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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Management of Urinary Incontinence

Assessment –

History-

- Bladder function - urgency, frequency, type of incontinence (stress or Urge), nocturia, voiding difficulties, recurrent UTI, painful micturition, pain on full bladder digitate to micturate.
- Bowel function- constipation, incomplete emptying, digitate or perineal support to defecate, fecal incontinence, Bleeding PR
- Sexual function- sexually active, dyspareunia
- Prolapse- bulge felt
- Pain- vaginal pain or any other pain
- Report bothersomeness of all symptoms on the questionnaire. Use QOL questionnaire –Australian Queensland
- Rule out red flag symptoms-hematuria, post- menopausal bleeding , Bleeding per rectum

Examination-

- Abdominal- to r/o palpable bladder or any pelvic mass
- Vaginal examination -to check prolapse (POP-Q)
Oxford score to assess pelvic floor strength
Urethral hypermobility
Any clinical evidence of stress incontinence
- Investigation-

Urine analysis and PVR; Fluid Volume Chart

Initiate Conservative management-

1. PFMT, BT, Fluid advice, reduce weight, stop smoking
2. Trial of anticholinergics or Mirabegron if symp s/o of OAB or urgency predominant mixed UI (calculate anticholinergic burden). No anticholinergics in patients with closed angle Glaucoma
3. Vaginal estrogen if vaginal atrophy. Consider Ospemifene(Osphena) 60 mgm in patients who can't tolerate vaginal estrogen and has no history of Breast cancer.

Urodynamics (UDS) – who failed conservative management

Indications

1. Recurrent urinary incontinence with previous surgery for stress incontinence
2. Urge predominant mixed urinary incontinence not responding to conservative management
3. Symp suggestive of voiding dysfunction
4. In patients where type of urinary incontinence is not clear

Surgical management-

Discuss in MDT for all surgical interventions for UI (primary and recurrent)

Stress incontinence- discuss Colposuspension, autologous sling, anterior repair and UB (if associated prolapse) and bulkamid. Provide department information leaflets, pt decision aid for stress incontinence from BSUG website

Urge urinary incontinence- Discuss BOTOX, Neuromodulation (SNS and PTNS)
CONDUIT

Reference-

NICE guidance on urinary incontinence (NG123) - April 2019

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