



When you read up about your physical condition, you take an important tool into your own hands. The more you know about your physical condition, and the more positive steps you take, the better your chance for positive outcomes and treatment success.

Health Topic: Male Incontinence

Urinary incontinence is the involuntary loss of urine, especially if it creates a social or hygiene problem. Studies estimate that it affects 2% of males between ages 15-64 and 5-7% of men older than 65 and 50% of men in extended care facilities. It is frustrating and embarrassing for most afflicted men and results in billions of dollars spent annually for skin care, pads, catheters, medications and operations.

There are different **CATEGORIES** of male incontinence, each with different causes and treatments:

Stress incontinence: abdominal pressure from lifting, coughing, etc., increases bladder pressure to the point that it overcomes the ability of the urethra to resist it. It can vary from a little leakage with exertion to constant leakage with standing. Causes include removal of the prostate for cancer, surgery for benign prostate enlargement, pelvic trauma, pelvic radiation, and spina bifida.

Urge incontinence: men cannot prevent a bladder muscle contraction. These men have little or no warning before urination. It can occur due to spinal cord injuries, neurological conditions such as stroke, Parkinson's Disease and multiple sclerosis, bladder inflammation (infections, radiation, interstitial cystitis), bladder stones, and obstruction of the bladder outlet or urethra.

Mixed stress and urge incontinence: this is a combination of both types of incontinence. It occurs more often in women than men but can occur after prostate removal.

Overflow incontinence: the bladder is full but cannot empty completely, so urine leaks out as more urine enters the bladder from the kidneys. (Think of a bowl in a sink with a dripping faucet.) Bladder obstruction or poorly functioning bladder wall muscle may be causes of overflow incontinence.

Other types of incontinence: these can occur due to poor mobility and inability to get to the bathroom in a timely manner, lack of awareness due to brain injury or dementia such as Alzheimer's Disease, and medications such as antipsychotics, decongestants, diuretics ("water pills") and alcohol. Frequent urination at night and bedwetting occurs with urge incontinence but can occur in patients with heart failure who retain fluid during the day, only to excrete large amounts of urine at night.

Different **TESTS** may be necessary to evaluate incontinence:

History and Physical Exam: a thorough history including description and timing of incontinence (possibly with a voiding diary), past illnesses and operations. A physical exam including basic neurologic and urologic examinations is important.

Urinalysis (and culture): to rule out infection or inflammation, and diabetes.

Urodynamics: evaluates neurologic and bladder muscle function with a small catheter in the bladder to measure pressure during filling with water, and again during coughing and urination.

Cystoscopy: this office-based test involves placing a flexible scope into the bladder and urethra under local anesthesia. Direct vision allows the urologist to check for an obstructing prostate or urethral scar tissue (stricture), bladder tumors, stones or inflammation, and evidence of a thickened, hyperactive bladder wall.

Radiologic studies: ultrasound of the kidneys and bladder, CT scan to look for other abnormalities in the abdomen and pelvis, cystogram (filling the bladder with X-ray contrast), and MRI to check for spinal cord or brain abnormalities could be needed in some patients.

Incontinence **TREATMENTS** vary with the type of incontinence and underlying cause:

Behavioral or medication changes: simple treatments include changing the pattern of fluid intake, stopping or changing medications (as long as this does not worsen other conditions), pelvic muscle exercises (Kegels), programs to gradually increase the interval between urinations, and helping elderly patients to the commode.

Treat underlying conditions: elimination of infections, bladder stones or tumors, and control of diabetes.

Anticholinergic medications: these work to relax the bladder wall, allowing less frequency and more warning time. They include Detrol, Vesicare, Sanctura, Enablex, the Oxytrol patch and oxybutynin. Side effects can include dry mouth, constipation, and increased confusion, especially in older patients. These have to be used carefully or not at all in patients with narrow-angle glaucoma.

Relief of obstruction: patients with prostate enlargement and a functioning bladder may benefit from alpha-blockers such as Flomax, Uroxatral, doxazosin and terazosin, alone or in combination with 5-alpha reductase inhibitors such as Avodart or finasteride. Surgical treatment of obstruction includes Transurethral Resection of the Prostate (TURP), laser, microwave, or radiofrequency ablation of the enlarged prostate, and opening the scarred urethra.

Operations for stress incontinence: these procedures include placement of artificial mesh slings or an artificial urinary sphincter for stress incontinence. Proper patient selection and infection prevention are essential for success.

Electrical therapy: an implanted transmitter delivers electrical impulses to the nerves that control bladder function. InterStim therapy may work in patients who fail other treatment.

Catheters: used either continuously or intermittently, catheters are not ideal due to discomfort and risk of infection, but may be necessary in some patients.