

URINARY INCONTINENCE

Clinical Clerkship Lecture Series

CASE PRESENTATION #1

Mrs. V.M.

44 year old female GTPAL 44004 referred by her family doctor with urinary incontinence.

What questions would assist you in making a diagnosis?

Urinary Incontinence - History

- Duration, severity, onset
- Aggravating and relieving factors
- Associations (eg. Cough, laugh, sneeze, related to physical activity?)
- Urinary urgency, frequency
- ?pads
- Interfering with life—normal activities?

Urinary Incontinence - History

- UTI, dysuria, hematuria
- Nocturia
- Enuresis
- Small or large urinary losses
- ?continuous loss (WATT)
- Weight changes
- ?prolapse symptoms
- Fecal incontinence, constipation, diarrhea

Urinary Incontinence - History

- Obstetrical history
- Menstrual history
- Menopause
- Other medical illnesses—diabetes, neurological disorders, prior pelvic surgery
- Family medical history
- Vocational history--?heavy lifting
- Medication list

Case #1 – Actual History

- Mrs. V.M.

44 year old female GTPAL 44004 with 6 year history of progressive urinary loss with cough, laugh, sneezing and exercise. Now needs pads. Interfering with life. Normal urinary frequency. Loss of small volumes only. No recent urinary tract infections. Large babies delivered vaginally, first required forceps and had associated tears. UI worsened after last delivery. Has a sensation of pelvic pressure. Still menstruating regularly. No associated bowel symptoms or weight changes. Interested in your advice—has heard about “pelvic exercises”.

Urinary Incontinence – Physical Examination

What aspects of the physical examination are important to establishing a diagnosis in this patient?

Urinary Incontinence – Physical Examination

- Vitals
- General physical exam
- Back and neurological exam – lower extremities
- Detailed pelvic exam
- Cough testing –lying, standing
- “Marshall-Bonney test” – urethral hypermobility

Case #1 – Actual Physical Findings

- Mrs. V. M.
 - normal vitals and general physical exam
 - positive cough testing
 - hypermobile anterior vaginal wall
 - MB test corrects loss
 - well estrogenized
 - anteverted, mobile uterus, no masses

Urinary Incontinence - Diagnosis

What is your “provisional” diagnosis in this patient, based upon her history and physical examination?

Provisional Diagnosis

“Genuine stress urinary incontinence”

Differential Diagnosis??

Urinary Incontinence - Investigations

What investigations would you order or consider to establish a diagnosis in this patient?

Urinary Incontinence - Investigations

- Minimum:
 - urine culture, R&M
 - post-void residual
- Comprehensive—confirmatory:
 - bloodwork (CBC, BUN, Cr, TSH, ?FSH)
 - cystometrogram
 - ? Multichannel urodynamics
 - ? cystoscopy

Treatment Options

What advice would you give this patient regarding her new diagnosis?

(Consider the likely etiology, expected clinical course and treatment choices for this condition.)

Urinary Incontinence – Treatment Advice (Case #1)

Kegels Exercises!!

Urinary Incontinence – Treatment Options (Case #1)

- Kegels, drill, timed toileting
- Caffeine restriction
- Judicious fluid intake
- Medications—alpha-adrenergic stimulators
- ?pessaries
- Surgery