

STEP 1 - INITIAL ASSESSMENT

History

- **Urinary Symptoms**
Type of incontinence (stress, urgency, mixed)
Timing and severity
Associated lower urinary tract symptoms- voiding and filling
- **Precipitating factors**
UTI
constipation
diet
impaired mobility
impaired cognition
adverse environment
- **Obstetrics and Gynaecology history**
- **Sexual function**
- **Medical co-morbidity**
- **Surgical history**
- **Review of current medications** (diuretics)

Examination

- **Abdominal Examination:** Palpable bladder, Abdominal/Pelvic masses
- **Perineal, Digital Rectal Examination:** Prostatomegaly, hard stools; anal sphincter tone and **Vaginal Examination** (Organ prolapse, atrophic vaginitis)
- **Cough test** to confirm stress incontinence
- **Neurological examination**

Other Tools

- Voiding diary
- Validated symptom score/questionnaire

Investigations

- **Urinalysis** (UFR, urine culture and ABST)
- **USS KUB(P)** with Pre and PVR vol assessment
- **Uroflowmetry**

Immediate referral to Specialist Care

- Abnormal physical examination (Abdominal/ Pelvic mass, prolapse, fistula)
- Urinary retention
- Haematuria / PV bleeding
- Pain
- Recurrent UTIs
- Previous pelvic radiotherapy
- Previous surgery
- Neurological symptoms and signs

STEP 2- INITIAL TREATMENT

Treatment of UTI / Constipation

STEP 3 - FURTHER MANAGEMENT

Stress Incontinence

Mixed Incontinence

Urge Incontinence

General Measures

- Simple clinical interventions and adjustment of ongoing medication for co-morbidity.
- Lifestyle modifications - Fluid restriction, caffeine intake reduction, cessation of smoking, weight reduction.
- Bladder re-training, pelvic floor exercises, prompted/timed voiding.
- Continence products - pads, diapers
- Indwelling catheters
- Topical oestrogens

