

Stress Incontinence

Urinary incontinence is any unintentional leakage of urine. It can be caused by several underlying medical conditions, including urinary infections, strokes, pregnancy, obesity, neurological problems, and other health problems sometimes associated with aging. **Stress incontinence** is a type of urinary incontinence. A person with stress incontinence is unable to hold urine while coughing, sneezing, or laughing or during other movements that put pressure on the **bladder**, the organ that collects and holds urine. Fortunately, stress incontinence can usually be successfully treated.

The July 16, 2003, issue of *JAMA* includes an article about stress incontinence.

URINATION

When you urinate, the muscles of the bladder tighten and squeeze the urine out through the **urethra**, a tube that leads from the bladder to the outside of your body. At the same time, muscles surrounding the urethra loosen, allowing the urine to pass through. These muscles can also tighten and squeeze the urethra shut to prevent urine from passing. If these muscles become weak or damaged, they may not be able to hold urine during activities such as sneezing or laughing. The resulting urine leakage may be just a small amount, or if the bladder is full, it may be more.

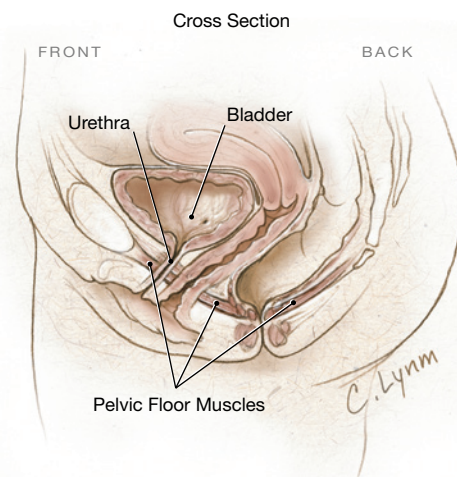
TESTS FOR STRESS INCONTINENCE

- **Urinalysis**—testing urine for evidence of infection and other abnormalities
- **Ultrasound**—using sound waves to measure the amount of urine remaining in the bladder after urination
- **Urodynamics**—testing the function of the bladder by filling it with water through a **catheter** (a tube placed through the urethra into the bladder)

POSSIBLE TREATMENTS FOR STRESS INCONTINENCE

- Kegel exercises are designed to strengthen the **pelvic floor muscles** that support the bladder and the muscles that surround the urethra.
- Behavioral treatment involves learning how to gain better control over the muscles involved in urination and incontinence and may include charts or diaries to track urination schedules and episodes of incontinence.
- Biofeedback is designed to increase awareness of muscle tension using electrical or pressure sensing devices.
- Pelvic floor electrical stimulation uses short pulses of electrical stimulation to strengthen the pelvic floor muscles.
- Collagen injections in the tissues around the urethra can be done to improve holding in urine.
- Surgery may improve the support of the bladder and urethra.

If you think you are experiencing stress incontinence, see your doctor for an evaluation and consideration of the best treatment for your particular symptoms.



FOR MORE INFORMATION

- American College of Obstetricians and Gynecologists
202/863-2518
www.acog.org
- National Institute of Diabetes & Digestive & Kidney Disease
National Kidney and Urologic Diseases Information Clearinghouse
800/891-5390
www.niddk.nih.gov

INFORM YOURSELF

To find this and other JAMA Patient Pages, go to the Patient Page link on *JAMA*'s Web site at www.jama.com. A Patient Page on urinary incontinence was published in the December 16, 1998, issue.

Sources: American College of Obstetricians and Gynecologists, National Institute of Diabetes & Digestive & Kidney Disease, American Foundation for Urologic Disease, American Urogynecologic Society, American Urological Association.

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