

# Special Report

A supplement to Mayo Clinic Health Letter • February 2022

## Urinary incontinence

### Regaining control and enjoying life

Elizabeth S., 73, favors dark-colored clothes, which are less likely to reveal wet spots. She knows what it feels like to stand in the middle of a warehouse store with a puddle forming at her feet.

When she packs for a trip, she devotes the largest compartment of her suitcase to her diapers and the second largest to her pads. She has diapers delivered to her house to avoid people seeing them in her shopping cart.

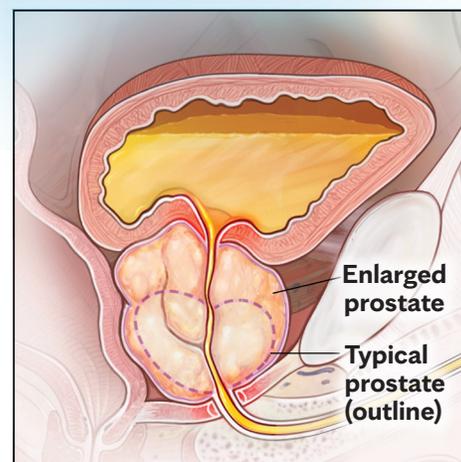
Like many others living with urinary incontinence — the inability to control urination — Elizabeth feels ashamed and embarrassed by something millions of people experience every day.

Bladder control problems can have a profound impact on quality of life. Some people avoid social gatherings, travel, exercise and sex. Incontinence can disrupt work and productivity, and it can lead to mental health issues such as anxiety or depression.

Some people leak when they laugh or sneeze, or urine can flow just because they got out of bed. Turning on the water to do the dishes can trigger an uncontrollable urge to urinate for some. Others might dribble frequently but still have trouble urinating when they reach the bathroom.

Women, especially, tend to believe that incontinence just comes with aging or is an inevitable result of childbirth, so they simply try to live with it.

But there is reason for hope. Health care providers have an increasing array of options to help women and men manage, reduce or even cure urinary incontinence. Your provider will typically begin by recommending basic, low-risk therapy options. From there, additional therapy can be progressively added, based on feedback from you about changes in symptoms and quality of life.



With **stress incontinence** (top), the abdominal muscles involved in coughing, sneezing or lifting heavy objects can push on the bladder, causing urine to flow out.

**Overflow incontinence** (above) may cause some people to have trouble emptying their bladders, particularly men with enlarged prostates. If the bladder is always partly full, there's constant pressure on the sphincter, which begins to open and leak.

### Common, but still uncomfortable

The number of people living with urinary incontinence is difficult for researchers to accurately estimate. That's because many people that have problems with urinary leakage are too embarrassed to tell their health care providers. But the condition is widespread and especially common in older adults. Of those over 65 who are living independently, more than one-half of women and one-quarter of men report urinary leakage. The fact that urinary incontinence is more common in women occurs in large part because pregnancy and childbirth can stress or damage the muscles and nerves in the pelvis — including those needed to control urination and the bowel.

As men age, an enlarged prostate gland (benign prostatic hyperplasia) can squeeze the urine tube (urethra) that passes through it, leading to incontinence. Certain treatments for prostate cancer also can lead to urinary incontinence.

### The bladder under control

Your urinary system works as a coordinated series of tubes and valves connected to a storage vessel. It's controlled by the subtle electrical signals of the nervous system.

The bladder is the storage, receiving about 2 quarts of urine every day from

your kidneys, which filter out waste and excess fluid from the blood. A healthy bladder is elastic, holding up to about 2 cups of liquid. The urge to urinate usually begins when the bladder is about half full.

Two valve-like circular muscles, called sphincters, hold the urine in the bladder when they are closed and let it flow when they are open. One is a muscle you never think about or control, called the internal sphincter. It opens involuntarily when nerves signal your brain that your bladder is becoming full. The other sphincter is a voluntary muscle, farther down the urethra, that you consciously relax when you want to urinate.

These sphincters are naturally not as strong in women as they are in men, another factor making incontinence more common among women.

With urination, muscles in the bladder contract and the sphincters relax. These actions push the urine through the urethra, a tubelike structure. In women, the urethra is about 1 1/2 inches long and ends near the vaginal opening. In men, the urethra is about 8 inches long. It passes through the prostate gland and ends at the tip of the penis.

Sometimes, though, one or more of these elements don't function properly, leading to urine leakage or lack of control.

### Not all leakage is the same

Knowing the types of incontinence and what leads to them is critical to understanding the condition and how to manage and treat it. There are five types of urinary incontinence:

#### *Stress incontinence*

Usually, it's the contraction of the bladder muscles that increases the pressure for urination. But the abdominal muscles, which are involved in actions such as coughing, sneezing or lifting heavy objects, also can push on the bladder, creating pressure or physical stress. If the rest of the system below the bladder is not working well, then urine can flow out. This is called stress incontinence.

Stress incontinence is the most common type of incontinence among women. It often follows pregnancy and childbirth, both of which can weaken the pelvic floor. An estimated 1 in 4 women has stress incontinence, which starts most often in women in their 40s and 50s.

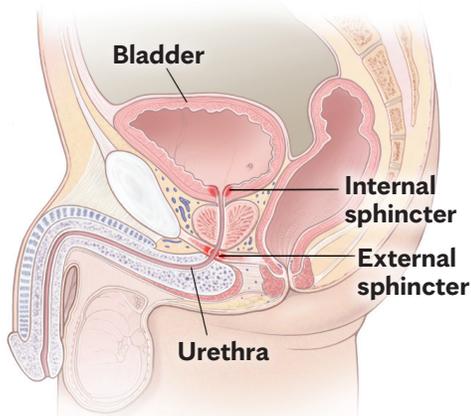
There are two common ways in which the urinary system can break down and lead to stress incontinence.

In one, the pelvic floor muscles become too weak to support the bladder and urethra when they are pushed down by a cough or a sneeze. In this situation, when the urethra moves, it opens and allows urine to flow through. This is called urethral hypermobility. Some women can experience urethral hypermobility if the pelvic floor was weakened by pregnancy and childbirth.

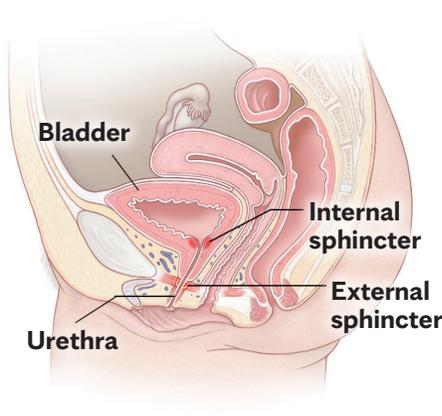
In another kind of stress incontinence, the sphincter doesn't close properly, so pressure on the bladder squeezes out urine. This is called intrinsic sphincteric deficiency. It can occur in men after prostate surgery, which sometimes damages the sphincter.

Obesity puts added pressure on the bladder, and losing weight is commonly recommended to treat stress incontinence. Because smoking is associated with coughing, it too can contribute to stress incontinence.

URINARY SYSTEM IN MEN



URINARY SYSTEM IN WOMEN



The urinary system works as a coordinated series of tubes and valves connected to a storage vessel. It's controlled by the subtle electrical signals of the nervous system.

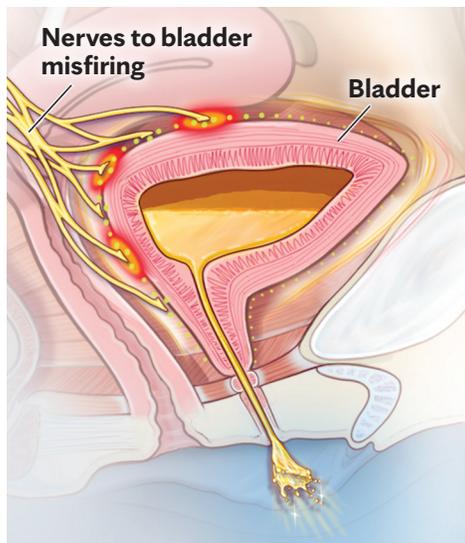
### Urge incontinence and overactive bladder

Many people find that the urge to urinate comes on abruptly, even when the bladder is not full — a condition known as overactive bladder. When the need to urinate comes on forcefully and urine leaks out, it's called urge incontinence.

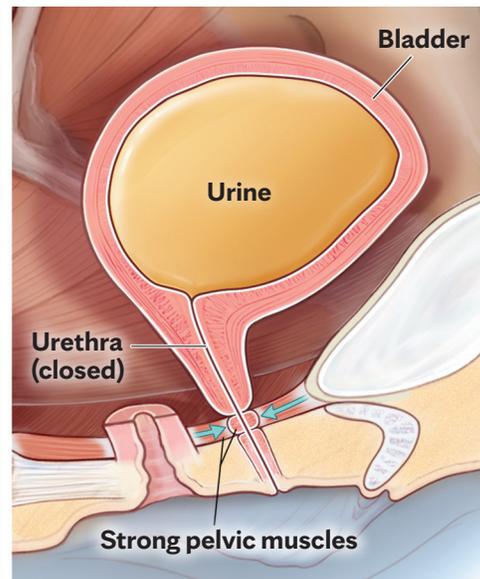
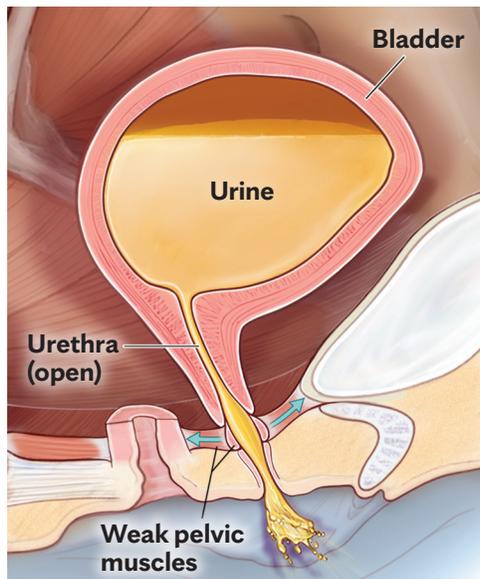
Overactive bladder can develop as a need to urinate frequently and in small amounts throughout the day and can prompt frequent waking through the night. While a person without urinary problems might urinate 5 to 6 times a day, someone with an overactive bladder might urinate 8 to 10 times during the day and perhaps twice again at night. Overactive bladder includes urge incontinence and urinary frequency, as well as waking frequently at night to urinate (nocturia).

Urge incontinence is more common in women and can develop with bladder changes related to menopause. In men, overactive bladder can be associated with an enlarged prostate.

Other medical problems can lead to urge incontinence. As many as 1 in 4 people reports bladder control problems after a stroke. But in many people, the cause remains unclear.



Many people find that the urge to urinate comes on abruptly, even when the bladder isn't full. When this comes on so forcefully that urine leaks out, it's called urge incontinence.



The pelvic floor supports the bladder, reproductive organs and rectum. It can weaken and sag, leading to long-term incontinence. The pelvic floor muscles can be strengthened through regular exercise.

### Mixed incontinence

When someone has stress incontinence and urge incontinence, it is called mixed incontinence. Some people might leak when they sneeze (stress incontinence) and also feel a distressing need to urinate when they hear running water (urge incontinence). It's possible for one person to have multiple causes for incontinence. Your health care provider can determine if you have both and how to approach treating mixed incontinence. Often the most bothersome problem is addressed first.

Mixed incontinence becomes more common as people age. It occurs more often in women, with about 1 in 6 women reporting symptoms of both stress and urge incontinence. Men who have had prostate surgery can have mixed incontinence.

### Overflow incontinence

Some people dribble small amounts of urine throughout the day. When they do use the bathroom, they produce only a weak stream and can't completely empty their bladders. If the bladder is always partly full, it puts constant pressure on the sphincter, which begins to open and leak, causing overflow incontinence.

Overflow incontinence can also be caused by a blockage in the urethra or by bladder muscles that are too weak to push out all the urine on demand.

Because the urethra passes through the prostate, men with enlarged prostates often develop overflow incontinence. The condition is less common in women, although nerve damage from childbirth or prior surgeries can cause the condition by weakening bladder muscles.

In addition, diseases such as diabetes can cause nerve damage and weaken the bladder muscles, leading to overflow incontinence.

Overflow incontinence should be treated to prevent potential serious consequences, including infections of the urinary system or even kidney damage. If there is no reversible cause of urinary retention, the first therapy involves ensuring that the bladder is emptied frequently. This is commonly accomplished by self-catheterization.

### Functional incontinence

Some people pass urine involuntary when they're unable to use the bathroom because of an impairment or disability unrelated to the urinary system. This is functional incontinence.

## URINARY INCONTINENCE IN WOMEN AND MEN

While both women and men can experience leakage and bladder control problems, the root causes are often unique to each sex.

The dramatic physical changes that come with pregnancy and childbirth can create both temporary and long-term incontinence in women. Pregnancy can bring temporary stress incontinence as the enlarging uterus, cradling a fetus, puts pressure on the bladder. This is relieved when the baby is born. Childbirth, though, can cause changes that are not as quickly reversed.

The pelvic floor — which supports both the uterus and the bladder — can weaken and sag, leading to long-term incontinence. The likelihood of a weakened pelvic floor increases with multiple births, prolonged labor, episiotomy and the use of forceps. Other muscles and nerves used for bladder control also can be stressed and weakened during vaginal delivery.

As estrogen production drops with menopause, the urethra becomes thinner and less elastic, and the urethral sphincter can lose some of its ability to close. This can contribute to both urge and stress incontinence.

Women who have surgery to remove the uterus (hysterectomy) sometimes develop incontinence, as this surgery can damage the pelvic floor.

For men, problems with the prostate frequently contribute to incontinence. As men age, it's common for the prostate to enlarge — a condition called benign prostatic hyperplasia (BPH). This squeezes the base of the bladder and the urethra that passes through the prostate, often leading to problems with urination, including urge or overflow incontinence. Surgery for some prostate conditions can lead to incontinence as well.

Often, people in nursing homes have functional incontinence. Some conditions associated with aging, such as dementia, can make it difficult or confusing to use the toilet. Fear of falling also can prevent someone from using the bathroom. People with functional incontinence living in care facilities need assistance, including being escorted to the toilet and reminders every few hours that it's time to use the toilet.

Medications, including diuretics that increase the production of urine, are a common cause of functional incontinence. This can sometimes be reversed by changing medications.

### Finding the cause

When facing urinary incontinence, the most important first step is to discuss it with your health care provider. This can feel embarrassing to bring up, especially for women. Despite the profound impact incontinence can have on daily life, most women don't discuss it with their providers.

The exact cause of urinary incontinence can be elusive, in part because the bladder can send signals that it's full when it's actually not. Nevertheless, health care providers can learn much by asking about health and lifestyle and performing a physical examination and testing.

Typically, a provider may begin with a questionnaire to help distinguish between the types of incontinence and understand the impact of the problem on your daily life. He or she will also look at your overall medical history, including gynecologic and obstetric history for women or a history of prostate problems in men.

You might be asked to keep a bladder diary — a record of how much fluid you are taking in, how much and when you urinate, the onset of the urges to urinate, and any leakage.

Because certain foods and beverages can irritate the bladder, you might also be asked to keep a diary of your diet for a week or two. Irritants can include carbonated beverages, onions and

spicy foods, tomatoes, alcohol, coffee, citrus fruits and juices, and products containing artificial sweeteners such as aspartame or saccharin.

A physical exam, including a brief neurological exam, helps determine your general health and yields clues to the cause of incontinence.

For women, an internal exam (pelvic exam) can determine if the vaginal walls have thinned. This can indicate that the urethra also has thinned. An exam can also assess the strength of the pelvic floor muscles.

For men, a digital rectal exam — done using a gloved, lubricated finger — allows a provider to feel the prostate through the lining of the rectum. This exam can indicate whether the prostate is enlarged. This is a common cause of incontinence in men.

A digital rectal exam can also help find other possible causes of urinary incontinence in both men and women by feeling for masses or impacted stool and by assessing the muscle tone of the pelvic floor.

Additional clues to the cause of urinary incontinence may be obtained with one or more of the following tests:

- *Urinalysis* — For this test, urine is collected and sent to a lab. It's done to detect white and red blood cells, which can indicate infection or a tumor. Infection is a very common reversible cause of incontinence. The test can also help diagnose diabetes, which can increase urination.
- *Urodynamic testing* — This measures the urinary system's ability to hold and release urine. The test can include urinating into a funnel that measures volume and flow rate.
- *Postvoid residual (PVR) testing* — This can determine whether the bladder is completely emptied after urination. A catheter can be used to drain and measure remaining urine, or an ultrasound can visualize fluid still in the bladder. Urine remaining in the bladder after urination can lead to overflow incontinence. A PVR test can be completed at the time of urodynamic testing or sometimes during a physical exam.

- *Cystometry* — This test determines volume and pressure in the bladder. It is commonly part of urodynamic testing. Through a catheter, the bladder is filled with sterile water while pressure within the bladder is monitored with small devices inserted into the rectum or vagina. The devices continue measuring as the fluid is voided, while other instruments record the flow rate.
- *Electromyography* — With this test, sensors are used to measure electrical impulses to determine the health of nerves and muscles involved with urination. It, too, is commonly part of the urodynamic study.

Visualization of the urinary tract also may be helpful, and can be done with:

- *Cystoscopy* — In this procedure, a health care provider inserts a thin tube with a tiny lens at its tip (cystoscope) into the urethra. The provider looks for tumors or other changes in the urethra and bladder that can contribute to incontinence.
- *X-ray or ultrasound* — While these tests are less common for urinary incontinence, they can provide pictures and video of the shape and size of the bladder and the outline of the urethra. These tests require a catheter to fill the bladder with fluid.
- *Advanced imaging* — Methods such as computerized tomography (CT) and magnetic resonance imaging (MRI) can also be used to evaluate the urinary system and surroundings from the kidneys to the urethra.

### **Taking control**

There is hope for improvement or even a cure for anyone with urinary incontinence. Most people benefit from treatment and management techniques. It's common to begin with conservative options that involve changes in medication or diet, as well as other steps that you can do at home. Your provider will typically start with the most basic, low-risk therapy options and progressively add therapy as needed based on the results you report. These steps include:

*Watching what you eat and drink*  
You first may be asked to eliminate any food or beverages that might be irritating your bladder. To do so, your provider may ask you to record a bladder diary for 2 to 3 days. This will highlight where changing the timing, amount and type of fluid you drink might bring significant benefit.

It's generally recommended that adults drink about eight 8-ounce glasses of fluids a day. Some people can drink less, though drinking too little fluid also can cause problems that can lead to incontinence.

Coffee and alcohol should get special attention. In addition to potentially irritating the bladder, both are beverages that may also increase the production of urine, filling the bladder more rapidly than other drinks.

Some other drinks — including fruit and tomato juices and beverages that contain artificial sweeteners — can irritate the bladder. Cutting out any of these beverages one at a time can help determine which might be contributing to incontinence.

For those who are waking frequently in the night because of the urge to urinate, redistributing most fluid intake to mornings and afternoons can help.

### *Checking medications*

Medications you're taking for other conditions should be assessed, as a number of drugs can lead to urinary incontinence. In some cases, a doctor may change a medication or its dose to reduce or eliminate the incontinence.

Medications for high blood pressure — such as diuretics — or drugs for heart conditions such as alpha blockers can cause the bladder muscles to relax, allowing urine to leak. Antidepressants and sedatives can decrease awareness of the need to urinate, leading to accidents. For some, this problem occurs at night during sleep.

The list of drugs that can contribute to incontinence is long, including serotonin reuptake inhibitors, calcium channel blockers, antihistamines and decongestants, treatments for arrhythmia, and muscle relaxants.

### *Controlling your weight*

Being overweight increases the likelihood of urinary incontinence. Excess body weight puts pressure on the bladder, weakening the muscles, which can cause stress incontinence and leakage during a cough or sneeze.

For those who are overweight or obese, losing 5% to 10% of body weight can bring significant improvement in their ability to control their bladders.

### *Training your bladder*

In a sense, your bladder learns from the habits you develop. By making changes, you can train your bladder to help overcome too-frequent urges to urinate.

Those with overactive bladders relieve the pressing urgency by urinating frequently. To prevent becoming uncomfortable later, they will often urinate when a bathroom is available, even when they don't feel a need to urinate. In doing so, they are inadvertently training the bladder to send signals indicating that it is full when it is not.

Working with a medical professional, you can retrain your bladder. Based on the notes in your bladder diary, you may be told to begin slowly stretching the interval between bathroom breaks until it reaches 2 to 4 hours.

You can also be coached to resist the immediate urge to urinate. Instead, try to relax and let the feeling diminish.

### *Performing pelvic floor exercises*

Like other muscles, those in the pelvic floor — which support the bladder, reproductive organs and rectum — can be strengthened through regular exercise. Exercises can help reverse weakening that may result from pregnancy and childbirth, aging, or excessive straining from constipation.

These Kegel exercises can be done anywhere. They're recommended for women who have stress incontinence that might cause them to leak a few drops of urine when they laugh or sneeze, as well as women who have urge incontinence. Men who dribble after urination also benefit from strengthening the pelvic floor.

A specially trained physical therapist can help you learn how to contract the appropriate muscles and can teach you how to do the exercises correctly. These specialists are certified in pelvic floor disorders and can help guide you in other aspects of therapy, such as education and behavior modification.

Kegel exercises are less helpful for people who have overflow incontinence and leak a small amount of urine when the bladder is full. Also, they may not help women who have severe urine leakage when they cough or sneeze.

## HOW KEGELS WORK

Just after World War II, an American gynecologist named Dr. Arnold Kegel invented exercises for women to strengthen the pelvic floor. Today, these “Kegels” are a popular and important way to help maintain bladder control and improve sexual health for both women and men.

These exercises are especially helpful for women with stress incontinence, but they can also help with urge incontinence. Women are taught to do the exercises by squeezing the muscles around the vagina and anus, lifting the muscles inward and up toward the head. Women are sometimes told to imagine sitting on a marble and tightening the pelvic muscles to lift it. Do that for a count of 3, then rest for a count of 3.

Men can benefit, too. They may be taught to activate muscles as if retracting the penis. Another way to identify the muscles is to stop the flow during urination.

Many doctors recommend that the exercises be done in sets of 10 repetitions three or four times a day. Improvement can often be seen in a few weeks to a few months.

*Using devices and absorbent products*  
Many people use absorbent pads and underwear to manage leaking urine. The selection of adult diapers and pads has increased as the market has grown with an aging population.

Manufacturers offer a growing number of styles and colors, with many pull-up-type products intended to look like regular underwear with a “discreet fit.” Some are cut either for women or for men, while others are sold as unisex briefs. To control lighter leakage, pads are made for women and absorbent cups for men, with either intended to be worn inside the underwear. On many absorbent products, an inner lining is made of wicking material, while the outer lining is made of waterproof polyethylene. Some linings are treated with vitamin E or aloe vera to reduce skin irritation.

Other devices are designed to prevent leakage or channel it away from the body. A pessary is a vaginal insert that supports the urethra, helping to prevent leakage. Reusable pessaries, available only from a health care provider, come in many shapes and sizes. Others can be purchased without a prescription, are inserted much like a tampon, and get thrown away after being used once.

Additionally for women, disposable urethral inserts are soft plugs that stop urine from leaking out and can be used during exercise or other activities. Obtained with a prescription, they come with an applicator. For women who leak at night, a device called a urinary collection system draws urine into a small collection container, which can be emptied in the morning.

For men, there are clamping devices that apply compression to the penis and can be worn for a few hours to prevent leakage.

### **When more is needed**

In many cases, changes in diet and medications aren’t enough to fully improve urinary incontinence. Health care providers can help you explore other medical or surgical options.

### *Medications for incontinence*

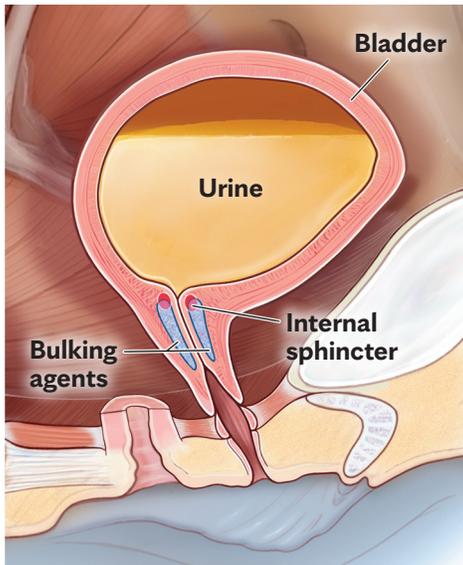
There are no medications approved to treat stress incontinence. However, medications can be used to treat overactive bladder.

For overactive bladder, medications called anticholinergics block cells in the bladder from receiving the signal to contract. These drugs can dampen the urge to urinate and increase the storage capacity of the bladder. The drugs oxybutynin (Ditropan XL) and tolterodine (Detrol, Detrol LA) are commonly prescribed anticholinergics. Both come in an extended release form that can be taken just once a day. Anticholinergic drugs need to be used cautiously in older adults due to side effects such as constipation, dry eyes and dry mouth. In addition, studies have shown that using anticholinergic medications can increase the risk of dementia. That’s why select anticholinergic drugs that do not affect brain tissue are preferred. Asking a family member or close friend to watch for any memory changes is recommended when you start taking an anticholinergic drug.

Mirabegron (Myrbetriq) and vibegron (Gemtesa) belong to a class of drugs called beta-3 adrenergic agonists. These medications relax the bladder muscles, increasing its storage capacity.

For men with urge incontinence caused by an enlarged prostate, medications called alpha-adrenergic blockers — or alpha blockers — can relax the muscles in the neck of the bladder and urethra, improving flow. Medications in this class of drugs include tamsulosin (Flomax), alfuzosin (Uroxatral), doxazosin (Cardura) and silodosin (Rapaflo).

Originally developed as high blood pressure medications, alpha blockers can cause a sudden drop in blood pressure upon standing. Your provider can help mitigate this by starting you with a low dose. In addition, alpha blockers can make cataract surgery more difficult — something to tell your eye doctor if cataract surgery is in your future.



Bulking agents are used to help tighten the area where urine flows from the bladder to the urethra. Bulking agents are injected into the tissue near the urethral sphincter to help prevent leakage.

#### Injections

While there are no drugs for stress incontinence, there are procedures that may help.

Injections of material (bulking agents) to add size to urethral tissues can help close the urethra when you're not urinating. This procedure is sometimes used in men who have had prostate surgery and in women whose sphincter muscles don't seal. Some bulking agents support the urethra and form a scaffold for cells to grow on. For women, the procedure is straightforward and takes only a few minutes under minimal anesthesia. It's slightly more complicated for men and often requires outpatient sedation. The bulking agents must be periodically reinjected, often after about six months.

Injections of botulinum toxin type A (Botox) are used for both men and women with urge incontinence or overactive bladder that did not respond to behavior therapy, physical therapy and medical therapy. Botox can be helpful in people with neurological causes of incontinence such as Parkinson's disease or a spinal

cord injury. Botox is injected into the bladder muscle, causing it to relax by blocking the signal to contract. The results can last about six months, and the injection can then be repeated.

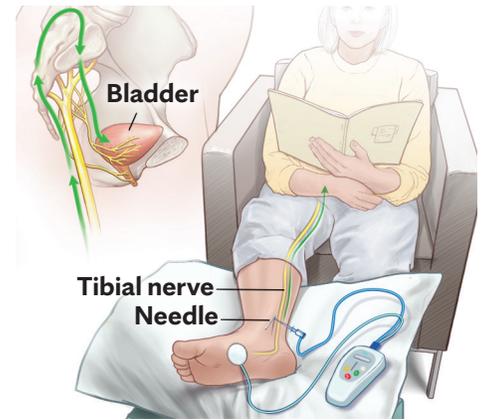
Tibial nerve stimulation is a short office procedure considered in people who haven't been helped with first line therapy or medications. A tiny, acupuncture-size needle is inserted in the area of the tibial nerve, near the ankle. The nerve is then stimulated for 30 minutes, affecting the voiding control centers in the spinal cord. The treatment occurs weekly at first, then less frequently.

#### Surgery and implants

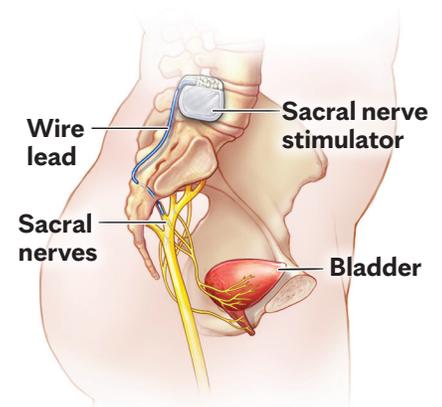
Surgical procedures are sometimes necessary when other treatments have not brought relief and incontinence is having a significant impact on your quality of life. For many people, surgery can provide significant improvement in symptoms or even a cure for their incontinence.

Sacral nerve stimulation (SNS) is used to treat severe overactive bladder and urge incontinence, which can be caused by disrupted nervous system signals to the bladder. SNS involves implanting a pacemaker-like device under the skin in the lower back, with a wire lead that connects to the sacral nerve. Since the sacral nerve sends signals to the bladder, electrical impulses from the device can interfere with the disrupted nerve signals. Before having the internal device implanted, those exploring SNS as a treatment usually try out a temporary, external device to gauge its effectiveness.

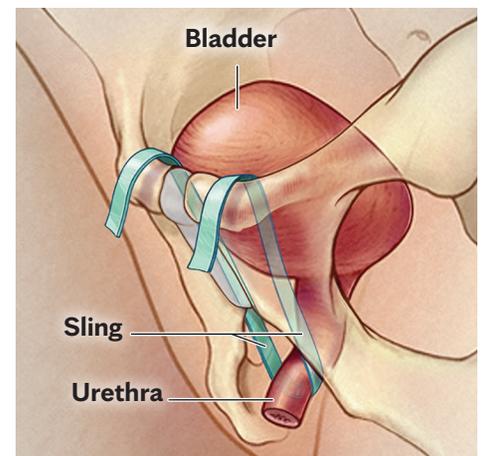
A common surgery for treating stress incontinence in women is a sling procedure, where a synthetic mesh or tissue is used to create a hammock beneath the bladder neck and urethra. This support helps the urethra stay closed during a cough or sneeze, for example. The procedure can be done with tiny incisions under general or local anesthesia, and regular activity can be resumed in 4 to 6 weeks.



With tibial nerve stimulation, a needle is inserted in the area of the tibial nerve, near the ankle. The nerve is then stimulated for 30 minutes, affecting the voiding control centers in the spinal cord.



Sacral nerve stimulation (SNS) uses a pacemaker-like implanted device for severe overactive bladder and urge incontinence.

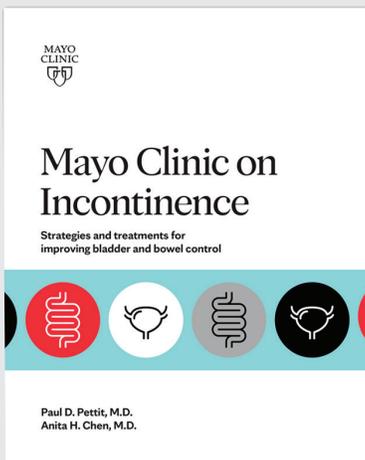


With a sling procedure, a synthetic mesh or tissue is used to create a hammock to support the urethra.

## RESOURCES FOR INFORMATION AND SUPPORT

For more information on incontinence, including details on lifestyle strategies and therapies that can dramatically improve your life, look for a new book from Mayo Clinic Press: *Mayo Clinic on Incontinence: Strategies and Treatments for Improving Bladder and Bowel Control*.

Order your copy at [mcpres.mayoclinic.org/shop](http://mcpres.mayoclinic.org/shop)

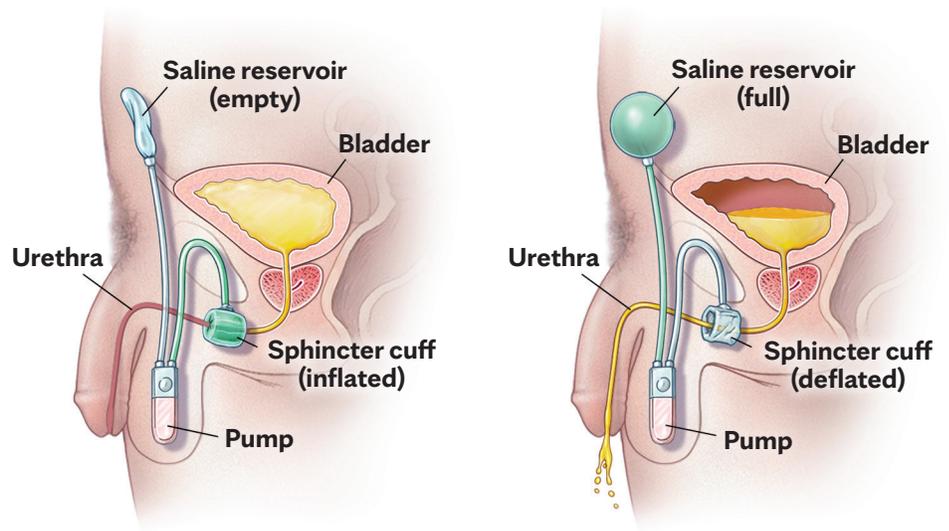


### Finding support online

If you're struggling with urinary incontinence, know you're not alone. Being able to talk to people with the same health challenges can be an invaluable source of support.

Mayo Clinic Connect, Mayo Clinic's online community, is one such place for that support. There you'll find conversations tailored to addressing real-life challenges and solutions for people living with incontinence.

Visit [connect.mayoclinic.org](http://connect.mayoclinic.org)



Some men who have had treatment for an enlarged prostate or prostate cancer have weakened urethral sphincters. This can sometimes be treated with artificial sphincters implanted around the bladder neck. These rings are filled with fluid and seal off the urethra until a bulb placed beneath the skin is pressed, opening the ring and letting urine flow.

Prior to the development of the sling procedure, a different procedure called bladder neck suspension was a more common surgery to treat stress incontinence. However, it becomes less effective over time. In addition, the surgery must be done under general anesthesia and can have a longer recovery time.

Some men who have had treatment for an enlarged prostate or prostate cancer have weakened urethral sphincters that cause incontinence. These men have an option — usually after attempting first line therapy — of bulking agent injection or placement of an adjustable sling developed for men. In some cases, a weakened sphincter can be treated with artificial sphincters — doughnut-shaped devices that are implanted around the bladder neck. These rings are filled with fluid and seal off the urethra until a bulb placed beneath the skin is pressed, opening the ring and letting urine flow. The surgery has a recovery time of 4 to 6 weeks, and men with the implanted device must permanently refrain from certain activities, including riding bicycles, motorcycles or horses.

### Pursuing a new story

Elizabeth, from the start of this report, attributes her incontinence to difficult births many years ago. She has not been aggressively pursuing treatment with a health care provider — which is common among those with incontinence — though she is now determined to do so.

“I do think it is time,” she says, calling herself “a story in progress.”

If you've recently started to experience incontinence or have lived with it for years, you might have decided to accept it as a fact of life. But if you're avoiding having that conversation with your care provider — out of embarrassment or for any reason — you might be holding yourself back from treatments that can significantly improve your quality of life. ■

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