

URINARY INCONTINENCE – uncontrolled loss of urine from the bladder

Many Types of Urinary Incontinence- Stress, Urge, Enuresis, Post void dribbling, Fistula.

OVERACTIVE BLADDER “OAB” – urgent and frequent trips to the bathroom- **Bladder spasms**

Treat with: OAB meds, Kegels, INTERSTIM, Posterior Tibial nerve stim, BOTOX, CO2 LASER treatment.

1) URGE INCONTINENCE- loss of a **large volume** of urine (cant stop it) during a strong **URGE** to urinate. “Got to go, got to go!”

The urge may be unprovoked or may be triggered by hearing the sound of water, trying to get your keys in the door, cold weather, drinking a soda or coffee etc.

Sometimes there is NO URGE but a large volume of urine flows and you cant stop it

This type of Incontinence is due to a **spasm** of the **bladder muscle**

Possible treatment options include OAB medications (Vesicare, Myrbetriq, Detrol etc.), KEGEL exercises, bladder stimulator “INTERSTIM”, Tibial Nerve Stimulation and BOTOX injections. CO2 LASER treatment (“Mona Lisa Touch”).

2) STRESS INCONTINENCE – loss of urine with physical activity **WITHOUT** the urge to urinate. The **physical action** suddenly presses on the bladder – a cough, sneeze, lifting, laughing jumping on a trampoline, etc.

Usually there are **small “squirts”** of urine with each action.

Stress Incontinence is due to a problem with the **urethra.**

Possible options for treating this problem: KEGEL exercises, Incontinence pessary, Urethral injections “Bulking”, urethral surgery “SLING”. CO2 LASER treatment (“Mona Lisa Touch”).

These two types of incontinence are treated differently. People often have **both** types – we call this **MIXED INCONTINENCE**.

Incontinence usually has NOTHING to do with a prolapsed or “dropped” bladder!!

