bladder or a new acupuncture like technique – PTNS (Posterior Tibial Nerve Stimulation) – can significantly reduce symptoms.

For this reason, it's worth explaining the causes of incontinence and the range of treatments available. To aid in this discussion I called on the expertise of Mr Andrew Hextall, a gynaecologist based at the Spire Harpenden Private Hospital in Hertfordshire, who specialises in the treatment of female urinary and gynaecological conditions.

## ● What causes urinary incontinence in women?

Stress incontinence is most commonly caused by damage to the pelvic floor and supports of the bladder as a result of pregnancy or childbirth. It becomes more common around the menopause but can affect women of all ages. Patients who regularly enjoy high impact exercises may be more aware of stress incontinence but some women can leak with a small cough or simply walking downhill.

It is unclear why some women develop an overactive bladder which is the main cause of urge incontinence. The bladder squeezes when it shouldn't do, often at the most inconvenient times. Sometimes the urge to pass water can be so strong that urine starts to leak when patients are on the way to the toilet – a condition known as urge incontinence. This problem is particularly common in the elderly but can also affect younger women including teenage girls who may leak urine when they laugh ('giggle incontinence').

Some women can have symptoms of both stress leakage and urgency at the same time – a condition known as mixed incontinence.

## ● What are the most common signs of incontinence?

The most common symptoms of stress incontinence are leakage of urine upon coughing, sneezing, laughing or



**Peace of mind: there are a range of treatments available to help those who suffer from incontinence, and it's no longer something that has to be endured as 'a normal part of growing old'.**

pattern where they go to the toilet extremely frequently, which means they get used to only holding a small amount of urine in the bladder before they want to go to the toilet.

Bladder retraining aims to improve the capacity of the bladder and allow patients to decide when they want to go to the toilet – rather than waiting for a sudden signal from the bladder.

There are a number of tablets available to treat patients with an overactive bladder. They do not usually cure the problem but are a way of helping to control symptoms. Unfortunately, although the majority of patients get some improvement they do not benefit everyone and some patients have troublesome side effects, such as a dry mouth.

In recent years it has been possible to use Botox injections into the bladder wall to stop the muscle contracting when it shouldn't. This works well for 70 to 80 per cent of patients but the effect usually wears off over six to nine months and re-treatment may then be necessary. Temporary problems, such as difficulty emptying, are common.

A new acupuncture-type treatment has recently been approved by The National Institute for Clinical Excellence (NICE) for women with symptoms of an overactive bladder.

This is called PTNS (Percutaneous/Posterior Tibial Nerve Stimulation) and involves placing a fine needle near a nerve, just above the ankle, along with an electrode on the foot.

A mild electric current is passed through the needle to relax the nerves that control bladder function in the lower back.

Treatment usually consists of 12 outpatient sessions of 30 minutes each, once a week. Although the long term benefits remain uncertain, about 70 per cent of women with an overactive bladder are delighted with the initial results.

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