

## EVALUATION AND MANAGEMENT OF URINARY INCONTINENCE

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The commonest types of urinary incontinence (UI) are:

1. Stress UI (SUI)
2. Urge UI (UUI) / Overactive Bladder (OAB)
3. Mixed UI

Confounders of UI include:

1. Pelvic organ prolapse (POP)
2. Genitourinary Syndrome of Menopause (GUSM)
3. Pelvic masses
4. Medical comorbidities

Initial evaluation of UI requires:

1. Focused history & pelvic examination
2. Demonstration of mobility of the urethrovesicle junction
3. Objective evidence of incontinence
4. Post-void residual volume measurement
5. Urinalysis and urine culture

Conservative management that benefit women with UI includes:

1. Pelvic floor muscle (Kegel) exercises
2. Behavioural modifications & lifestyle changes
3. Mechanical devices (vaginal cones, pessary)
4. Functional electrical stimulation

Symptoms of UUI / OAB can be improved with medical therapy such as:

1. Antimuscarinics (oxybutynin, tolteridone, fesoteridine, solifenacin, darifenacin, trospium, propiverine)
2. Beta-3 adrenoceptor agonists (mirabegron)

SUI can be treated surgically with:

1. Retropubic Burch colposuspension
2. Mid-urethral sling tension-free vaginal tape
3. Bulking agents

Consider referral for UI in the following circumstances:

1. Refractory OAB
2. SUI requiring surgery
3. Recurrent SUI
4. Mixed UI