

Urinary incontinence

Continence Service

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Information for Patients

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What is urinary incontinence?

Urinary incontinence is the passing of pee (urine) when you do not want to. This can be a small dribble sometimes to a complete bladder emptying. It can affect people of all ages but it is more likely to happen as you get older. It is not a normal part of getting older. It can be managed and is often treatable.

There are 3 main types of bladder dysfunction:

- **Overactive bladder**
- **Stress incontinence**
- **Difficulty passing urine (voiding problems)**

What is an overactive bladder?

If you have an overactive bladder, you may not have incontinence but have symptoms that can affect your daily life a lot.

Symptoms of an overactive bladder include:

- **frequency:** needing to pass urine often.
- **urgency:** an urgent need to pass urine. Sometimes you may not reach the toilet in time and be incontinent.
- **nocturia:** waking during the night to pee.

Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice

Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

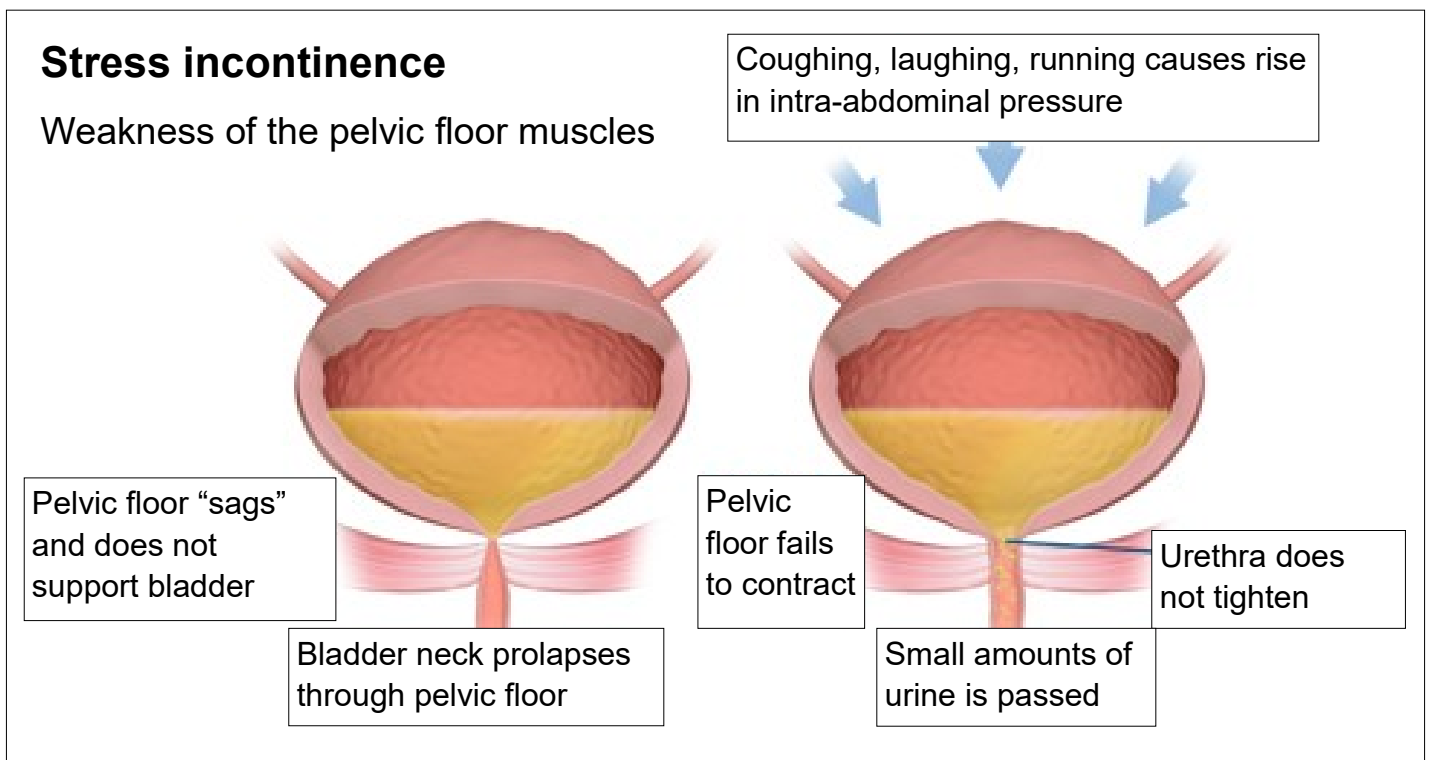
What is stress incontinence?

Urine may leak out when your bladder is under pressure. For example, when you cough, laugh or sneeze. It is a problem that mostly affects women. It is often caused by a weakness to the pelvic floor muscle. This muscle supports the bladder and controls urine output.

It is possible to have a mixture of both stress and urge urinary incontinence.

Here are some causes of weakness to the pelvic floor muscles:

- surgery (mainly in men after prostate surgery),
- pregnancy and childbirth,
- obesity,
- menopause,
- long-term cough,
- long-term constipation,



What is difficulty peeing (voiding difficulties)?

Difficulty peeing can happen for many reasons, such as constipation and an enlarged prostate (common to men as they get older). This can cause:

- passing small amounts of pee,
- peeing often,
- delay or slow in starting to pee,
- poor flow,
- the bladder being full of pee but you cannot go (urinary retention),

Other factors

- **Medicines:** some medicines can stop the normal way of storing and passing pee, or increase the amount of pee made. Speak to your GP or pharmacist if you have any concerns.
- **Dementia:** people living with dementia may know that they need to go to the toilet but may not be able to say. They may show this by a change in behaviour, such as agitation or restlessness. They may have forgotten where the toilet is or be in an unfamiliar place.
- **Physical problems:** such as poor eyesight, mobility or dexterity can make it hard to use the toilet. Other reasons can be fear of falling, depression and anxiety, poor lighting, low chairs, stairs or steps and unusual surroundings. Unsuitable toilet facilities or a fear of using them can also lead to someone being incontinent.

What other things can affect your bladder?

- **Constipation:** your bladder is next to your bowels. Constipation can put pressure on the bladder and make it difficult to pee.
- **Weight:** being overweight can put pressure on your bladder. If you have a body mass index (BMI) of 30 or more, losing weight is recommended.
- **Smoking:** nicotine is thought to irritate the bladder. Smoking can also cause a cough resulting in stress incontinence.
- **Some types of drinks can irritate the bladder including:**
 - caffeinated drinks such as tea, coffee and energy drinks.
 - fizzy drinks, such as colas, Lucozade.
 - alcohol can increase urine production.

Am I drinking enough?

Not drinking enough in a day can make your symptoms worse. It can also increase your risk of getting a urinary tract infection.

Check the colour of your pee against this colour chart.

Drink the right type of fluids. See the next page.

Are you drinking enough?		
Colours 1-3 suggest normal urine		
1		Check the colour of your urine against this colour chart to see if you're drinking enough fluids throughout the day. If your urine matches 1-3, then you're hydrated.
2		
3		
Colours 4-8 suggest you need to rehydrate		
4		If your urine matches 4-8, then you're dehydrated and you need to drink more.
5		
6		If you have blood in your urine (red or dark brown), seek advice from your GP.
7		
8		Please be aware that certain foods, medications and vitamin supplements can change the colour of urine.

Managing symptoms and making lifestyle changes

You can drink:

- decaffeinated tea, coffee or hot chocolate,
- water,
- milk,
- diluted fruit juice,
- fruit teas,



Drink the right amount of fluids:

- **6 to 10** glasses per day is recommended. This can also help with constipation.
- You may not want to drink a lot to help you manage your incontinence. Drinking too little can irritate the bladder and make it worse.
- If waking during the night is a problem, have your last big drink 2 hours before bedtime.

Eat a healthy diet:

Eating a balanced diet, including fibre and 5 pieces of fruit and vegetables a day can:

- help treat or prevent constipation. Constipation puts pressure on the bladder (as does straining).
- help you to lose weight if your BMI is over 30. This can ease pressure on the bladder.

Exercise can also help with both of these. Just remember to empty your bladder before you start.

Stop smoking:

To get help or to find your local stop smoking services, go to the NHS 'Better Health: Quit smoking' website www.nhs.uk/better-health/quit-smoking or talk to your doctor or nurse.

Pelvic floor exercises:

This technique strengthens the pelvic floor muscles and is an effective treatment for stress and urge incontinence, especially if the muscle has been weakened.

For more information speak to your GP or go to:

<https://www.nhs.uk/common-health-questions/womens-health/what-are-pelvic-floor-exercises/>

Medicines:

Medication is sometimes prescribed to help ease the symptoms. Your doctor will talk about this with you.

Continence aids:

Incontinence pads are not the only product available to manage urinary incontinence. There are many choices that should be tried first. A number of products are available to help deal with incontinence such as:

- **handheld urinals** (female and male urine collection bottles): prescribed by GP.
- **commodes or toilet frame:** ask your doctor to refer you to Occupational Therapy.
- **absorbent products like incontinence pants or pads:** speak to your GP for a referral to the Community Continence Service.
- a range of **over-the-counter products** are also available.

Tips for managing urinary incontinence

- Have regular times to use the toilet. For example, when you wake up, before meals, before bedtime. This can remind you to go.
- To help someone with dementia, have clear signs on the toilet door with both words and a picture of a toilet.
- Make sure there are suitable handrails in the toilet.
- Wear clothing which is easier to take off. For example, trousers with an elasticated waist rather than a buttoned fly.
- Make the toilet easy to see. Some may find a white toilet with a black seat easier to find.
- Use a urine bottle instead of a toilet.



More information and support

- If you are an inpatient at Leicester's Hospitals, and would like to be seen by one of the continence specialist nurses, then please ask your doctor or nurse to make a referral.
- If you are not a patient, and you feel that you have a bladder (or bowel) problem, please speak to your GP. Ask to be referred to our outpatient service at the Castleden Bladder and Bowel Clinic, Leicester General Hospital.
- For more information on different continence aids and for ways to manage incontinence, visit the Bladder & Bowel UK website: www.bbuk.org.uk
- Bladder & Bowel Community: www.bladderandbowel.org

