Loss of Urine

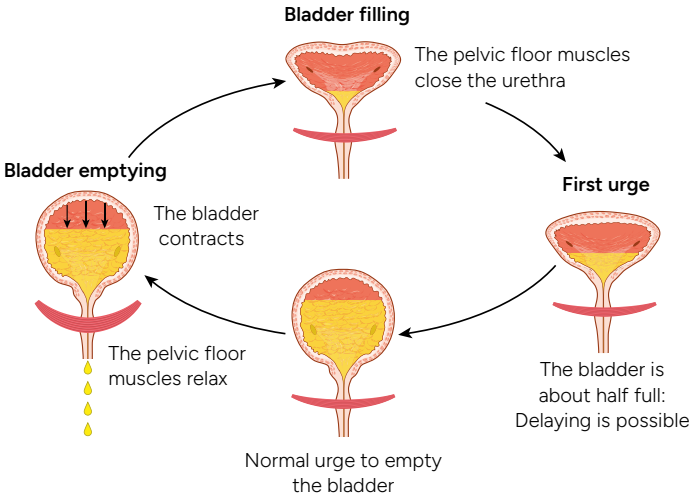
(urinary Incontinence, SUI, OAB, MUI)

Urinary incontinence is the involuntary release of urine, i.e. not while using the toilet. Understanding the structure and function of the bladder is a prerequisite for understanding the underlying mechanisms.

Anatomy and Function of the Bladder

The bladder itself is a muscular hollow organ, which cannot be voluntarily contracted. The urine constantly produced by the kidneys is collected it like in a rain barrel. An internal and an external sphincter prevent urine from leaking.

The external sphincter can be voluntarily controlled; it can actively contract to hold urine or relax when we are using the toilet. We speak of a storage phase, in which the bladder is filled, and an emptying phase, in which the bladder releases urine on the toilet. The filling of the bladder is perceived as an urge to urinate.

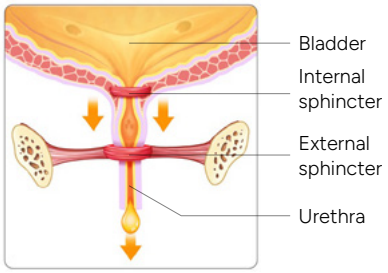


Two disorders can occur with urinary incontinence

1. The sphincter muscle is too weak or does not work at the right moment. This is known as stress incontinence. Increased pressure in the abdomen, e.g. when sneezing, coughing or during physical exertion, leads to urine leakage.

2. The bladder muscle does not relax long enough during the filling phase and contracts before reaching the toilet. This is known as urge incontinence or overactive bladder.

Those affected report a strong urge to urinate, frequent trips to the toilet and/or loss of urine before reaching the toilet.



Stress incontinence

Pelvic Floor Physiotherapy

In the case of urinary incontinence, pelvic floor physiotherapy involves targeted training of the external sphincter muscle. Strengthening the muscles is a process that requires daily practice and can take several months.

Behavioral strategies and, if necessary, electrostimulation or medication are also used to normalize bladder function.

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