



PRIMARY CARE
WOMEN'S HEALTH FORUM

10 TOP TIPS for treating urinary incontinence

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- 1.** Promote self care measures including:
 - Avoid bladder irritants (i.e. caffeine, carbonated drinks, alcohol)
 - Manage constipation
 - Fluid intake of 1.5 litres fluid/day
- 2.** Take a focused history to determine predominant symptom and focus initial management on this i.e. stress incontinence or overactive bladder symptoms (OAB)
- 3.** All women require an abdominal/pelvic examination and urine dip
- 4.** Offer vaginal oestrogens to peri/post- menopausal women. Reassure them about the safety of long-term use.
- 5.** Anticholinergic medication – assess choice of product, including transdermal, on individual risk/benefit basis (remember to consider anticholinergic load). Change product after 4 weeks if no improvement or significant side effects.
- 6.** If insufficient improvement after trial of 2 or 3 anticholinergics change to/add mirabegron before referral.
- 7.** If treatment successful review after 6-12 months and consider reducing or stopping treatment.
- 8.** **STRESS DOMINANT**
Stress or mixed incontinence refer for 12 weeks supervised pelvic floor exercises. (Recommend use of on-line exercises/Squeezy app in addition)
- 9.** Consider use of ring pessary if incontinence associated with pelvic organ prolapse
- 10.** **MESH**
Currently no role for vaginally placed mesh. If a woman presents with symptoms suggestive of mesh related problem refer to secondary care.