

Urinary Incontinence

Do you have difficulty with bladder control or fear reaching the bathroom in time?

If so, you may be experiencing urinary incontinence. Urinary incontinence (UI) is the involuntary loss of urine that occurs secondary to bladder or muscular dysfunction.

Approximately 10 million people in the U.S. experience urinary incontinence, which is associated with decreased quality of life. It is estimated that more than 25 million people in the U.S. have experienced episodes of UI. The prevalence of UI is higher in women than in men 80 years of age or younger, but both men and women are affected almost equally after age 80.



Causes

- Urinary tract infections
- Vaginal infection/Irritation
- Weak pelvic floor muscles
- Different diseases
- Constipation
- Medications

Requirements for Bladder Control

1. Recognize the need to urinate
2. Find a proper place to urinate
3. Be able to get to that place
4. Retain urine until place is reached
5. Be able to release urine when appropriate

****Incontinence is NOT a normal part of aging and can be treated! Call your local PT today!****

Common Types of Urinary Incontinence

Urge incontinence is most common in older adults and is also known as overactive bladder. You may feel the strong, sudden “urge” to urinate followed by involuntary loss of urine.

Stress incontinence occurs when urine leaks as a result of increased pressure (coughing, sneezing, or laughing). Pelvic floor muscle weakness is often associated with stress incontinence.

Urinary Retention Incontinence occurs when the bladder overfills and is unable to empty properly. You may experience dribbling or leaking small amounts of urine.

Functional incontinence occurs as a result of not being able to reach the bathroom in time due to decreased functional mobility and is unrelated to pelvic floor dysfunction.

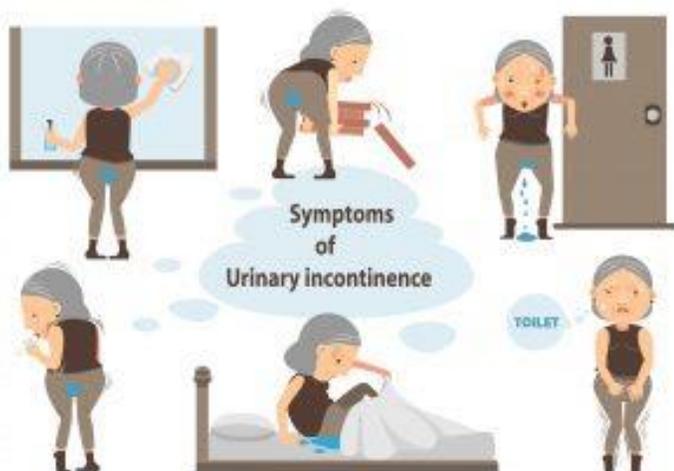


Treatment Options

- Pelvic Floor Muscle Exercises
- Bladder retraining
- Voiding log
- Dietary/behavioral modifications
- Electrical Stimulation
- Medication
- Surgery

Expected Outcomes of Therapy:

- Increased awareness and strength of pelvic muscle contractions
- Improved structural support
- Decreased urinary incontinence
- Decreased pelvic, rectal, and vaginal pressure and pain
- Improved emptying ability of bladder and bowel
- Improved bowel control



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