

**Clinical Guideline:** Female Urinary Incontinence or Urinary Dysfunction Site: FPH

Categorise into stress, urge or mixed UI and commence treatment on this basis.

* Low or high fluid intake.
* Weight change?
* Childhood enuresis?
* Difficult births?
* Associated collagen weakness conditions

History

* Lifestyle interventions: modify high or low fluid intake, restrict caffeine, alcohol, fizzy drinks.
* PFMT supervised for minimum 3 months for stress or mixed UI as first-line treatment.
* Urge leak/frequency bladder retraining, anti-muscarinics, fluid intake/caffeine etc., and offer acupuncture (patient’s choice).

Advice and Treatment

**Consider referral if:**

* Stress incontinence
* Pelvic floor physiotherapy by specific physio.
* Duloxetine if co-morbidities ++
* Refer to urogynaecologists for assess re. surgery
* Urge incontinence
* Trial anti-muscarinics.  If fail refer to urogynaecologist/urologist.
* Mixed incontinence
* Treatment determined by which type predominates

Referral Guidelines – red flag signs

* U + E’s, MSU, 3 day time/amount chart - leak and urge.
* Consider refer to female LUTS clinic assessment of flow rate, post void scan, pad test.
* Urodynamics only necessary prior to surgery or for antimuscarinic failed patients.

Investigation

* Abdominal, vaginal and basic neurology.
* BMI ^, D.M., COPD predispose, urogenital atrophy

Examination

Abnormality detected: refer to urogynaecologists/urologist.

Haematuria

Recurrent UTI

Pelvic mass

Previous urogynae or radical pelvic surgery

Obvious prolapse

General Information