Patient & Family Guide

Managing Urinary Incontinence

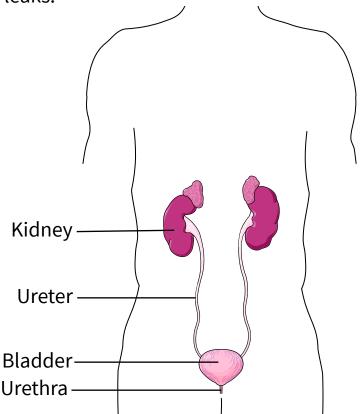
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Managing Urinary Incontinence

What is the urinary system?

- Urine (pee) is made in the kidneys. It flows through tubes from the kidneys called the ureters, to the bladder.
- Urine is stored in the bladder until it leaves the body through another tube called the urethra (tube that carries pee). Small thick muscles around the urethra called the external sphincter control the flow of pee to prevent leaks.



What is urinary incontinence?

- Urinary incontinence is when a person cannot control the flow of their pee, causing pee to leak out.
- Incontinence can affect people of all ages.

What causes urinary incontinence?

- Urinary incontinence is not a disease. It is a symptom of another problem, like:
 - An overactive bladder
 - Loss of pelvic floor muscle tone (strength)
 - > Surgery
 - Some diseases (like Parkinson's disease or multiple sclerosis)
 - > A birth defect
 - Spinal cord injury
 - Urinary tract infection (UTI)
 - A side effect of some medications
 - A fistula (an opening between 2 organs)

Common types of incontinence

Stress incontinence

 This causes pee to leak when you do anything that causes pressure or stress on the abdominal (stomach area) muscles (like sneeze, cough, laugh, jog, or give birth).

Urge incontinence

- This happens when there is sudden pressure that is stronger than the pressure in the urethra.
- Symptoms include:
 - A strong urge to pee
 - > Peeing more often
 - Having to get up up often in the night to pee
 - › Leaking pee

Mixed incontinence

 This is when you have stress incontinence and urge incontinence.

Overflow incontinence

- This happens when your bladder does not empty fully, causing pee to build up in the bladder.
 - This can be caused by weak bladder muscles or a bladder obstruction (blockage).
 - As the bladder gets full, pee will start to leak out of the urethra.
- Overflow incontinence needs to be diagnosed and treated right away to avoid long-term issues (like infections, bladder stones, and kidney damage).

How is urinary incontinence treated?

Possible treatments include:

- Limiting drinks that irritate (bother) your bladder (like caffeine and alcohol)
- Kegel exercises
- › Bladder training
- Medications
- › Botox® injections
- Surgery
- Combination therapies

What can I do to help myself?

Drink 6 to 8 glasses of fluids each day unless your primary health care provider (family doctor or nurse practitioner) tells you not to.

 Do not drink less to try to prevent incontinence. Drinking less will make your pee more concentrated (darker). This can irritate your bladder, cause kidney stones, and make incontinence worse.

Limit drinks that have alcohol and caffeine. This causes your body to make more pee.

- Drinks with caffeine include:
 - > Coffee >> Cola
- This may help you to pee less at night.

Limit drinks after 6 p.m. (especially drinks with alcohol and caffeine).

Pee every 2 hours during the day, even if you do not have a strong urge to pee.

- Make sure you pee:
 - > After meals
 - Before you go out
 - As soon as you arrive somewhere
 - > Before you go to bed

Do not ignore the urge to pee.

 If you do not pee when you feel the urge, pee may stay in your bladder for too long. This can raise your risk of getting a UTI.

Do pelvic floor (Kegel) exercises

- These exercises make your pelvic floor muscles stronger. This is very important if you have stress incontinence.
- Ask your nurse or your urologist for more information.

Use incontinence products

- There are many incontinence products (like pads) at the drugstore. Ask your nurse to about the different types.
- Menstrual (period) pads are not made to hold pee.

Take care of your skin

- Use gentle soap and warm water to wash your skin after any leaks. Pat your skin dry. Do not rub.
- If your skin get sore (called skin breakdown), talk to your primary health care provider about treatment options.

If your symptoms do not get better:

 Ask your primary health care provider about other treatments. They may refer you to a urologist (urinary tract specialist). This will depend on the type of incontinence you have and how severe (bad) it is.

Notes:			

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

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Illustration by: LifeART Super Anatomy 1 Images, Copyright © 1994,
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