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.

<table>
<thead>
<tr>
<th>CLINICAL PROBLEM</th>
<th>ACTIONS</th>
<th>LOCAL IMPLEMENTATION REQUIREMENTS</th>
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<tbody>
<tr>
<td>Post-menopausal: 1. Topical vaginal oestrogen, or hormone replacement therapy (HRT) if other indications.</td>
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<td>Possible pharmacological causes: 1. Prescribe alternatives if possible.</td>
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| **PREDOMINANTLY STRESS INCONTINENCE WITH WEAK OR NO PELVIC FLOOR MUSCLE CONTRACTION ON VAGINAL EXAM** | 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. |

| Post-menopausal: 1. Topical vaginal oestrogen, or HRT if other indications. | |
| Overactive bladder: 1. 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: 1. Consult Specialist | Local referral form. See over page. |
| Pain, haematuria, recurrent infection, voiding difficulties, suspected fistula, neuropathic bladder: 1. Consult Specialist | Local referral form. |
| Significant pelvic organ prolapse: 1. 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 Delirium, Infection (UTI), Atrophic vaginitis, Pharmaceuticals, Psychological, Excess fluids, Restricted mobility, Stool 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).
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

This management guideline has been prepared to provide general guidance with respect to a specific clinical condition. It should be used only as an aid for clinical decision making and in conjunction with other information available. The material has been assembled by a group of primary care practitioners and specialists in the field. Where evidence based information is available, it has been utilised by the group. In the absence of evidence based information, the guideline consists of a consensus view of current, generally accepted clinical practice.