



THE SIMON FOUNDATION
FOR CONTINENCE

fact sheet

PROMOTING CONTINENCE – CHANGING LIVES

THE IMPORTANCE OF DIAGNOSIS

There are many reasons why it is important to report the onset of incontinence to your doctor.

One of the most important and pressing reasons for early diagnosis is that incontinence is always a symptom of something else happening in the body. For most people the symptom of incontinence is not an indication of a serious underlying medical condition. For instance, incontinence can be precipitated by the natural changes in the body due to aging, such as loss of muscle tone and strength in women or the enlargement of the prostate gland in men. However, incontinence can also be a warning of a developing and possibly serious medical problem such as multiple sclerosis, a tumor, or urethral blockage which left untreated can result in kidney failure. The importance of talking to your doctor so that he or she can determine the reason for your misbehaving bladder cannot be overstated.

A second important motivation for early diagnosis of incontinence is that by determining and treating the underlying cause, your incontinence may be cured. For instance if a urinary tract infection (UTI) is discovered to be the cause of your incontinence, treating the infection with antibiotics will lead to regaining bladder control. Also, once the causes are determined, the most appropriate and effective approach can be formulated. In general, the milder incontinence is at the time treatment is begun, the easier it is to treat.



A third benefit of diagnosis is that you will become knowledgeable about how your bladder works and more aware of the circumstances which precipitate your bladder leakage.

The mechanism of urination is easy to understand. In a normal bladder, as urine filters from the kidneys into the bladder, the muscular wall of the bladder begins to expand to retain the urine. When a certain point is reached in the filling process nerves in the bladder wall send a signal to the brain that the bladder is becoming full. Then (at an appropriate time and place) the brain will send a message for the urethral closure muscle at the base of the bladder to relax while the bladder muscle contracts to force the urine through the urethra to the outside of the body.

The ways in which bladder control is lost are more complex. Another benefit of early diagnosis is that you will learn which type of incontinence you have. Knowing the type of incontinence can help you and your doctor determine what treatment options are available for you. When you are reading about new developments in the incontinence area, you'll know whether they apply to your particular type of incontinence.

There are three main types of incontinence: stress urinary incontinence (SUI), urge incontinence (and overactive bladder or OAB), and mixed incontinence. Each type of incontinence describes a different way in which the bladder is malfunctioning.

If you are diagnosed with stress urinary incontinence you have probably reported symptoms which include loss of urine when you

cough, laugh, sneeze, exercise or lift. SUI occurs when pressure on the bladder overrides the mechanism which normally keeps the bladder closed.

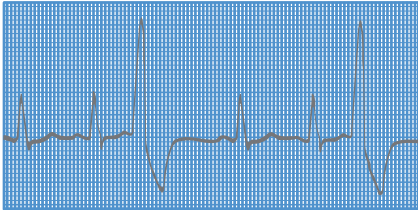
If you are diagnosed with urge incontinence your symptoms most likely include a sudden urge to urinate with loss of urine before you can reach a toilet. Millions of Americans are affected by an overactive bladder (OAB) and symptoms of frequency and urgency although they may not actually leak urine.

The diagnosis of mixed incontinence is a combination of stress urinary incontinence and urge incontinence. If your diagnosis is mixed incontinence, you need to discuss carefully with your doctor which type of incontinence is most distressing to you. Some interventions for SUI may be successful in curing your leakage, but have the potential to worsen the urgency component of your bladder problems.

Perhaps the most important reason of all to seek diagnosis for your incontinence is to live life to the fullest. There are many social consequences and ongoing changes that people make in their lives because of incontinence. Changes in sexual relationships, or reluctance to actively participate in the play of grandchildren are not uncommon reactions to urine leakage. Alterations in daily life impact other people and do accumulate if action is not taken to diagnose and treat bladder control problems.

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THE IMPORTANCE OF DIAGNOSIS



DIAGNOSIS BEGINS WITH GOOD COMMUNICATIONS

Fortunately, most of the evaluation for incontinence is not invasive. In fact, some of the most important tools for diagnosing the cause of your bladder problems are not high tech at all, but rather an observant patient who reports his or her medical history and symptoms accurately and concisely, a physician who is both a good listener and a skilled medical detective, some basic tests such as a urinalysis to rule out a urinary tract infection, and a record of how your bladder works each day, called a bladder diary.

A bladder diary is a record you keep for anywhere from three to five days. Often your doctor will send you a packet of materials before your first visit which will include the particular type of bladder diary he or she prefers. Or you can make your own by recording the times during the day and night when you consume fluids (and the amount), when you use the toilet (and the amount voided) and when incontinence episodes occur along with the activity which was associated with the leakage.

It may be possible that once the bladder diary has been completed and you have had your first office visit to discuss your incontinence, that your doctor will already have a fairly good understanding of your particular bladder problem and may recommend some initial therapies for you to try.

The National Institutes of Health

recommend that the least invasive therapies be tried first. Exercises to strengthen the muscles which support your bladder neck (with or without the help of devices like electrical stimulation, biofeedback, or exercise cones) may be prescribed if your symptoms point to stress urinary incontinence. If you have an overactive bladder or are experiencing urge incontinence, your doctor may prescribe a medication to see if this alleviates your incontinence symptoms.

Depending upon your bladder's reaction to these first steps in treating your incontinence, further diagnosis may be indicated. There are several possible choices depending on the nature of your condition. A cystoscopic exam allows your doctor to have a clear image of the interior of the urethra (the tube leading from the bladder to the outside of the body) and the inside of the bladder. To provide these images, a well lubricated tube, often made of optical fibers, is gently inserted into the urethra and bladder. This exam is normally conducted in a doctor's office and is not a lengthy procedure.

Another possible diagnostic test which will give your doctor a great deal of data about your bladder is cystometry, a test which shows how well your bladder is functioning. Cystometry may be one of a group of tests called urodynamics. Cystometry involves filling the bladder with water or gas through a catheter. An instrument called a cystometer is attached to the catheter to measure the capacity of the bladder and its internal pressure when it is filled. Other urodynamics tests may also be conducted to further understand how your urinary system behaves when it is called

upon to store and empty urine, the two basic functions of the bladder.

IS DIAGNOSIS OF INCONTINENCE UNCOMFORTABLE?

Some people may feel a natural emotional discomfort or embarrassment when involved in testing their bladder for incontinence. The testing is intended to reproduce your symptoms of incontinence so involuntary leakage of urine during the test is expected. But remember that doctors and nurses perform these procedures every day and will help put you at ease. Also, there may be some physical discomfort when the catheter is inserted, but the tube is very thin and well lubricated to keep discomfort to a minimum. You may also feel very strong urges to urinate at various times during some of the testing.

YOUR BODY, YOUR CHOICE...

Remember, the most important reason for early diagnosis of incontinence, is that incontinence is a symptom of something else happening in your body. Once you know the reason that your bladder is misbehaving, and the possibility of a serious medical condition has been ruled out...the choice is yours. Your body, your choice... absorbent products, medications, surgery, implantation of a device...thanks to dedicated medical researchers and the creativity of scientists employed by industry the options are increasing every year...help is on the way, the first step is yours...find out what is causing your incontinence, make an appointment today with a professional who is interested and knowledgeable about incontinence.

The Simon Foundation is a non-for-profit educational organization dedicated to helping people with incontinence.

For a sample copy of *The Informer* and a list of Fact Sheets, send \$1.00 with a business-size self-addressed envelope to:

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