muscarinic agent that acts on all muscarinic receptor subtypes. Injections into bladder have been recently advocated and may have benefit in some selected patients. Botox (Botulinum Toxin) Trospium Chloride

Solifenacin succinate, (trade name Vesicare) is a competitive inhibitor of the muscarinic M3 subtype receptor. It also has antagonistic activity to muscarinic receptors. It is indicated in urodynamic overactive detrusor symptoms and incontinence. This drug is also available in New Zealand and can be purchased for use in Australia.

This agent is particularly useful for the treatment of nocturia and nocturnal enuresis. It is a tricyclic anti-depressant with anti-cholinergic effects to other anti-cholinergic medications. This drug is also useful in overactive detrusor symptoms such as urinary frequency, urgency and urge incontinence. It shares similar side effects, especially a dry mouth, blurred vision and cardiac morbidity, Imipramine is best avoided.

Imipramine (Tofranil)

This is a synthetic vasopressin with anti-diuretic properties. DDAVP (Minirin)

It is given in a dosage of 1 to 2mg two to three times a day. Its efficacy is similar to Oxybutinin, however it has fewer systemic side effects, especially a dry mouth, blurred vision and pelvic floor contractibility. Short periods of stimulation, for and pelvic pain. Electrical Stimulation

This may be of benefit by increasing encephalin in cerebrospinal fluid thus inhibiting detrusor contractibility. Early results are encouraging but subsequent relapse is common. Access to the sacral nerve junction is gained via a nerve bundle near the ankle. A 30-minute treatment session is conducted once the patient in a closed feedback loop. Although often successful in reflex inhibition of detrusor contractibility and also increases pelvic floor contractibility. This technique requires considerable patient motivation and is time-consuming and labor intensive. It is therefore infrequently used.

Summary

Detrusor overactivity is a common cause of lower urinary tract symptoms and incontinence. It can only be definitively diagnosed by urodynamic assessment. Most sufferers can have their symptoms significantly improved. We would initially recommend treatment with bladder retraining combined with pharmacotherapy such as Oxybutynin, a combination of Probanthine and Imipramine or Tolterodine. Failing drug therapy, cystodistention or electrical stimulation is recommended.

Understanding and Treatment of Prolapse

Understanding Pelvic Floor Exercises

Understanding Urinary Incontinence

Understanding Bladder Retraining

Further Educational Guides

www.urodynamic.com.au

For all appointments, call (02) 9790 6969.

A guide to understanding

URINARY INCONTINENCE

Prepared by

Andrew Korda
MBBS MA FRANZCOG CU

Christopher Benness
MBBS MD FRANZCOG CU

Hans Peter Dietz
MD PhD FRANZCOG DDU CU

This guide has been produced for educational purposes only.
What is urinary incontinence?

Urinary incontinence is the loss of urine at an inappropriate time or place resulting in a social or hygienic problem. The loss of bladder control is distressing and often embarrassing and affects over 50% of women at some stage of their life. Although more common with increasing age, urinary incontinence can occur at any age.

While to some women it may seem a nuisance only, urinary incontinence often worsens over time and seriously affects the quality of life of many sufferers. Many women become afraid to go out in public in case they have an ‘accident’. They give up sport and other activities which may reveal their problem. Their lifestyles often become governed by the availability of toilets for fear of being caught out.

Although urinary incontinence is common, it is not ‘normal’ or an inevitable accompaniment to getting older. In fact, there are very few women with this problem who cannot be cured or significantly improved.

Types of urinary incontinence

Stress incontinence is the loss of urine on coughing, sneezing or physical activity such as running. It is caused by weakness of supports of the bladder, often thought to be a result of childbirth. However, other factors may also be important such as chronic coughing or estrogen deficiency.

Urge incontinence is the inability to hold urine long enough to reach a toilet. There is a strong and sudden urge to void followed by an involuntary loss of urine. This may occur both day and night and is often due to a bladder ‘spasm’.

Overflow incontinence is the loss of small amounts of urine from a bladder that is overfull and never empties completely.

What is the solution?

Once the correct diagnosis has been made, your doctor can discuss an appropriate management plan with you. The different types of incontinence have different treatments varying from several forms of physiotherapy to medications, hormone treatment and occasionally surgery. Current options for incontinence often require minimal time in hospital and have a rapid recovery with excellent results.

The different types of incontinence mentioned above often occur together in the same woman and it is frequently difficult to make an accurate diagnosis clinically. This however, is vitally important and therefore many women need some investigations, called urodynamics, to accurately diagnose their problem.

What is urodynamic assessment?

Urodynamic assessment is a highly specialised method of making an accurate diagnosis of the cause of incontinence. The urodynamic recording system is connected to a computer and measures all the important functions of the bladder including urine flow rate, bladder capacity, as well as muscular and nervous control. The assessment is relatively inexpensive, does not take long and is associated with minimal discomfort.

Sydney Urodynamic Centres have been established at convenient locations around the metropolitan area (see back page). A referral is necessary from your GP or specialist. Following assessment, a confidential report is sent to your doctor who will then organise management of your condition.

Remember, if you suffer from urinary incontinence, don’t let your quality of life deteriorate. Arrange assessment and treatment now.

FURTHER INFORMATION

Should further information on urinary incontinence be required, please write to:

Bankstown Urodynamic Centre
Suite 2, Level 1, 56 Kitchener Parade
Bankstown NSW 2200

Or visit: www.urodynamic.com.au

Further Educational Guides available include:

Understanding Detrusor Overactivity
Understanding Pelvic Floor Exercises
Understanding Bladder Retraining
Understanding and Treatment of Prolapse

These are also available from our website www.urodynamic.com.au