

My Current approach to female urinary incontinence

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Urinary Incontinence (UI) remains a worldwide problem affecting women of all ages and across different cultures and races and affects the physical, psychosocial, social and economic well-being of affected individuals and their families.

According to the International Continence Society (ICS) the definition of urinary incontinence (UI) is 'the complaint of any involuntary leakage of urine.' The prevalence of UI increases with age, with a typical rate in young adults of 20–30%, a peak around middle age (prevalence 30–40%) and a steady increase in old age (prevalence 30–50%)

According to the 2010 International Urogynecological Association (IUGA)/International Continence Society (ICS) joint report, 1. stress urinary incontinence is defined as voluntary loss of urine on effort, physical exertion, or on sneezing or coughing. 2 Urgency incontinence is part of a larger symptom complex known as overactive bladder syndrome, which is defined as urinary urgency, usually accompanied by frequency and nocturia, with or without urgency urinary incontinence.

Urinary incontinence affects a large number of women and results in a substantial socioeconomic burden. Although it is not a life-threatening condition, urinary incontinence has a physical and psychological affect on the patient's quality of life.

Many minimally invasive and efficacious treatment options are available for both stress and urgency urinary incontinence. Mid-urethral mesh slings for stress urinary incontinence have an acceptably low complication rate with durable efficacy. Newer treatments for overactive bladder syndrome and urgency urinary incontinence, including b-3 adrenergic agonist and intravesical botulinum injection, have greatly changed the landscape of treatment, providing a wide range of treatment options to patients with overactive bladder syndrome that is refractory to traditional anticholinergic drugs.