



## 2

## Assessment and Diagnosis of Urinary Incontinence

The underlined terms are listed in the glossary.

Urinary incontinence is a problem that needs to be diagnosed correctly so that you get the appropriate treatment. Discussing incontinence issues with a urologist may be uncomfortable, but it is important to do so. The urologist can help to improve your symptoms or even cure your condition. Your doctor needs to find out which type of incontinence you have and what causes it. This will help to find the best treatment.

This section lists the different tests your doctor may need to assess your situation. It offers general information about diagnosis and assessment of insert urinary incontinence. Keep in mind that situations can vary in different countries.

### Medical history

Your doctor will take a medical history to understand what type of urinary incontinence you have. As part of the medical history your doctor will ask about any other conditions you may have, or medication you take. This can be related to the incontinence or have an effect on your symptoms.

Your doctor may ask you:

- If you take any medication
- If you smoke
- When and how much you drink
- If you drink much coffee or alcohol
- If you ever had surgery
- To describe your bowel habits
- If you have ever been pregnant
- If you have entered menopause

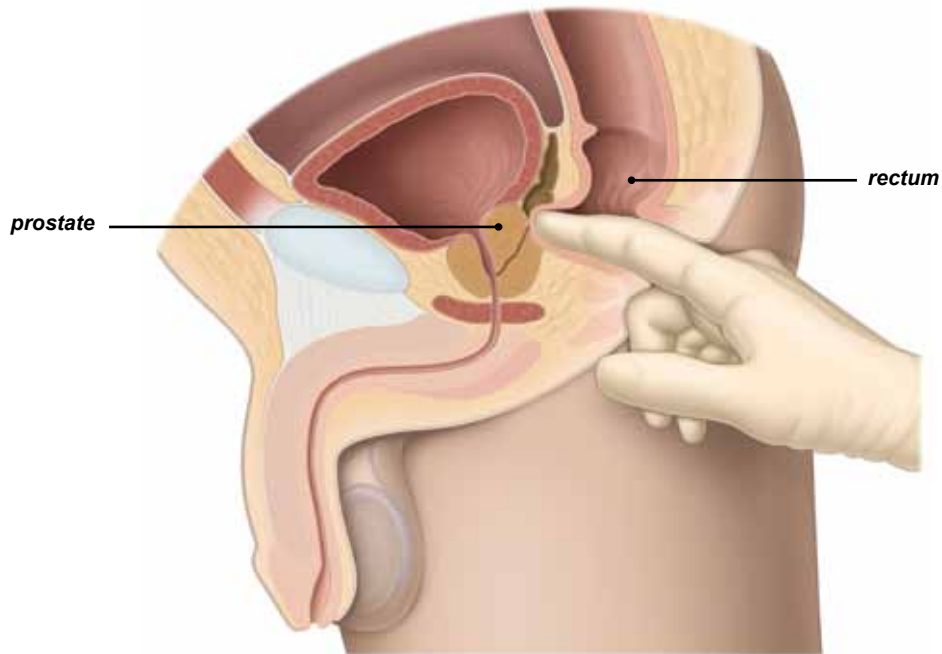
Your doctor will also ask you about the impact of incontinence on your daily life, for example:

- How often you go to the toilet
- How often you have urine leakage
- If you leak urine when you laugh, cough, or sneeze
- If you wake up at night to urinate
- If you need to hurry to reach the toilet in time when you feel the urge to urinate
- If your bladder does not feel empty after urinating

The doctor may also ask you about your sex life and your treatment wishes.

## Physical examination

The doctor may perform a physical examination of your abdomen to detect an enlarged bladder. He or she may ask you to cough with a full bladder, in order to see if you suffer from stress urinary incontinence (SUI). The doctor also needs to test how well the pelvic floor muscles work. For men, this is done through a digital examination of the rectum and the prostate (Fig. 1). Women will get a gynaecological examination.



*Fig. 1: Digital rectal examination to feel the size, shape, and consistency of the prostate.*

## Patient questionnaires

The doctor may ask you to fill out a questionnaire to better understand your symptoms and how they affect your everyday life. Questionnaires can also be used to monitor your symptoms over time, so you may need to fill them out more than once.

## Bladder diary

Your doctor may ask you to keep a bladder diary for a few days. Here you will note down how much you drink, how often you urinate, and how much urine you produce. The bladder diary is important because it helps your doctor to understand your symptoms better. You can download a bladder diary from the website: <http://patients.uroweb.org/library-ui/>

## Urine test

You will need to give some of your urine for testing. The test will show if you have a urinary tract infection.

## Assessment of residual urine

Residual urine is the amount of urine that is left in the bladder after urinating. It is also known as post void residual urine (PVR). It can be measured with the help of a catheter or an ultrasound. Residual urine can worsen incontinence and may point to other urological conditions, such as a urinary tract infection. It can also help your doctor to better understand the causes of your incontinence.

## Pad test

During the pad test your doctor asks you to wear an absorbent pad. Usually the test lasts between 1 and 24 hours. You have to weigh the amount of urine absorbed by the pad. Your doctor will explain in detail how to perform the test. A pad test is not always easy to do, and your doctor will need your full cooperation.

## Urodynamic evaluation

A urodynamic test is done to get more information about your urination cycle and how your bladder muscles work. There are several urodynamic tests which your doctor may use to better understand your condition. These include uroflowmetry and invasive urodynamic tests. Urodynamic evaluation is usually not done during the assessment for urinary incontinence.



**Fig. 2: A common type of uroflowmetry container for men and women.**

## Uroflowmetry

This is a simple urodynamic test which electronically records the rate of urine flow. It is easily done in privacy at the hospital or clinic. You will urinate into a container, called a uroflowmeter (**Fig. 2**). This test helps your doctor to check whether there is any obstruction to the flow of urine out of the bladder.

## Invasive urodynamic tests

If you are scheduled to undergo surgery for urinary incontinence, an invasive urodynamic test may be done, especially if it is not the first surgery in your abdomen. The test may also be needed when your diagnosis is uncertain.

During an invasive urodynamic test, your doctor or nurse inserts catheters in your urethra and rectum to measure the pressure in your bladder and abdomen. In some cases, the bladder is slowly filled with sterile water through the catheter in the urethra. This is done to simulate the filling of the bladder with urine. When your bladder is full, you will urinate into a uroflowmeter. This test is called a filling and voiding cystometry.

The test results are shown on a screen which is connected to the catheters. Sometimes the test has to be repeated to get accurate results but the catheters will already be in place for the second test.

# Cystoscopy

For this test the doctor can look inside the urethra and the bladder with the help of a small camera. Cystoscopy is not a common test during initial assessment for urinary incontinence. It may be needed when you suffer from other symptoms, such as blood in the urine. Like urodynamic evaluation, it may be carried out if your diagnosis is unclear.

## Imaging

The doctor or nurse may scan your urinary tract with ultrasonography (also known as ultrasound). This technique uses high-frequency sounds to create an image of your bladder or other parts of the urinary tract. Imaging is not a common test during initial assessment for incontinence.

### **This information was updated in November 2014.**

This leaflet is part of EAU Patient Information on Urinary Incontinence. It contains general information about diagnosis and assessment of the condition and available treatment options. If you have any specific questions about your individual medical situation you should consult your doctor or other professional healthcare provider. No leaflet can replace a personal conversation with your doctor.

This information was produced by the European Association of Urology (EAU) in collaboration with the EAU Section of Female and Functional Urology (ESFFU), and the European Association of Urology Nurses (EAUN).

The content of this leaflet is in line with the EAU Guidelines.

You can find this and other information on urological diseases at our website: <http://patients.uroweb.org>

### **Series contributors:**

Prof. Dr. Frank van der Aa	Leuven, Belgium
Dr. Jean-Nicolas Cornu	Paris, France
Ms. Sharon Holroyd	Leeds, United Kingdom
Prof. Dr. José Enrique Robles	Pamplona, Spain
Ms. Eva Wallace	Dublin, Ireland