Urinary Incontinence

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Introduction

• Involuntary urinary leakage
• >women, > over 65yrs
• 21% of over 85yrs- severe or profound symps
• 2nd only to dementia as reason for long-term care
• Under reported-
  – Embarrassment
  – ‘part of normal ageing’
  – Lack of awareness of treatments
To be continent you need

• Bladder wall stability
• Intact pelvic floor
• Intact nerve supply to bladder
• Cognitive ability to react to bladder filling
• Mobility
• Manual dexterity
Ageing leads to

- Decreased bladder capacity
- Lower urethral closure pressure
- Increased post void residual
- Detrusor overactivity
Classification

- Stress
- Urge
- Mixed
- Overflow
- Functional
Stress incontinence

- Weakness of pelvic floor and bladder neck
- Cough, sneeze, exertion
- Obesity
- Pregnancy
- Vaginal delivery
- Hysterectomy
- Prostatectomy
Urge Incontinence

- Uninhibited detrusor contractions
- Urgency, frequency, nocturia
- Void large volumes involuntarily
- Can be
  - Idiopathic
  - Secondary to BOO
  - Neuropathic
Assessment - History

- Urinary Symptoms - Storage vs voiding FUN WISE, Cough/exertion
- Haematuria? UTIs?
- Bowel symptoms - Constipation, faecal incontinence
- Fluids - caffeine, alcohol, vols
- PMH - surgery (hysterectomy, prostatectomy, pregnancies
- Drugs - sedatives, hypnotics, antimuscarinics, diuretics
- Social - access to loo, mobility, QOL
Assessment - Examination

- BMI/mobility/Cognition
- Abdo-distended bladder/pelvic mass
- DRE- prostate/constipation
- VE- prolapse
Basic tests

• Bladder diary- 3 days
• Urine dipstix- UTI/Haematuria/DM
• US residual
Complex tests

- Urodynamics
- Men
  - Unstable? Obstructive voiding?
- Women
  - ?DI
  - Incomplete bladder emptying
  - Previous surgery for incontinence/prolapse

- Nb- in women surgery wont help stress incontinence if there is DI or BOO
Who to refer straightaway

• Palpable bladder
• Mass on examination
• Haematuria
• Symptomatic prolapse at or below introitus
Treatment - Conservative

• Weight loss
• Treat constipation
• Modify fluid intake (excessive or poor)
• Coffee/tea

• Pads/pants
• Handheld urinals
• Sheaths
• Catheterisation
Catheterisation

- Medical Rx failed, surgery inappropriate
- Skin wounds/pressure sores contaminated by urine
- Patients distressed by changes of clothing/bed linen

- ISC best
- Urethral
- Suprapubic

- Complics- UTI, accidental removal, blockage, trauma
Stress incontinence treatment

- Pelvic floor exercises- 3 months
- 8 contractions tds
- Increases urethral closure pressure
- Supervision by physio, continence advisor
- Lyndhurst clinic

- PFE with RRP- helps decrease severity/duration
Stress incontinence - Duloxetine

- Licensed Mod/severe incontinence
- Increases pudendal nerve activity
- Reduces incontinence episodes by 20%
- NICE - Only if conservative Rx fails and surgery inappropriate
- Nausea 25%, dry mouth, constip, insomnia, dizzy, drowsy
Stress incontinence - surgery

• TVT in women
• Sub urethral slings in men
• Bulking agents
• AUS
Continence Surgery

• Mid-urethral
• Tension free
• Synthetic tape
• Trans-vaginal or trans-obturator
Mid Urethral Slings

• 23 hour stay, shorter recovery

• Success - 80% +

• Complications
  – Voiding difficulties
  – Urgency
  – Failure
Urge incontinence- conservative treatment

• Bladder retraining
  – Reestablish voluntary bladder control
  – Increase bladder capacity

• Increase intervals between void gradually

• Minimum 6 weeks

• Reduces incontinence by 57%

• Impaired cognition- timed/prompted voiding
Anticholinergics

• Oxybutynin IR recommended as the most cost effective by NICE

But ….

• Loss of patient confidence if fail
• First chance the best
Urge incontinence-Drug treatment

- Anticholinergics-Toviaz
- Reduce bladder muscle contractility
- Variable doses- 4mg, 8mg
- Well tolerated for over 65s
Anticholinergics- contraindications

- Acute (narrow angle) glaucoma
- Myasthenia gravis
- Urinary retention or BOO
- Severe UC
- GI obstruction
Anticholinergic- side effects

- Dry mouth
- Constipation
- Blurred vision
- Dizziness
- Nausea
- Confusion
- Palpitations and arrhythmia
- Insomnia
Urge incontinence - surgery

- Botulinum toxin
- Sacral nerve stimulation
- Augmentation cystoplasty
- Urinary diversion
Botulinum Toxin

- Neurotoxin
- Injected into bladder wall under LA
- Highly effective
- Needs to be repeated after 9 – 12 months
- Side effects
  - 5 – 10% unable to void
  - ? Long-term effects
- Long-term catheterization
Botulinum Toxin

Funding with West Sussex PCT:

• Neuropathic bladder eg spina bifida
• Bypassing with S/P catheters

Not funded:
• Detrusor Overactivity
Sacral Neuromodulation
Clam cystoplasty
Welcome to West Sussex Urology

West Sussex Urology offers a fully integrated urology service across West Sussex for private patients. It brings together the expertise of urologists from Chichester and Worthing providing a broad spectrum of general and specialist care in one group. Within a strong and clear governance framework the group offers all sub-speciality urological surgery.

We specialise in laparoscopic surgery for renal and prostate cancer, the management of bladder cancer, complex stone disease with endoscopic laser fragmentation of renal stones and lithotripsy, urethral and bladder reconstruction, female and male incontinence, paediatric and adolescent urology, erectile dysfunction, vasectomy and vasectomy reversal. Patients may see the specialist of their choice or be transferred to the care of a sub-specialist within the group when appropriate ensuring the best speciality care at all times.

Cancer patients will be offered rapid access according to national cancer targets and will all be discussed in the local Multi-disciplinary Team (MDT) and the Sussex specialist MDT for complex cancers. This allows immediate access to specific radiology imaging and oncology support for cancer patients and commits to the highest standards of care.

We offer rapid access appointments at both the Nuffield Health Chichester Hospital and Goring Hall Hospital and specialist emergency advice or admission through the on-call urologist 7 days a week.

West Sussex Urology comprises a committed team of surgeons at the forefront of modern urological care.
Contact Us

Please use the below information to contact us at Nuffield Hospital and Goring Hall Hospital. For all business enquiries please contact Janet Francis.

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