Urge Incontinence



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Symptoms

Strong Urge To Void
Strong-arms Urgently squeezing knees
Urge incontinence is characterized by an intense urge to void, whether or not the bladder is full.

Unable To Void Quickly Enough
Peeing in pants
Patients often are unable to reach a restroom facility quickly enough after getting a strong urge or sensation to void. This leads to involuntary incontinence, because the urge to urinate comes frequently and intensely giving the patient little warning and therefore less time. Be sensitive to self care issues, and assist the patient with fresh clothes and/or linens to avoid embarrassment.

Nocturia
Nocturnal-moon-urine
Patients with urge incontinence will often wake up at night to void. This is common in any patient who experiences frequency.

Increased Frequency
Up-arrow Frequency-wave
Urinating more than 8 times in 24 hours is a symptom of urge incontinence.

Small Volume Voids
Smaller Urinals
During urination, the patient will void only a small amount, even if they feel the sensation of having a full bladder.

Pathophysiology

Increased Detrusor Muscle Activity
Up-arrow D-trousers
The detrusor muscle is in the wall of the bladder that allows the bladder to contract when voiding to release urine. Increase in muscle activity or spasms cause a constant urge to urinate. This may be associated with inflammatory nervous disorders or disorders of the spinal cord or CNS, causing contractile dysfunction of the bladder. Spinal cord lesions, bladder stones, tumors or cystitis may also cause bladder irritation, resulting in uncontrollable bladder contractions and incontinence.

Treatment

Avoid Caffeine & Alcohol
Avoid-sign Caffeinated-coffee and Alcoholic-martini
Certain lifestyle modifications can be made to manage urge incontinence. A patient should avoid foods and liquids that irritate the bladder, in addition to avoiding caffeine and alcohol, managing fluid intake throughout the day, and planning timed voiding to reduce the frequency of urination.

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Anticholinergics

Ant-tie-cola

Anticholinergic agents, such as oxybutynin, are often used to treat urge incontinence. These medications inhibit the binding of acetylcholine to the cholinergic receptor, resulting in suppression and involuntary bladder contraction.

Mirabegron

Mirror-bed

Mirabegron is used as a second line treatment for urge incontinence when antimuscarinics cannot be taken or are ineffective. This medication acts on the beta 3 adrenergic receptors to relax the detrusor muscle.

Botox

Bow-tux

Injecting neurotoxin from Clostridium botulinum in the detrusor muscle prevents ACh release from presynaptic membrane. This treatment is indicated for urinary incontinence in patients with neurologic conditions or for patients who do not respond adequately to medication.

Sacral Neuromodulation

Nerve-mode-dial stimulating Sacral-area

Sacral neuromodulation is a form of electrical stimulation therapy that controls symptoms of urinary incontinence through direct modulation of the nerve activity. In this procedure, a generator device is usually placed through the sacral foramen to stimulate the S3 sacral nerve to decrease detrusor muscle contractions. Percutaneous tibial nerve stimulation (PTNS) is another treatment option for patients exhibiting urge incontinence symptoms.

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