

Shlomi Albert, M.D., Inc.
11160 Warner Avenue, Suite 423
Fountain Valley, Ca 92708
Tel (714)549-3333 Fax (714)549-3334

Male Incontinence

Definition

Urinary incontinence is defined as the unwanted loss of urine. Urinary incontinence is very common, affecting millions of Americans. Urinary incontinence is not a necessary part of aging, and can happen in young men as well. Many men are too embarrassed to ask for help, and many men don't realize that successful treatment is usually available.

Types of Incontinence

There are actually many different types of incontinence, and the successful treatment depends on making the most accurate diagnosis of the type of incontinence affecting the patient.

Urgency incontinence means that a man loses urine when he feels a strong urge to go to the bathroom, but cannot get to the bathroom quickly enough. This is also associated with the urge to urinate when drinking even small amounts of liquids, or associated with severe frequency of urination, day or night, and even associated with bed-wetting.

Stress incontinence means that patient will have unwanted loss of urine when he exercises, or has any sudden movements, such as coughing or sneezing or laughing. It can be from any type of exercises, including simply getting out of a chair or walking. Mental stress has nothing to do with stress incontinence.

Overflow incontinence means the patient has a poorly emptying bladder and the urine leaks out uncontrollably, often in very small, frequent amounts.

In many patients, the types of incontinence seem to run together.

Diagnosis

Several factors need to be evaluated in any man with incontinence, including the presence of urinary tract infection, constipation and a full list of medications that are being taken. A complete medical history, physical examination and urinalysis are the most basic tests that start any evaluation for incontinence.

If the patient has had previous treatment for incontinence or any surgery on or around the urinary tract, those records or x-rays should be taken to the doctor for the evaluation.

Answers to the following questions will greatly help the doctor in the evaluation:

- 1) When do you go to the bathroom and how much? (Use an old jar to measure.)
- 2) When do you experience wetness? During or after lifting? While coughing, sneezing, or straining? Day, night, or both? Before or after going to the bathroom?
- 3) How much urine do you lose? Estimate amounts in teaspoons, tablespoons, or parts of a cup.
- 4) Do you have trouble stopping or starting the flow of urine?
- 5) What is your daily fluid intake? (Amount and description of what you drink.)

The doctor may ask the patient to keep a voiding pattern chart to help make a firm diagnosis or to develop a treatment.

Other diagnostic tests that may be done by urologists include x-ray examinations of the urinary tract, telescopic examinations of the urinary tract, and nerve and muscle function testing of the bladder and sphincter or valve areas that are so important.

Treatment

Once the cause of the urinary incontinence can be discovered, the man can begin treatment. There are three major treatment areas - medications, surgery and behavioral techniques.

Medications to treat incontinence depend on the cause of the incontinence. If the patient's bladder is contracting inappropriately, medicines can be used to slow down these contractions. Certainly, medications can be used to treat infections that may be stimulating the bladder to contract or causing irritation. Some medications help tighten the muscles of the sphincter area.

Surgery is often needed to help incontinence. If the prostate gland is blocking the urinary channel, or a stricture or scar exists in the urethra, this may need to be dealt with surgically. In patients who have had prostate surgery, artificial sphincters can be placed to aid the patient's own sphincter.

The surgeon may also use a sling procedure to apply pressure to the urethra. The sling is a band of tissue placed under the urethra and tacked to the pubic bone. The sling can be made of various materials, including synthetic substances or a tissue called '**fascia**' either from the patient's abdominal muscles or from a donor animal source. The sling is still being studied and has not had widespread use to date.

Another development is the use of injectable collagen. Collagen is a safe material that can be injected just outside the sphincter to create increased resistance and hopefully achieve better control.

In some patients who have very small bladders because of infections or inflammation or radiation, increasing the bladder size using intestine can be used to treat incontinence.

Behavioral techniques are now available that allow you to strengthen the muscles and get better

coordination of urination function. Biofeedback is a way of learning exactly how the bladder muscles and sphincters contract and increase resistance. Also pelvic exercises called Kegels can help strengthen the muscles around the neck of the bladder.

In some circumstances, cure is not possible, and products are available to help the patient manage incontinence. These include pads and diapers that are available at most health care suppliers and drug stores. In some patients, a catheter or tube can be placed into the bladder that drains into a bag that needs to be emptied when full.

Condom catheters cover the penis from the outside. Men who have poorly emptying bladders because of an obstruction but can't have surgery can be taught to catheterize themselves with a small tube three to five times a day with excellent results.

There are many national organizations for people with incontinence that can give patients more information, ideas and support in treating urinary incontinence. These include the Simon Foundation, Help for Incontinent People and the Alliance for Aging Research.

Tips

For more extensive information about the various types of urinary incontinence in adults, write to the U.S. Department of Health and Human Services, 2101 East Jefferson Street, Suite 501, Rockville, Maryland 20852, and ask for publication AHCPH 92-0038.