

Urinary Incontinence

What is urinary incontinence?

Urinary incontinence is the uncontrollable loss of urine from your bladder. This means that urine leaks from your bladder when you are not trying to go to the bathroom. Some refer to this as "having an accident," "leaking" or "wetting/peeing in my pants."

Urinary incontinence affects more than 25 million Americans, including cancer survivors. Because urinary incontinence involves such a personal and private matter, it can cause embarrassment and negatively affect your self-esteem, lifestyle and quality of life. Learning more about urinary incontinence and the causes and ways to treat and manage it can make it interfere less with your daily activities.

What causes urinary incontinence?

The bladder stores urine produced by the kidneys until time to empty the bladder. It is a muscular organ that expands as it fills with urine. Urine stays in the bladder until nerves from the bladder send a message to the brain, telling it that your bladder is full. The brain sends a message back to the bladder to release the urine.

Muscles create a valve that opens or closes to release or hold urine. Sometimes surgery in the pelvic area, such as prostate, uterine or colon surgery, injures the nerves to the bladder. If this occurs, the signals to the bladder may not be sent or may signal the bladder to contract at the wrong times.

The muscles supporting the bladder are called pelvic floor muscles. Because they surround the urethra tube, they help the bladder close tightly, holding urine. These muscles may stretch and weaken and be unable to close completely, allowing urine to leak.

Four conditions lead to incontinence:

- The valve closing the bladder is too loose
- The valve closing the bladder is too tight
- The bladder is too relaxed
- The bladder is too active

Factors that can contribute to urinary incontinence are:

- Pregnancy
- Childbirth
- Menopause
- Smoking
- Diabetes
- Parkinson's disease

- Obesity
- Chronic constipation
- Lifting or exercising
- Pelvic surgery or radiation
- Enlarged prostate gland
- Some medications, such as diuretics, sedatives, anti-depression medicines and chemotherapy

What are the symptoms of urinary incontinence?

Different types of urinary incontinence have different symptoms. Some people have more than one type of urinary incontinence.

Stress incontinence: Survivors with stress incontinence experience leaking urine with laughing, coughing, sneezing, lifting, exercising or standing up. The valve and the pelvic floor muscles for controlling urine cannot close tightly enough to prevent leakage.

Urge incontinence: Survivors with urge incontinence experience the need to urinate frequently and have to get to a restroom quickly to prevent leaking urine. The urge may be uncomfortable or even painful. The bladder is overactive and responds by signaling the need to urinate even though little urine is in the bladder.

Mixed incontinence: Survivors with mixed incontinence experience a combination of stress and urge symptoms. This is common.

Overflow incontinence: Survivors with overflow incontinence experience some obstruction to the urine flow until the bladder overfills and small amounts of urine leak. This may occur if the prostate is enlarged and squeezes the urethra or if the bladder valve does not open properly. Usually the bladder does not empty completely so there is the feeling of having to urinate every few minutes.

Which cancer survivors are at risk for incontinence?

Most of the studies on cancer survivors that include urinary incontinence have generally focused on those with prostate cancer. Yet, many different cancers and/or treatments can affect urinary incontinence.

Types of cancer that put a survivor at risk for urinary incontinence include:

- Cancers in the pelvis such as prostate, cervix, rectum, urethra and bladder
- Tumors of the brain, spinal cord or those affecting the nerves to the bladder or pelvic muscles
- Lung or esophageal cancer (because of chronic cough)
- Breast cancer (because of the drying affects of hormonal changes on the vaginal and urethral tissues, affecting the urethra's ability to make a tight closure and prevent urine leaks)

Types of cancer treatments that put a survivor at risk for urinary incontinence:

- Surgical changes to the bladder outlet, such as removing the prostate
- Side effects such as nausea and vomiting (contributing to stress incontinence)
- Bladder irritation (resulting in urinary frequency and urgency)
- Changes to the nerves or blood vessels responsible for urinary control
- Chemotherapy can contribute to nausea and vomiting, nerve damage and ovarian failure with loss of hormones
- Hormonal therapies can cause dryness to vaginal and urethral tissues
- Radiation to the pelvis for bladder, prostate, cervical or rectal cancer can cause bladder irritation and an overactive bladder (urge incontinence)
- Bone marrow transplant with high dose chemotherapy can have side effects of vomiting and bladder cystitis.

Cancer survivors may also be affected by urinary incontinence if they have difficulty reaching the bathroom without assistance. Cancer or your treatment may affect your ability to walk without assistance and in a timely manner. You may need assistance because of weakness, pain or medications. Cancer or your treatment may also affect your mental ability to respond to the need to urinate.

Can urinary incontinence be cured?

Urinary incontinence can be cured. Many successful options for treating urinary incontinence exist. Options include behavioral therapy, medications and surgery. Behavioral therapies can also be used along with surgical management and/or drug therapy for incontinence.

Behavioral therapy

Behavioral therapy treatment options affect a behavior or activity that needs changing such as emptying your bladder on a schedule, delaying the urge to go to the bathroom, strengthening your pelvic floor muscles or modifying your diet or fluids.

The advantages of behavioral therapy are:

- Improvement of several symptoms
- No side effects
- It is the least expensive method of treating urinary incontinence
- It is usually recommended as the first method to try

About 80 percent of those with incontinence improve their symptoms with behavioral treatments. You play a major role in your treatment.

Surgeries

Surgeries for urinary incontinence can be done to:

- Lift the bladder
- Tighten the valve
- Implant an artificial valve that goes around the urethra
- Inject collagen to stiffen the area around the urethra and bladder valve so it closes better
- Implant a small electrical device for nerve impulse and therapy to the bladder

These surgeries are performed by urologists and gynecologists and help reduce stress incontinence symptoms.

Medications

Medications for urge incontinence decrease how much the bladder muscles contract. They help with urgency and frequency, but may have side effects such as dry mouth or constipation and are not suitable for survivors with glaucoma. Medications for stress incontinence are being researched and will soon be available.

How will a cancer survivor's life change if s/he experiences urinary incontinence?

Because urinary incontinence is a personal and private issue, many survivors are embarrassed and reluctant to seek treatment. If it affects your quality of life after cancer, talk with your health care team about treating or managing your incontinence.

Urinary incontinence can affect these aspects of your life:

- Travel
- Social activities
- Recreational activities
- Work activities
- Sexual relationships

Cancer survivors have reported that dealing with their incontinence seems harder at times than dealing with cancer. Urinary incontinence affects your quality of life. Talk to your health care team about your symptoms. You are not alone. Many cancer survivors have been successfully treated for urinary incontinence.

Works Cited

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