

# When Nature Calls

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ALTON - It can be an embarrassing ailment, but experts say it's time to talk about it. [Urinary incontinence](#) is when a person leaks urine by accident.

[Uwais Zaid, MD](#), a urologist at OSF HealthCare in [Alton, Illinois](#), says urinary incontinence can wreak havoc on a person's social life and intimacy with partners. In other words, you can't go out and have a good time with friends if you don't know when you're going to suddenly "go."

"It can be associated with medications. It can be associated with aging," Dr. Zaid says. "It can be associated with certain surgeries. A lot of our cancer survivors, whether

they're from prostate cancer, cervical cancer, uterine cancer...they can have effects on their urinary control.

“Things as normal as having children,” Dr. Zaid adds as a cause. “Over time can wreak havoc on the pelvic floor and on the urinary sphincter, and you can have urinary accidents as a result.”

While incontinence is often associated with older people, Dr. Zaid says all those precursors apply to any age.

Dr. Zaid says urinary incontinence breaks down into four groups.

- Stress: This is when the bladder sphincter does not work as well. Simple things like coughing, sneezing, laughing, or bending over could provoke a release of urine.
- Urge: “When the bladder has a mind of its own,” Dr. Zaid remarks. This is when you have to go and you just can’t make it to the bathroom in time. Dr. Zaid adds that hearing or seeing certain triggers like running water or the jingling of keys as you rush to enter your home might provoke urge incontinence.
- Overflow: This occurs when your bladder is full. This is the opposite of urge incontinence, Dr. Zaid says, and is associated with infections and kidney issues.
- Functional: This applies to someone who may have normal bladder control but can’t get to the toilet in time due to physical limitations like arthritis.

A health care provider will ask you about your symptoms and health history to see which type of urinary incontinence is ailing you. Testing would typically follow. Each type of incontinence, generally, has its own treatment plan.

- Stress: A provider may recommend [pelvic floor physical therapy](#) as treatment. For women, a small device can be inserted to stop leaks. Surgery is also an option.
- Urge: You may be told to cut back on caffeinated food and drink, spicy food, and alcohol. Medicine and surgery are also options.
- Overflow: “That's where we need to make sure we're not missing anything like a blockage - for women, a prolapse and for men, an [enlarged prostate](#),” Dr. Zaid says. “A stone in the bladder. A tumor in the bladder. And we also need to make sure the kidneys are functioning okay.”
- Functional: Since people with this type of incontinence may have a normal bladder, external solutions are necessary. For example, keeping your route to the bathroom clear of obstacles like chairs and doors. For older adults with physical limitations, have a walker handy for when the need to go arises.

Other tactics include urgency suppression when you distract yourself from thinking about urinating. You could take long, relaxing breaths or sit completely still.

Timed voiding is when you schedule times to urinate. Dr. Zaid says this can work in both directions. If you are urinating too frequently, set a timer on your phone to go every hour. Then when you get comfortable, you can increase the time. If you are holding on to your urine too long, set a plan, get comfortable then decrease the time.

The bottom line: if something seems off about your bathroom visits or if friends or family remark “You’re sure in there a lot,” see a doctor.

“If you’re chronically wet down below, it increases your risk of fungal infections and skin breakdowns,” among other serious health issues, Dr. Zaid says.