

# Treating Urinary Incontinence in Women without Surgery

Urinary incontinence, or the leaking of urine, can be improved or stopped.

**M**illions of American women have urinary incontinence, or UI. Worry about leaking urine can weaken confidence and interfere with a person's daily activities. UI becomes more common with age, but it's not an inevitable part of aging. Some women have surgery to treat their UI. However, several nonsurgical options are available and work well. If you have UI, talk to your doctor about what options might be right for you.



## Findings

A 2018 update of a systematic review confirmed that several **nonsurgical** treatments can improve or stop UI. Some treatments can cause side effects, but most side effects are not serious. This systematic review was supported by PCORI through a research partnership with the Agency for Healthcare Research and Quality (AHRQ).



## Is All Urinary Incontinence the Same?

Three kinds of UI exist, and each can be treated.

- ▶ **Stress UI** happens when you cough, laugh, sneeze, or strain.
- ▶ **Urgency UI** happens when you have a sudden, unexpected feeling of needing to urinate and cannot make it to the bathroom in time. Urgency UI is also called overactive bladder.
- ▶ **Mixed UI** happens if you have both stress and urgency UI.

## What Steps Can I Take to Get the Treatment I Need?

- ▶ **See your primary care provider.** Leaking urine is common in women, especially after age 40. You might feel embarrassed, but don't let that keep you from getting help. Your primary care provider can help or refer you to a specialist.
- ▶ **Get a diagnosis.** Tell your primary care provider about your symptoms and how they affect your life. This information will help the doctor determine what type of UI you have.
- ▶ **Explore your options.** Several treatments are available to you. The table on the next page shows some of the options that do not involve surgery. Options range from medicines to exercises you can do at home. Work with your provider to create a treatment plan that includes these or other treatments.

## Effective Nonsurgical Treatment for UI

Treatment Options	Stress UI	Urgency UI	Possible Side Effects
<b>Kegel exercises</b> Simple clench-and-release exercises to strengthen pelvic muscles.	X	X	Rare
<b>Bladder training</b> Developing a plan to go to the bathroom at set times and then gradually waiting longer between visits.		X	Rare
<b>Medicine</b> Medicines can block the extra muscle contractions of an overactive bladder (Oxytrol®, Detrol®, Myrbetriq®, Ditropan®, Vesicare®, Toviaz®); limit the flow of urine by contracting bladder muscles (Duloxetine®); or strengthen the tissues supporting the bladder (vaginal estrogen).	X	X	Dry mouth, dry eyes, headaches, nausea, fatigue
<b>Nerve stimulation</b> Minimally invasive therapy where mild electric pulses activate nerves in the bladder to strengthen nearby muscles.	X	X	Rare
<b>Combination therapy</b> A combination of options including those described above.	X	X	Rare

\*X indicates that the treatment option is effective for the type of UI.

\*\*For mixed UI, your provider may recommend a mix of treatments.

## How has treatment helped women with UI?

- ▶ Kegel exercises improved symptoms in almost three-quarters of women with Stress UI. For many, symptoms went away completely. UI symptoms can come back, however, and may require more treatment.
- ▶ Bladder training improved symptoms in more than three-quarters of women with Urgency UI.
- ▶ More than half of women with any kind of UI had symptoms improve with medicine.
- ▶ Most women were satisfied with the treatment they received.

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### About the Evidence

The research team looked at

233 studies on nonsurgical treatments for UI, which included a total of about 14,000 women. The 2018 report included updates from an earlier version of the report published in 2012, adding 109 new studies to the analysis.

#### SOURCE

Balk E, Adam GP, Kimmel H, et al. *Nonsurgical Treatments for Urinary Incontinence in Women: A Systematic Review Update*. This systematic review was supported by PCORI through a research partnership with AHRQ. Rockville, MD: AHRQ Publication No. 18-EHC016-EF. PCORI Publication No. 2018- SR-03. doi: <https://doi.org/10.23970/AHRQEPCCER212>.