

Understanding NICE guidance

Information for people who use NHS services

Urinary incontinence: the management of urinary incontinence in women

NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.

This booklet is about the care and treatment of women with urinary incontinence in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for women with urinary incontinence but it may also be useful for their families or carers or for anyone with an interest in the condition.

The booklet aims to help you understand the care and treatment options that should be available in the NHS. It does not describe urinary incontinence or the tests or treatments for it in detail. A member of your healthcare team should discuss these with you. There are examples of questions you could ask throughout this booklet to help you with this. Some sources of further information and support are on page 12.



Contents

Your care	3
Urinary incontinence in women	4
Finding out what is wrong	5
Lifestyle changes	6
Treatment of stress incontinence	6
Treatment of overactive bladder syndrome and urge incontinence	7
Treatment of mixed incontinence	9
If you need surgery	10
Ways of managing incontinence	11
More information about urinary incontinence	12
About NICE	12

The advice in the NICE guideline covers the care of women with urinary incontinence. It gives advice on treatments for several types of urinary incontinence and related conditions, including:

- stress incontinence
- overactive bladder syndrome, which may involve urge incontinence
- stress and urge incontinence occurring together.

It does not look at:

- urinary incontinence caused specifically by diseases of the nervous system
- urinary incontinence in men or in children
- faecal incontinence.

Your care

Your treatment and care should take into account your personal needs and preferences, and you have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances. All healthcare professionals should treat you with respect, sensitivity and understanding and explain urinary incontinence and the treatments for it simply and clearly.

This information, and any discussions you have with your healthcare team, should include details of the possible benefits and risks of particular treatments. You can ask any questions you want to and can always change your mind as your treatment progresses or your condition or circumstances change. Your own preference for a particular treatment is important and your healthcare team should support your choice of treatment wherever possible.

Your treatment and care, and the information you are given about it, should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. Your healthcare team should be able to arrange an interpreter or an advocate (someone who supports you in asking for what you want) if needed.

If you agree, your carers and relatives should have the chance to be involved in decisions about your care. Carers and relatives also have the right to the information and support they need in their roles as carers.

If people are unable to understand a particular issue or are not able to make decisions for themselves, healthcare professionals should follow the advice that the Department of Health has produced about this. You can find this by going to the Department of Health website (www.dh.gov.uk) and searching for information on 'consent'.

Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about the specific treatments and options covered in this booklet, please talk to a member of your healthcare team.

Urinary incontinence in women

Urinary incontinence (referred to as incontinence in the rest of this leaflet) is the leakage of urine when you do not mean to urinate (pass water). It is a common condition that can have a major impact on people's lives. It is often distressing and can affect social life and stop people taking part in sports and other activities.

If you think that your care does not match what is described in this booklet, please talk to a member of your healthcare team.

- The most common form is stress incontinence, which involves leakage of urine on effort or on coughing or sneezing.
- Another form is urge incontinence, where a person feels a strong need to urinate and then can't stop themselves from passing some urine. Urge incontinence can be one of the symptoms of overactive bladder syndrome, which involves needing to urinate often and without much warning. Overactive bladder syndrome is caused by the bladder muscle contracting before the bladder is full.
- There is also mixed stress and urge incontinence, where the stress and urge forms occur together.

Questions you might like to ask your healthcare team

- Please tell me more about urinary incontinence.
- Are there any support organisations in my local area?
- Can you provide any information for my family/carers?

Finding out what is wrong

When your healthcare professional assesses your condition, he or she should decide whether you have stress incontinence, urge incontinence or overactive bladder syndrome, or mixed incontinence. Your treatment should be started on the basis of which type you have.

- Your healthcare professional should look for anything that might have caused the incontinence and for other conditions that may need further investigation or treatment. In some cases, he or she may recommend that you see a specialist.
- You should be offered a 'dipstick test' on a sample of your urine. The test can help to detect an infection, which may contribute to your incontinence. A sample of your urine may be sent for further testing. If you have an infection, you should be offered a course of antibiotics.
- You should be asked to complete a 'bladder diary' to record, for example, how much fluid you drink, how often you need to urinate and how much urine you pass. You should keep the diary for at least 3 days and cover different activities, for example both working and leisure days.
- Your healthcare professional may recommend that you have an ultrasound scan of your bladder to check that it is emptying fully.
- There are some tests your healthcare professional should not normally recommend as part of your initial assessment. These are: using an absorbent pad (a 'pad test') to assess your incontinence, a test called cystoscopy or endoscopy, and tests to find out why your bladder and urethra (the tube from the bladder to the outside of the body) are not working properly (known as 'urodynamic tests').

If a treatment described in this booklet appears suitable for you, but it is not available, you should talk to your local Patient Advice and Liaison Service (PALS) in the first instance. If they are not able to help you, they should refer you to your local Independent Complaints Advocacy Service.

Finding out what is wrong (diagnosis)

- What sort of urinary incontinence do I have?
- Please give me more details about the tests/investigations I should have.
- Where will these be carried out?

Lifestyle changes

Whatever form of incontinence you have, there are several changes to your lifestyle that your healthcare professional may recommend to help improve your condition. They may include:

- changing how much liquid you drink (increasing it if it is very little or reducing it if it is too much)
- losing weight if you are very overweight.

Treatment of stress incontinence

Conservative management

If you have stress incontinence, your treatment should begin with the lifestyle changes discussed above and exercises to train and strengthen your pelvic floor muscles. These are the muscles that support your bladder and urethra.

- Before you start pelvic floor muscle exercises, your healthcare professional should assess how well you can contract the muscles.
- The exercises should involve at least eight contractions of the muscles and should be done at least three times a day.
- You should do the exercises for at least 3 months to start with, and continue them if they help.
- If you are not able to contract your pelvic floor muscles, your healthcare professional may recommend using a device to measure or stimulate the electrical signals in the muscles.

Treatment with drugs

You should not normally be offered drug treatments specifically to treat stress incontinence.

Surgery for stress incontinence

If lifestyle changes and pelvic floor muscle exercises are not successful, your healthcare professional may suggest surgery to treat your stress incontinence. He or she may also discuss using a drug called duloxetine as an alternative to surgery.

Your healthcare professional should carefully discuss the risks and benefits of surgery and alternative treatments with you before you make a decision. The discussion should include any plans you may have for having children in the future, because this may affect the choice of treatment.

The surgical procedures you may be offered are described below.

- One procedure is to insert a strip of tape made of a synthetic material called polypropylene to form a sling that supports the urethra. This helps to stop urine from leaking out. Another form of sling that might be used is one made of a strip of tissue taken from another part of your body.
- An alternative procedure is called colposuspension, which works by supporting the bladder.
- Another option is to inject a paste called a bulking agent into the sides of the urethra to make it harder for the urine to leak out. Your healthcare professional should tell you that:
 - you may need several injections for the procedure to work
 - the effect will reduce over time
 - the injections are less likely to cure your incontinence than the techniques described above.
- A further procedure is to insert a device called an artificial sphincter (valve) to control the flow of urine from the bladder into the urethra. Some of the side effects of this operation can be serious, so your healthcare professional should suggest using this only if other procedures have not helped.

If the first procedure you tried did not work, before having another operation you should have tests to find out why your bladder and urethra are not working properly (these are known as urodynamic tests).

Treatment of overactive bladder syndrome and urge incontinence

Conservative management

If you have overactive bladder syndrome, whether or not this causes urge incontinence, your treatment should start with the following approaches, together with the lifestyle changes discussed on page 6.

- Cutting down your intake of caffeine (for example, from coffee, tea and cola) may help improve overactive bladder syndrome.
- The first step in your treatment should be 'bladder training', which means that a healthcare professional will help you try methods to increase the time between wanting to urinate and actually passing urine. The bladder training course should last for at least 6 weeks.
- If you have cognitive impairment (a memory disability), you should be offered a training programme to help you avoid leakages. The programmes are called prompted and timed voiding and involve a carer reminding you to urinate at set times.

Treatment with drugs

If bladder training does not work, or if it works only partly and you still have to pass urine too often, you may be offered one of a group of medicines called antimuscarinic drugs to help with this.

- Your healthcare professional should explain that antimuscarinic drugs can have several side effects, and discuss these with you.
- The first antimuscarinic drug you are given should be oxybutynin.
- If you do not react well to this, your healthcare professional may change it to another medication (darifenacin, solifenacin, tolterodine, trospium, or a different preparation of oxybutynin). He or she should check that the new treatment does not cause problems.

Surgery for overactive bladder syndrome and urge incontinence

If conservative treatments are not successful, your healthcare professional may suggest surgery to treat overactive bladder syndrome or urge incontinence. He or she should carefully discuss the risks and benefits of surgery and the alternative treatments with you before you make a decision. The discussion should include any plans you may have for having children in the future, because this may affect the choice of treatment.

Before having a procedure for overactive bladder syndrome or urge incontinence you should receive tests to measure why your bladder and urethra are not working properly (these are known as urodynamic tests).

The procedures you may be offered are described below.

- If your incontinence is caused by overactivity of the bladder muscle, a procedure called sacral nerve stimulation may help. It involves inserting an implant that helps the bladder work in a more controllable way.
- Alternatively, your healthcare professional may suggest a procedure called augmentation cystoplasty. This involves increasing the size of the bladder by adding a piece of tissue from the intestines into the bladder wall. You may not be able to pass urine normally after the procedure, so it should be used only if you are able and willing to insert a catheter yourself. (A catheter is a tube that is passed through your urethra into the bladder to drain it.)
- A further procedure is urinary diversion, in which the tubes from the kidneys to the bladder (the ureters) are linked directly to the outside of your body, so the urine can be collected without flowing into the bladder. This should be done only if other treatments have not worked or are not suitable.

If you have any of these operations, you should be offered regular check-ups for the rest of your life.

You may also be offered treatment with botulinum toxin A, which involves injections into the sides of your bladder. This treatment should be used only if you are able and willing to insert a catheter yourself following the procedure. Botulinum toxin A has not been 'licensed' (approved) for this use in the UK, so your healthcare professional should make sure you understand the procedure and its risks and benefits before you agree to it.

Treatment of mixed incontinence

If you have a combination of stress and urge incontinence, your treatment should be started according to whether the stress incontinence symptoms or the urge incontinence symptoms are most troublesome.

- Treatment of stress incontinence is described on pages 6–7.
- Treatment of urge incontinence is described on pages 7–8.

About the treatment

- Please tell me why you have decided to offer me this particular type of treatment.
- What are the pros and cons of having this treatment?
- Please tell me what the treatment will involve.
- How will the treatment help me? What effect will it have on my symptoms and everyday life? What sort of improvements might I expect?
- How long will it take to have an effect?
- Are there any risks associated with this treatment?
- Might this treatment affect my plans for having children?
- What options do I have other than the recommended treatment?
- Is there some written material (such as a leaflet) about the treatment that I can have?

If you need surgery

If you decide to have surgery to treat your incontinence or overactive bladder syndrome, it is important that your surgeon has the skills and training he or she needs. Your surgeon should have been trained in surgery for incontinence and should carry out procedures for incontinence often enough to keep his or her skills up to date.

There are a number of surgical options that you should not be offered, or that should be offered to you only as part of a clinical trial (research). For further details of these, please refer to the NICE version of the guideline, which is available on the NICE website (www.nice.org.uk/CG040).

Following up on your treatment

- When should I start to notice improvements and what should I do if I haven't noticed improvements by then?
- Are there different treatments that I could try?
- Do we need to alter the length/dose of my current treatment?

Surgery

- Might I need to have an operation?
- Please tell me about the procedures that might be suitable.

Ways of managing incontinence

As well as the treatments described above, there are several things that can help you to manage your incontinence, some of which are briefly described below. They may be useful for short periods (for example, during exercise or while you are waiting for a treatment to work), or if treatments have not worked or are not suitable for you.

- Your healthcare professional may suggest using absorbent products such as incontinence pants or pads, hand-held urinals (urine collection bottles) and toileting aids at the same time as treatment or if treatments have not worked.
- A tube (catheter) can be inserted into your bladder to drain the urine.
- Devices that are placed into your vagina or urethra may occasionally be useful for managing urine leakage, such as during physical exercise.

If you find that you have to urinate often at night (this is called nocturia), you may be offered a drug called desmopressin. The drug has not been 'licensed' (approved) for this use in the UK, so your healthcare professional should make sure you understand the risks and benefits before you agree to it.

Complementary therapies

Complementary therapies are not recommended for treating incontinence or overactive bladder syndrome in the NHS.

More information about urinary incontinence

The organisations below can provide more information and support for women with urinary incontinence. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Continence Foundation, 0845 345 0165, www.continence-foundation.org.uk
- Incontact, 0870 770 3246, www.incontact.org

NHS Direct online (www.nhsdirect.nhs.uk) may also be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further information and support.

About NICE

NICE produces advice (guidance) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the best available evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals working in the field. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This booklet and other versions of this guideline aimed at healthcare professionals are available at www.nice.org.uk/ICG040

You can order printed copies of this booklet from the NHS Response Line (phone 0870 1555 455 and quote reference N1129).