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Stress Incontinence

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Stress incontinence is the most common form of incontinence. It means you leak urine when you increase the pressure on the bladder, as in coughing, sneezing or exercise. It happens when the pelvic floor muscles that support the bladder are weakened.

Weakened pelvic floor muscles cannot support the bladder and urine outlet (urethra) as well as they should. The pressure is too much for the bladder outlet to withstand and so urine leaks out.

Childbirth is a common reason for a weak pelvic floor. The main treatment for stress incontinence is pelvic floor exercises. Surgery to tighten or support the bladder outlet can also help. Medication may be used in addition to exercises if you do not want, or are not suitable for, surgery.

Stress incontinence symptoms

Stress incontinence occurs when urine leaks because there is a sudden extra pressure within the tummy (abdomen) and on the bladder.

This pressure (or stress) may be caused by things like coughing, laughing, sneezing or exercising (such as running or jumping).

Small amounts of urine may leak but sometimes it can be quite a lot and can cause embarrassment.

Your doctor or nurse may ask you to keep a [chart to record the times you pass urine, the amount of urine you pass on each occasion, and the times you leak urine \(are incontinent\)](#).

How common is stress incontinence?

Stress incontinence is the most common form of urinary incontinence. It is estimated that about three million women in the UK are regularly incontinent. Overall this is about 4 in 100 adults and well over half of these are due to stress incontinence. Stress incontinence becomes more common in older women. As many as 1 in 5 women over the age of 40 have some degree of stress incontinence.

It is likely that the true number of people affected is much higher. Many people do not tell their doctor about their incontinence, due to embarrassment. Some people wrongly think that incontinence is a normal part of ageing or that it cannot be treated. This is unfortunate, as many cases can be successfully treated or significantly improved.

Other types of urinary incontinence

The second most common type of incontinence is [urge incontinence](#). Briefly, urge incontinence occurs when you have an urgent desire to pass urine from an overactive bladder. Urine may leak before you have time to get to the toilet. Treatment is different to treatment for stress incontinence. Some people have both stress incontinence and urge incontinence. This is known as mixed incontinence.

Note: you should always see your doctor if you develop incontinence. Each type has different treatments. Your doctor will assess you to determine the type of incontinence and advise on possible treatment options. [See separate leaflet called Urinary Incontinence for a general overview and to understand what is likely to happen during your doctor's assessment.](#)

What causes stress incontinence?

Most cases of stress incontinence are due to weakened pelvic floor muscles. Pelvic floor muscles are often weakened by childbirth. The pelvic floor muscles are a group of muscles that wrap around the underside of the bladder and back passage (rectum). Stress incontinence is common in women who have had children, particularly if they have had several vaginal deliveries. It is also more common with increasing age, as the muscles become weaker, particularly after the menopause. Stress incontinence is also more common in women who are obese. Stress incontinence can occur in men who have had some treatments for prostate cancer. This includes surgical removal of the prostate (prostatectomy) and radiotherapy.

What are the treatment options for stress incontinence?

First-line treatment involves strengthening the pelvic floor muscles with pelvic floor exercises. About 6 in 10 cases of stress incontinence can be cured or much improved with this treatment. If you are overweight and incontinent then you should first try to lose weight in conjunction with any other treatments. Surgery may be offered if the problem continues and is a significant problem. Medication may be used in addition to exercises if you do not want, or are not suitable for, surgery.

Strengthening the pelvic floor muscles - pelvic floor exercises

It is important that you exercise the correct muscles. Your doctor may refer you to a continence advisor or physiotherapist for advice on the exercises. They may ask you to do a pelvic floor exercise while they examine you internally, to make sure you are doing them correctly. The sort of exercises are as follows:

Learning to exercise the correct muscles

- Sit in a chair with your knees slightly apart. Imagine you are trying to stop wind escaping from your back passage (anus). You will have to squeeze the muscle just above the entrance to the anus. You should feel some movement in the muscle. Don't move your buttocks or legs.
- Now imagine you are passing urine and are trying to stop the stream. You will find yourself using slightly different parts of the pelvic floor muscles to the first exercise (ones nearer the front). These are the ones to strengthen.
- If you are not sure that you are exercising the right muscles, put a couple of fingers into your vagina. You should feel a gentle squeeze when doing the exercise. Another way to check that you are doing the exercises correctly is to use a mirror. The area between your vagina and your anus will move away from the mirror when you squeeze.
- The first few times you try these exercises, you may find it easier to do them lying down.

Doing the exercises

- You need to do the exercises every day.
- Sit, stand or lie with your knees slightly apart. Slowly tighten your pelvic floor muscles under the bladder as hard as you can. Hold to the count of five, then relax. These are called slow pull-ups or long squeezes.
- Then do the same exercise quickly and immediately let go again. These are called fast pull-ups or short squeezes.
- The aim is to do a long squeeze followed by ten short squeezes, and repeat this cycle at least eight times. It should only take about five minutes.
- Aim to do the above exercises at least three times a day.
- Ideally, do each set of exercises in different positions. That is, sometimes when sitting, sometimes when standing and sometimes when lying down.
- As the muscles become stronger, increase the length of time you hold each slow pull-up or long squeeze. You are doing well if you can hold it each time for a count of 10 (about 10 seconds).
- Do not squeeze other muscles at the same time as you squeeze your pelvic floor muscles. For example, do not use any muscles in your back, thighs, or buttocks.
- Some people find it difficult to remember to do their exercises; a chart or a reminder on a phone may help.
- Try to get into the habit of doing your exercises at other times too, whilst going about everyday life. For example, when brushing your teeth, waiting for the kettle to boil, or washing up, etc.
- You may find it helpful to do a 'squeeze' just before you do something that would otherwise cause you to leak, like coughing or lifting.
- After several weeks the muscles will start to feel stronger. You may find you can squeeze the pelvic floor muscles for much longer without the muscles feeling tired.

It takes time, effort and practice to become good at these exercises. It is best to do these exercises for at least three months to start with. You should start to see benefits after a few weeks. However, it often takes two to five months for most improvement to occur. After this time you may be cured of stress incontinence. If you are not sure that you are doing the correct exercises, ask a doctor, physiotherapist or continence advisor for advice.

If possible, continue exercising as a part of everyday life for the rest of your life. Once incontinence has gone, you may only need to do one or two bouts of exercise each day to keep the pelvic floor muscles strong and toned up and to prevent incontinence from coming back.

Other ways of exercising pelvic floor muscles

Sometimes a continence advisor or physiotherapist will advise extra methods if you are having problems or need some extra help performing the pelvic floor exercises. These are in addition to the above exercises. For example:

- Electrical stimulation. Sometimes a special electrical device is used to stimulate the pelvic floor muscles with the aim of making them contract and become stronger.
- Biofeedback. This is a technique to help you make sure that you exercise the correct muscles. For this, a physiotherapist or continence advisor inserts a small device into your vagina when you are doing the exercises. When you squeeze the right muscles, the device makes a noise (or some other signal such as a display on a computer screen) to let you know that you are squeezing the correct muscles.
- Vaginal cones. These are small plastic cones that you put inside your vagina for about 15 minutes, twice a day. The cones come in a set of different weights. At first, the lightest cone is used. You will naturally use your pelvic floor muscles to hold the cone in place. This is how they help you to exercise your pelvic floor muscles. Once you can hold on to the lightest one comfortably, you move up to the next weight and so on.

- Other devices. There are various other devices that are sold to help with pelvic floor exercises. Basically, they all rely on placing the device inside the vagina with the aim of helping the pelvic muscles to exercise and squeeze. There is little research evidence to show how well these devices work. It is best to get the advice from a continence advisor or physiotherapist before using any. One general point is that if you use one, it should be in addition to, not instead of, the standard pelvic floor exercises described above.

Surgery

Various surgical operations are used to treat stress incontinence. They tend only to be used when the pelvic floor muscle exercises have not helped. The operations aim to tighten or support the muscles and structures below the bladder.

The tension-free vaginal tape (TVT) procedure is the name of an operation often used to treat stress incontinence. It involves a sling of man-made (synthetic) tape being used to support the urine outlet (urethra) and bladder neck. Sometimes a sling is made using tissue from another part of the patient's own body, such as the tummy (abdominal) muscles.

Colposuspension is the name of another operation to support the urethra and treat stress incontinence.

If you have a vaginal prolapse there is a weakness of the support structures of the pelvis and one or more of the organs of the body drops down into the vagina. Commonly, the prolapse involves the bladder. This is known as a cystocele. Surgical repair of this weakness (called an anterior repair) is often performed to treat the associated urinary incontinence. [See separate leaflet called Genitourinary Prolapse for more details.](#)

Other procedures involve injections of bulking agents around the bladder entrance, to keep it closed. These injections may be either natural materials (such as fat) or synthetic ones (such as silicone).

In general, surgery for stress incontinence is often successful.

Medication

Duloxetine is a medicine that is usually used to treat depression. However, it was found to help with stress incontinence separate to its effect on depression. It is thought to work by interfering with certain chemicals that are used in transmitting nerve impulses to muscles. This helps the muscles around the urethra to contract more strongly.

One study showed that in about 6 in 10 women who took duloxetine, the number of urine leakages halved compared to the time before they took the medication. Therefore, on its own, duloxetine is not likely to cure the incontinence but may help to make it less of a problem. However, duloxetine in addition to pelvic floor exercises may give a better chance of curing the incontinence than either treatment alone.

Duloxetine may be advised if pelvic floor exercises alone are not helping to treat your stress incontinence. It is usually advised in women who do not want to undergo surgery, or in women who have health problems that may mean that surgery is unsuitable.

Some general lifestyle measures which may help

- Your GP may refer you to the local continence adviser. Continence advisers can give advice on treatments, especially pelvic floor exercises. If incontinence remains a problem, they can also give lots of advice on how to cope. Examples include the supply of various appliances and aids such as incontinence pads, etc.
- Getting to the toilet. Make this as easy as possible. If you have difficulty getting about, consider special adaptations like a handrail or a raised seat in your toilet. Sometimes a commode in the bedroom makes life much easier.
- Obesity. Stress incontinence is more common in women who are obese. Weight loss is advised in those who are overweight or obese. It has been shown that losing a modest amount of weight can improve urinary incontinence in overweight and obese women. Even just 5-10% weight loss can help symptoms.
- Smoking can cause cough which can aggravate symptoms of incontinence. It would help not to smoke.

Can stress incontinence be prevented?

If you do regular pelvic floor exercises (as described above) during pregnancy and after you have a baby then stress incontinence is less likely to develop following childbirth and in later life. Maintaining an average weight for your height will also help.

Further reading & references

- [International Painful Bladder Foundation \(IPBF\)](#)
- [Urinary incontinence in women: management](#); NICE Clinical Guideline (September 2013)
- [Chapple CR, Wein AJ, Abrams P, et al; Lower urinary tract symptoms revisited: a broader clinical perspective. Eur Urol. 2008 Sep;54\(3\):563-9. doi: 10.1016/j.eururo.2008.03.109. Epub 2008 Apr 8.](#)
- [Urinary tract infection \(lower\) - women](#); NICE CKS, July 2015 (UK access only)
- [Uncomplicated urinary tract infection in women](#); Royal College of General Practitioners/Public Health England (January 2017)





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