PRIMARY CARE MANAGEMENT GUIDELINES
Female Urinary Incontinence

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Involuntary leakage of urine. Stress incontinence is the involuntary leakage of small amounts of urine with exertion such as coughing and sneezing, laughing, lifting or playing sport in the absence of any desire to go to the toilet. Urge incontinence is an urgent, sudden, overwhelming urge to pass urine and unable to get to the toilet in time. Many women suffer from a combination of urge and stress incontinence.

CLINICAL PROBLEM (Clinical Determinants)	ACTIONS	LOCAL IMPLEMENTATION REQUIREMENTS
PREDOMINANTLY STRESS INCONTINENCE WITH PELVIC FLOOR MUSCLE CONTRACTION ON VAGINAL EXAM[1]		
All patients	1. History and physical examination 2. Dipstick and/or MSU 3. Lifestyle interventions: decrease caffeine, weight and smoking. Treat constipation 4. Pelvic floor muscle training and /or bladder retraining for 15-20 weeks 5. Advise re: continence products[2] 6. Consult community-based person[3] skilled in the assessment and training of bladder/pelvic floor muscles 7. Remember "DIAPPERS" in elderly women[4]	Refer to community-based person[3] skilled in the assessment and training of bladder/pelvic floor muscles
Post-menopausal	Topical vaginal oestrogen[5], or hormone replacement therapy (HRT)[6] if other indications	
Possible pharmacological causes[7]	Prescribe alternatives if possible	
PREDOMINANTLY STRESS INCONTINENCE WITH WEAK OR NO PELVIC FLOOR MUSCLE CONTRACTION ON VAGINAL EXAM[1]		
Predominantly stress incontinence with weak or no pelvic floor muscle contraction on vaginal exam[1]	Consult Physical Therapist / Specialist Continence Advisor	Refer to Specialist Physical Therapist / Specialist Continence Advisor skilled in the assessment and training of bladder/pelvic floor muscles
PREDOMINANTLY URGE INCONTINENCE		
All patients	1. Dipstick and/or MSU 2. Lifestyle interventions: decrease caffeine, weight and smoking. Treat constipation 3. Bladder retraining / Pelvic floor muscle training for 15-20 weeks 4. Advise re: continence products[2] 5. Refer to person[3] skilled in the assessment and training of bladder/pelvic floor muscles	Refer to community-based person[3] skilled in the assessment and training of bladder/pelvic floor muscles
Post-menopausal	Topical vaginal oestrogen[5], or HRT[6] if other indications	
Overactive bladder[8]	Trial of bladder relaxants	Oxybutynin 2.5mg daily. Increasing by 2.5mg up to a maximum of 5mg three times daily titrated to side effects Tolterodine (not subsidised)
STRESS OR URGE INCONTINENCE		
Failed conservative treatment	Consult Specialist	Local referral form See over page
Pain, haematuria, recurrent infection, voiding difficulties, suspected fistula, neuropathic bladder	Consult Specialist	Local referral form
Significant pelvic organ prolapse	Refer to prolapse guideline Consult Gynaecologist	Local referral form

SEE NOTES ON REVERSE >>>

NOTES:

1. Vaginal examination to check pelvic floor muscles to check a correct voluntary floor muscle contraction.
2. This is not intended to be the definitive treatment.
3. Skilled person may be Continence Advisor, Physiotherapist, General Practitioner, Practice Nurse, District Nurse.
4. "DIAPPERS" - Consider **D**elirium, **I**nfection (UTI), **A**trophic vaginitis, **P**harmaceuticals, **P**sychological, **E**xcess fluids, **R**estricted mobility, **S**tool constipation. Consider referral to an Assessment, Treatment and Rehabilitation unit.
5. Urgency, frequency, recurrent urinary tract infection in post-menopausal women may be improved by use of oestrogen therapy, especially vaginal oestrogens (recommendation 42nd RCOG Study Group 2001).
6. Not useful in peri-menopausal women.
7. Includes diuretics, sedatives or alpha blockers. Alpha blockers for treatment of hypertension cause reduction in urethral tone causing or making stress incontinence worse.
8. Symptoms of frequency, urgency, incontinence.

REFERRAL LETTER INFORMATION

- Demographics.
- Specific critical determinants leading to referral.
- The referral statement, urological history - most bothersome symptoms, type of symptoms and triggers if appropriate, duration of symptoms, frequency of leakage if any.
- Any other history of note e.g. bowel, bladder, obstetric/gynaecological, medical/surgical, medication.
- Summary of gynaecological, abdominal, pelvic examination. Dipstick and/or MSU result, urinary diary (3 days minimum), trial of bladder relaxants if relevant.

PATIENT ADVISORY INFORMATION

- Pelvic floor exercises and bladder training instructions are available via a training package. Refer to the New Zealand Continence Association website: http://www.continence.org.nz or Bladder Helpline 0800 650 659
- **Incontinence products** (absorbent products i.e. pads - note not sanitary) are available from: pharmacies, supermarkets and advice from continence advisors.
- **Bladder Helpline -** New Zealand Continence Association: 0800 650 659

ADDITIONAL INFORMATION

- Training courses:
  - Post-graduate course - Otago University Christchurch School of Medicine - contact: Yvonne Kerr, Department of Urology, Christchurch Hospital. Facsimile: 03 364 0936; Email: ted.arnold@chmeds.ac.nz
  - Diploma in Womens' Health (paper GYNAE 716) - Otago University School of Medicine - contact: Rosemary Clarkson, Dunedin School of Medicine, PO Box 913, Dunedin. Facsimile: 03 479 7431; Email: rosemary.clarkson@stonebow.otago.ac.nz
- The Elective Services Gynaecology National Referral Guidelines & Clinical Priority Assessment Criteria and the Female Urinary Incontinence Primary Care Management Guidelines can be found at: www.electiveservices.govt.nz

REFERENCES

Cochrane Urinary Incontinence Group