

	<b>Stress Incontinence</b>	<b>Urge Incontinence</b>	<b>Overflow Incontinence</b>
<b>Cause</b>	<p><b>Loss of structural support of the bladder neck and urethra.</b></p> <p>Associated with vaginal childbirth, obesity, menopause (low estrogen), and advanced age.</p>	<p><b>Detrusor overactivity due to:</b></p> <ul style="list-style-type: none"> <li>• Bladder irritation <ul style="list-style-type: none"> <li>○ Cystitis, stones, cancer</li> </ul> </li> <li>• Loss of bladder inhibition <ul style="list-style-type: none"> <li>○ Stroke</li> <li>○ Parkinson disease</li> <li>○ Spinal cord injury</li> </ul> </li> </ul>	<p><b>Overdistension of the bladder due to:</b></p> <ul style="list-style-type: none"> <li>• Impaired detrusor activity <ul style="list-style-type: none"> <li>○ Diabetic neuropathy (Neurogenic bladder)</li> <li>○ Multiple sclerosis</li> <li>○ Spinal cord injury</li> </ul> </li> <li>• Bladder outlet obstruction (BPH)</li> </ul>
<b>Clinical Key Points</b>	<p><i>"The bladder is leaking when I'm moving"</i></p> <p>Leakage of a small amount of urine <b>occurs during activities</b> that cause increased intra-abdominal pressure:</p> <p>Coughing, laughing, sneezing, physical activity (running, walking, rising from a chair, bending over)</p> <p><b>Cough stress test:</b> Leakage occurs with coughing</p> <p>Q-tip (cotton swab) test: demonstrates urethral hypermobility by seeing a change in the angle of the Qtip of more than 30° during the Valsalva maneuver.</p> <p>Only incontinence that <u>doesn't occur at night!!!</u></p>	<p><i>"The bladder is contracting when I don't want it to contract!"</i></p> <p>Involuntary detrusor contractions cause:</p> <ul style="list-style-type: none"> <li>• <b>Strong Sense of Urgency</b></li> <li>• Sudden rapid loss of the entire contents of the bladder</li> <li>• Nocturia</li> </ul>	<p><i>"The bladder is full and it's spilling over"</i></p> <p>Frequent leakage of small amounts of urine associated with urinary retention.</p> <p><b>*** High residual volume ***</b></p> <p>Nocturia</p> <p>No urgency or detrusor contraction</p> <p>Neurologic lesions may cause =&gt; absence of the bulbocavernosus reflex</p>
<b>Treatment</b>	<p>Pelvic muscle training (<b>Kegal exercises</b>), Estrogen</p> <p>Surgery for severe cases</p>	<p>Behavioral therapy</p> <p><b>Anticholinergic</b> bladder relaxant agents (Oxybutynin, Tolterodine)</p>	<p>Bladder Catheterization regiment</p> <p>Treat the underlying cause if possible</p>