

Treating Incontinence for Men

FACT SHEET

What is stress urinary incontinence?

Urinary incontinence is leaking of urine. It is not a disease, but it is a symptom of many other health conditions, and can occur after surgery. More than 15 million Americans suffer from incontinence. Although it is more common over 60, it can occur at any age. In general, more than 25 percent of women and about 15 percent of men have incontinence.

Stress incontinence: Stress incontinence is the most common type of leakage. This occurs when urine is lost during activities such as walking, exercising, or even a sneeze or cough. The added pressure on the abdomen from these activities can cause urine to leak. The pelvic floor muscles, which support the bladder and urethra, can be weak, preventing the sphincter muscles from working properly. This can also occur if the sphincter muscles are weak or damaged from surgery. In men, the most common cause of incontinence is surgery on the prostate.

Other common types of incontinence:

Also called "overactive bladder," **urge incontinence** is another form of leakage. This can happen when a person has an urge to urinate but cannot reach the bathroom in time and has an accident.

Overflow incontinence: This type of incontinence occurs when the

bladder is full, is unable to empty and yet leaks. Frequent small urinations and constant dribbling are symptoms. This is rare in women and more common in men with a history of surgery or prostate problems.

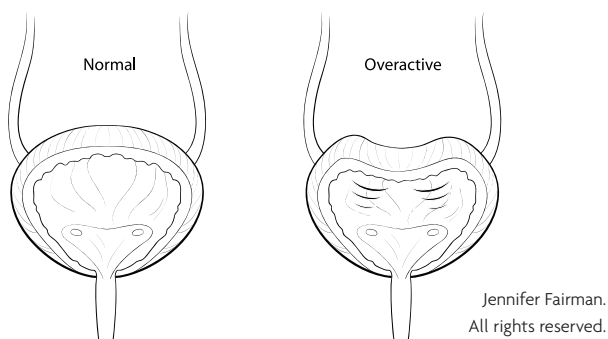
Functional incontinence: This type of incontinence is the inability to access a proper facility or urinal container because of physical or mental disability.

Mixed incontinence: Some people have mixed incontinence, a combination of types of incontinence; most commonly stress and urge incontinence.

What are some treatment options for each type of incontinence?

Stress incontinence: One of the surgical treatments for this condition in males is the use of injections of bulking agents into the urethra to improve the function of the sphincter. The injections are done under local anesthesia and can be repeated. Unfortunately, the cure rate is only 10 to 30 percent. Some researchers are using a procedure to compress the urethra in the area between the scrotum and the rectum. This is called the male sling. Another treatment for male incontinence is implantation of an artificial sphincter. The surgeon inserts a device under the skin that uses a cuff around the urethra, a fluid-filled, pressure-regulating balloon in the abdomen and a pump in the scrotum, which the man controls. The pump moves the fluid in the abdominal balloon to the urethra cuff, closing the urethra and preventing leakage of urine.

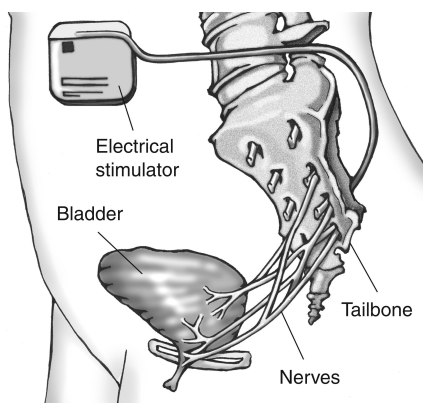
Urge incontinence: For urge incontinence there are many treatment options. The first step should be behavior modification — drinking less fluids; avoiding caffeine, alcohol or spices; not drinking at bedtime; and urinating more often and not at the last moment. Exercising the pelvic muscle (Kegel exercises) also helps men and women. It is important to



keep a log on the frequency of urination, number of accidents, the amount lost, the fluid intake and the number of pads used, if required. The main treatment for overactive bladder is medication. This includes the use of bladder relaxants that prevent the bladder from contracting. The most common side effect of the medication is dryness of the mouth, constipation or changes in vision. Sometimes, reduction of medication takes care of the side effects.

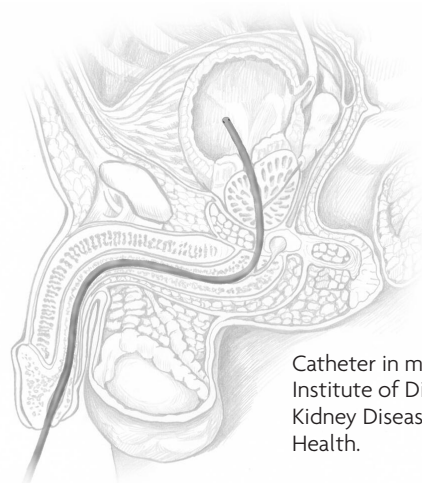
If behavior modification and/or medication do not work, there are other treatments. A bladder pacemaker is one option to control bladder function. This uses a small electrode that sends electrical impulses and is inserted in the patient's back close to the nerve that controls bladder function. There is more than a 60 to 75 percent cure or improvement rate with this technology.

If needed, the bladder can be made bigger using a segment of small intestine. This operation, called augmentation cystoplasty, can be successful in curing incontinence but 10 to 30 percent of the patients will need to perform self-catheterization to empty their bladder.



Bladder Pacemaker: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.

Overflow incontinence: For overflow incontinence, the treatment is to completely empty the bladder and prevent urine leakage. Patients with diabetic bladder or patients with an obstruction in the prostate often develop this type of incontinence. Medication or surgery to re-



Catheter in male urinary tract: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.

move the blockage can treat overflow incontinence due to obstruction. If there is no blockage, the patient performs self-catheterization a few times a day. By emptying the bladder regularly, the incontinence disappears and this helps protect the kidneys.

What can men expect after treatment?

The goal of any treatment for incontinence is to improve quality of life. In most cases, great improvements can be made and even symptoms can be cured. Medical therapy is usually effective, but not if the patient sips fluids all day and does not time his urination. Large shifts in weight gain and activities that promote abdominal and pelvic straining may cause a surgical repair to fail. With common sense, proper body mechanics and care, men who chose these treatments can expect positive, long-term outcome.

Surgery for urinary incontinence in the male like the artificial sphincter can cure or greatly improve more than 70 to 80 percent of the patients. Prior radiation, bladder malfunction and/or scar tissue in the urethra may have a negative impact on the results. Ask your doctor which treatment is right for you.

For more information on incontinence, go to www.UrologyHealth.org or call 800-828-7866.

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For more information call the National Urology Health Line at 1-800-828-7866 or visit www.AUAFoundation.org

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