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Overflow incontinence treatment

Overflow incontinence happens when your bladder doesn't empty completely when you urinate. Small amounts of the remaining urine leak out later because your bladder becomes too full.You may or may not feel the need to urinate before leaks happen. This type of urinary incontinence is sometimes called dribbling.Besides urine leakage, you may also experience:trouble starting to urinate and a weak stream once it startsgetting up regularly during the night to urinatefrequent urinary tract infectionsUrinary incontinence is most common in older adults. Almost half of Americans age 65 and older have experienced it.Urinary incontinence in general is twice as common in women as in men, but men are more likely than women to have overflow incontinence.Keep reading to learn more about causes, risk factors, treatment, and more.The main cause of overflow incontinence is chronic urinary retention, which means you can't empty your bladder. You may need to urinate often but have trouble starting to urinate and completely emptying your bladder.Chronic urinary retention is more common in men than in women. In men, it's often caused by benign prostatic hyperplasia, which means the prostate is enlarged but not cancerous.The prostate is located at the base of the urethra, a tube that carries urine out of a person's body.When the prostate becomes enlarged, it puts pressure on the urethra, making it harder to urinate. The bladder can also become overactive, making a man with an enlarged bladder feel the urge to urinate often.Over time, this can weaken the bladder muscle, making it harder to empty the bladder completely. The urine remaining in the bladder makes it become full too often, and urine leaks out.Other causes of overflow incontinence in men and women include:bladder stones or tumorsconditions that affect the nerves, like multiple sclerosis (MS), diabetes, or brain injuriesprevious pelvic surgerycertain medicationssevere prolapse of a woman's uterus or bladderOverflow incontinence is one of several types of urinary incontinence. Each has different causes and characteristics:Stress incontinence: This happens when physical activity, like jumping, laughing, or coughing, causes urine to leak. Possible causes are weakened or damaged pelvic floor muscles, urethral sphincter, or both. Usually, you don't feel the need to urinate before leaks happen.Women who've delivered a baby vaginally may be at risk for this type of incontinence because pelvic floor muscles and nerves can be damaged during childbirth.Urge incontinence (or overactive bladder): This causes a strong, sudden need to urinate even if your bladder isn't full. You might not be able to make it to the bathroom in time.The cause is often unknown, but it tends to happen to older adults. In some cases, it's a side effect of infections or certain conditions, like Parkinson's disease or MS.Mixed incontinence: This means you have both stress and urge incontinence.Women with incontinence usually have this type. It also occurs in men who have had their prostate removed or have had surgery for an enlarged prostate.Reflex incontinence: This is caused by damaged nerves that can't warn your brain when your bladder is full. It usually happens to people with severe neurological damage from:spinal cord injuriesMSsurgeryradiation treatmentFunctional incontinence: This happens when an issue unrelated to the urinary tract causes you to have accidents.Specifically, you're unaware you need to urinate, can't communicate that you need to go, or are physically unable to get to the bathroom in time.Functional incontinence can be a side effect of:Your doctor may ask to you keep a bladder diary for a week or so prior to your appointment. A bladder diary can help you find patterns and possible causes for your incontinence. For a few days, record:how much you drinkwhen you urinatethe amount of urine you producewhether you had an urge to urinatehow many leaks you hadAfter discussing your symptoms, your doctor may perform diagnostic testing to figure out the type of incontinence you have:A cough test (or stress test) involves coughing while your doctor checks to see if urine leaks.A urine test looks for blood or signs of infection in your urine.A prostate exam checks for an enlarged prostate in men.A urodynamic test shows how much urine your bladder can hold and whether it can empty completely.A post-void residual measurement checks how much urine is left in your bladder after you urinate. If a large amount remains, it could mean you have blockage in your urinary tract or a problem with the bladder muscle or nerves.Your doctor may also recommend additional tests, like a pelvic ultrasound or cystoscopy.Depending on your specific needs, your treatment plan could include one or more of the following:At-home behavioral trainingAt-home behavioral training can help you teach your bladder to control leaks.With bladder training, you wait a certain amount of time to urinate after you feel an urge to go. Start by waiting 10 minutes, and try to work your way up to only urinating every 2 to 4 hours.Double voiding means that after you urinate, you wait a few minutes and try to go again. This can help train your bladder to empty completely.Try scheduled bathroom breaks, where you urinate every 2 to 4 hours instead of waiting to feel an urge to go.Pelvic muscle (or Kegel) exercises involve tightening the muscles you use to stop urinating. Tighten them for 5 to 10 seconds, and then relax for the same amount of time. Work your way up to doing 10 reps, three times a day.Products and medical devicesYou may be able to use the following products to help stop or catch leaks:Adult undergarments are similar in bulk to normal underwear but absorb leaks. You can wear them under everyday clothing. Men may need to use a drip collector, which is absorbent padding held in place by close-fitting underwear.A catheter is a soft tube you insert into your urethra several times a day to drain your bladder.Inserts for women can help with different incontinence-related issues:A pessary is a stiff vaginal ring you insert and wear all day. If you have a prolapsed uterus or bladder, the ring helps hold your bladder in place to prevent urine leakage.A urethral insert is a disposable device similar to a tampon that you insert into the urethra to stop leaks. You put it in before doing any physical activity that usually causes incontinence and remove it before urinating.MedicationsThese medications are commonly used to treat overflow incontinence.Alpha-blockers relax muscle fibers in a man's prostate and bladder neck muscles to help the bladder empty more completely. Common alpha-blockers include:5a reductase inhibitors may also be a possible treatment option for men. These medications help treat an enlarged prostate gland.Medications for overflow incontinence are primarily used in men. Both men and women may benefit from surgery or the use of catheters to help the bladder empty as it should.SurgeryIf other treatments aren't working, surgery may be an option, including:Anticholinergics are used to help treat overactive bladder by preventing bladder spasms. Common anticholinergics include:oxybutynin (Ditropan XL)tolterodine (Detrol)darifenacin (Enbax)sofifenacin (Vesicare)trospiumfesoterodine (Toviaz)Mirabegron (Myrbetriq) relaxes the bladder muscle to help treat urge incontinence. It can help your bladder hold more urine and empty more completely. Patches deliver medicine through your skin. In addition to tablet form, oxybutynin (Oxytrol) comes as a urinary incontinence patch that helps control bladder muscle spasms.Low-dose topical estrogen can come in a cream, patch, or vaginal ring. It may help women restore and tone tissue in the urethra and vaginal areas to help with some incontinence symptoms.Interventional therapiesInterventional therapies may be effective if other treatments haven't helped with your symptoms.There are a few types of interventional therapies for urinary incontinence.The one that is most likely to help with overflow incontinence involves injections of a synthetic material, called bulking material, in the tissue around the urethra. This helps keep your urethra closed, which can reduce urine leakage.If you have overflow incontinence, talk to your doctor about treatment options.You might have to try a few methods before you find one that works for you, but it's often possible to manage your symptoms and minimize interruptions to your daily life. Medically Reviewed by Nazia Q Bandukwala, DO on July 21, 2020 If you find yourself leaking urine during the day or even wetting the bed at night, you may be experiencing symptoms of overflow incontinence.Overflow incontinence is one of several different types of incontinence, the inability to control urination. Overflow incontinence occurs when you are unable to completely empty your bladder; this leads to overflow, which leaks out unexpectedly. You may or may not sense that your bladder is full. The leakage, which can cause embarrassment and discomfort, is not the only problem. Urine left in the bladder is a breeding ground for bacteria. This can lead to repeated urinary tract infections.Unlike other types of incontinence, overflow incontinence is more common in men than women. The most common cause in men is an enlarged prostate, which impedes the flow of urine out of the bladder. Other possible causes of overflow incontinence include:Blockages of the urethra (the tube that carries urine from the bladder to outside the body) from tumors, urinary stones, scar tissue, swelling from infection, or kinks caused by dropping of the bladder within the abdomenWeak bladder muscles, which are unable to squeeze the bladder emptyInjury to nerves that affect the bladderNerve damage from diseases such as diabetes, alcoholism, Parkinson's disease, multiple sclerosis, back problems/back surgery, or spina bifidaMedications, including some anticonvulsants and antidepressants, that affect nerve signals to the bladderIf you have problems with incontinence, it's important to speak with your doctor. Determining the type you have and the best treatment for it will begin with describing the problem. Your doctor may ask questions such as:How often do you go to the bathroom?When you go to the bathroom, do you have trouble starting or stopping the flow of urine?Do you leak urine during certain activities?Do you leak constantly?Do you leak urine before you get to the bathroom?Do you experience pain or burning when you urinate?Do you get frequent urinary tract infections?Have you had a back injury?Do you have a medical condition that could interfere with bladder function?What medications are you taking? Next, your doctor will perform a physical examination and look for signs of damage to the nerves that affect the bladder and rectum. Depending on the findings of the examination, your doctor may refer you to a urologist (a doctor who specializes in diseases of the urinary tract) or neurologist (a doctor who specializes in diagnosing and treating diseases of the nervous system). Tests are often needed. These may include:Bladder stress test. Your doctor checks to see if you lose urine when coughing.Catheterization. After having you go to the bathroom and empty your bladder, the doctor inserts a catheter to see if more urine comes out. A bladder that doesn't empty completely could indicate overflow incontinence.Urinalysis and urine culture. Lab technicians check your urine for infection, other abnormalities, or evidence of kidney stones.Ultrasound. An imaging test is performed to visualize inner organs such as the bladder, kidneys, and ureters. This can also be used to measure how much urine remains in your bladder after you empty your bladder.If the diagnosis is still not clear, your doctor may order urodynamic testing. Urodynamic testing can evaluate bladder contractions, bladder pressure, urine flow, nerve signals, and leakage.Other tests to confirm a diagnosis may include: cystoscopy, a test that examines the inside of the bladder with a small scope called a cystoscope; a CT scan to evaluate the kidneys and bladder; and IVP, a procedure in which a special solution is injected into a vein in your arm and an X-ray is taken of your kidneys, ureters (the tubes that carry urine from the kidneys to the bladder), and bladder.Treating overflow incontinence can be difficult, but for some men with an enlarged prostate, treatment with a type of medication called an alpha-adrenergic blocker -- including doxazosin (Cardura), alfuzosin (Uroxatol), prazosin (Minipress), tamsulosin (Flomax), silodosin (Rapaflo), and terazosin (Hytrin) -- can help relax the muscle at the base of the urethra and allow urine to pass from the bladder. Timed urination every 2-3 hours can help keep the bladder empty. Waiting 30 seconds after urinating to see if you can urinate again may also help empty the bladder. If medications do not relieve overflow incontinence, your doctor will have you use a catheter to ensure your bladder is emptied when you go to the bathroom. A catheter is a very thin tube that you can place in the urethra yourself. Your doctor or nurse can teach you how to self-catheterize. The process is simple, and single catheters are small enough to carry in your purse or pocket and are easy to dispose of after use.Surgery may be needed if overflow incontinence is caused by a blockage, such as prostate enlargement.SOURCES:Bladder and Bowel Foundation web site: "Overflow Incontinence."FDA web site: "Controlling Urinary Incontinence."Parker, W.H. Roseman, A.E. Parker R. The Incontinence Solution: Answers for Women of All Ages. Simon & Schuster. 2002.National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) web site: "Urinary Incontinence in Women." "Urodynamic Testing."EurasiaHealth Knowledge Network web site: "Urinary Incontinence." © 2020 WebMD, LLC. All rights reserved. Click to view privacy policy and trust info Treatment depends on the type of UI you have. Your doctor may recommend you first try self-care treatments. Make lifestyle changes You may be able to reduce leaks by making lifestyle changes. Drink the right amount of liquid at the right time. Ask your doctor whether you should drink less liquid during the day. However, don't limit liquids to the point of becoming dehydrated. Your doctor can tell you how much and when to drink based on your health, activities, and local climate. To limit nighttime trips to the bathroom, you may want to stop drinking liquids a few hours before bedtime, but only if your doctor suggests it. Limiting foods and drinks with caffeine, such as chocolate, tea, coffee, and carbonated beverages, may help to reduce leaks. You should also limit alcoholic drinks, which can increase how much urine your body makes. The amount of urine a person should make is different for everyone, based on how much liquid you drink, how much you sweat, how much liquid you use by breathing, and the medicines you take. Be physically active. Although you may not feel like being physically active when you have UI, regular physical activity is important for weight management and good overall health. Even something like walking can improve your health. If you're concerned about not having a bathroom nearby during physical activity, find a place with nearby restrooms, such as a shopping mall, community park, or local gym. Keep a healthy weight. Your chances of developing UI and other diseases, like diabetes, are higher if you're overweight or have obesity. Losing weight can help you have fewer leaks, and avoiding weight gain may prevent UI. Studies suggest that, as your body mass index (BMI) increases, you're more likely to leak.2 If you're overweight or have obesity, talk with your doctor about how to lose weight. Avoid constipation. Constipation, can make urinary tract health worse and can lead to UI. Talk with your doctor about drinking more liquids and eating enough fiber to help avoid constipation. Doctors use medicines called antimuscarinics, such as oxybutynin and tolterodine, tricyclic antidepressants, and beta-3 agonists to treat UI, but they can cause constipation. Stop smoking. If you smoke, get help to stop smoking. Quitting smoking at any age is good for your bladder health and overall health. Smoking raises your chances of developing stress incontinence, because smoking causes chronic, or long-lasting, coughing. You might improve your UI if you're able to stop coughing.3 Smoking also causes most cases of bladder cancer. Some people say smoking makes their bladder more irritated. You may be able to reduce leaks by being physically active and keeping a healthy weight. Train your bladder Bladder training is when you urinate on a schedule to help reduce leaking. Based on a bladder diary (PDF, 487.59 KB), your doctor may suggest using the bathroom on a regular schedule, called timed voiding. Gradually lengthening the time between trips to the bathroom can help stretch your bladder so it can hold more urine. Record your daily bathroom habits so you and your doctor can review your diary. Do pelvic floor muscle exercises Strong pelvic floor muscles hold in urine better than weak muscles. You can make your pelvic floor muscles stronger by doing Kegel exercises. These exercises involve tightening and relaxing the muscles that control urine flow. A review of studies showed that women who received pelvic floor muscle training were much more likely to have improvement in their leaking than those women who didn't get training.4 You should not do pelvic floor exercises while you're urinating. Men can also benefit from pelvic floor muscle exercises. Strengthening these muscles may help a man leak urine less often, especially dribbling after urination. A health care professional, such as a physical therapist trained in pelvic floor therapy, can help you get the most out of your Kegel exercises by helping you improve your core muscle strength. Your core includes your torso muscles, especially the lower back, pelvic floor muscles, and abdomen. These muscles all keep your pelvis lined up with your spine, which helps with good posture and balance. Your physical therapist can show you how to do some exercises during daily activities, such as riding in a car or sitting at a desk. You don't need special equipment for Kegel exercises. However, you can learn how to perform Kegel exercises properly by using biofeedback. Biofeedback uses special sensors to measure muscle contractions that control urination. Control your urge to urinate You may be able to suppress, or control, the strong urge to urinate, called urge or urgency suppression. With this type of bladder training, you can worry less about finding a bathroom in a hurry. Some people distract themselves to take their mind off needing to urinate. Other people find that long, relaxing breaths or holding still can help. Doing pelvic floor exercises to strengthen your pelvic floor also can help control the urge to urinate. Quick, strong squeezes of the pelvic floor muscles can help suppress urgency when it occurs, which may help you get to the toilet before you leak. How can my doctor treat my bladder control problem? If you can't manage your UI using self-care and new habits, your doctor may prescribe medicine, a medical device, or—as a last resort—surgery to help treat UI. Medicines For urgency incontinence your doctor may prescribe one of the following medicines in a pill, liquid, or patch to relax your bladder antimuscarinics, such as oxybutynin and tolterodine beta-3 agonists beta-3 adrenergic receptor stimulators tricyclic antidepressants A doctor may use botulinum toxin A, or Botox, to treat urinary incontinence when other medicines or self-care treatments don't work. Injecting Botox into the bladder relaxes it, which makes more room for urine and lowers the chances of developing UI. For men. If you're a man with UI, your doctor may prescribe another type of medicine, in addition to antimuscarinics, if you also have an enlarged prostate. These medicines include alpha-blockers 5-alpha reductase inhibitors Medical devices Women and men with overflow incontinence may need to use a catheter to empty their bladder. A health care professional can teach you how to use a catheter. You may need to use a catheter once in a while, a few times a day, or all the time. Catheters that are used all the time drain urine from your bladder into a bag attached to your thigh with a strap. Watch for signs of a bladder infection if you use a catheter all the time. For women. A pessary is a soft plastic ring used for stress incontinence that you or your doctor insert into your vagina. The pessary presses against the wall of your vagina and the nearby urethra. The pressure helps hold up the urethra, so you have less leaking. Another newer product to treat stress incontinence is a tampon-like disposable device that you can insert into your vagina for up to 12 hours at a time. The product expands to push up against your urethra to help decrease leaks. Bulking agents During a short office visit, a doctor can inject a bulking gel or paste near your urinary sphincter to treat stress incontinence. The injected material "bulks" or helps thicken the area around the urethra and helps close your bladder opening so you have less leaking. Electrical nerve stimulation If you've tried other ways to stay dry, including medicines and lifestyle changes, and nothing has worked, your doctor may suggest electrical nerve stimulation for urgency incontinence and other symptoms. Electrical nerve stimulation involves changing your bladder's reflexes using pulses of electricity. If lifestyle changes don't improve your urinary incontinence, speak with your doctor about other options. Surgery If you have overflow incontinence caused by a blockage or a narrowed urethra, a doctor can treat it with surgery to remove the blockage. For women. A weak bladder neck or poorly supported urethra can cause stress incontinence and may be treated with some type of surgery. In sling surgery, a surgeon works through the vagina to insert a strip of material—usually mesh—in the tissue between the vagina and urethra. Mesh is a screenlike material that doctors can implant in your body to support the bladder or urethra or repair a hernia. A doctor performs the operation in a hospital or surgery center. You'll receive general, spinal, or local anesthesia. Most women can leave the hospital the same day, though some may need to stay overnight. Full recovery takes 2 to 3 weeks. Although sling surgeries with surgical mesh, sometimes called "mid-urethral slings," can be successful and safe, serious complications can occur in some women. Your doctor can explain the risks and benefits of surgery for stress incontinence and what kind of results you can expect. He or she can help you decide whether surgery is right for you. For men. Stress incontinence in men is sometimes treated with surgery. Surgery includes the artificial urinary sphincter (AUS) and the male sling procedures. A doctor performs the operations in a hospital. You'll receive general or spinal anesthesia. Most men can leave the hospital the same day, though some may need to stay overnight. Your doctor can explain the risks and benefits of surgery for UI and what kind of results you can expect. Minimally invasive surgeries are available for men with an enlarged prostate. Try using self-care and new habits to treat your bladder problem. If that doesn't work, your doctor may prescribe medicine, a medical device, or a bulking agent. How can I cope with bladder control problems? Protective products Even after treatment, you may still leak urine from time to time. Certain products can help you cope with leaking urine Pads. You can wear disposable pads in your underwear to absorb leaking urine. Absorbent, washable underwear. You can use underwear lined with extra fabric to absorb urine. Adult incontinence briefs. You can wear incontinence briefs that act like diapers to keep your clothes dry. Waterproof underwear. Waterproof underwear can protect your clothes from getting wet. Large disposable pads. You can use large disposable pads to protect chairs and beds from urine. External catheters. An external catheter can collect urine from a man's body and drain it into a bag that is attached to the thigh with a strap. Special skin cleaners and creams. Special skin cleaners and creams may keep your skin around the urethra from becoming irritated. Creams can help block urine from your skin. Urine deodorizing tablets. Talk with your doctor about whether taking urine deodorizing tablets by mouth can make your urine smell less strong. Emotional support Bladder control problems are common, yet many people feel too embarrassed to talk about them. At the very least, talk with your doctor about your bladder problems. Your doctor can help you connect with a support group for people with similar problems. Consider speaking with your family and friends about your UI. Your family and friends also may help find easier ways for you to use the bathroom regularly. In sharing your struggle, you may find that other people in your life have bladder problems as well. References [2] Gordon B, Shorter B, Isoldi KK, Moldwin RM. Obesity with comorbid stress urinary incontinence in women: a narrative review to inform dietetics practice. *Journal of the Academy of Nutrition and Dietetics*. 2017;117(6):899-907. [3] French CL, Crawford SL, Bova C, Irwin RS. Change in psychological, physiological, and situational factors in adults after treatment of chronic cough. *Chest*. 2017;152(3):547-562. [4] Angelini K. Pelvic floor muscle training to manage overactive bladder and urinary incontinence. *Nursing for Women's Health*. 2017;21(1):51-57.

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