

SHORT COMMUNICATION

Urinary incontinence in women

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Urinary incontinence represents significant social, medical and economic problems. The International Continence Society defines it as any spontaneous, involuntary leakage of urine. Incontinence can appear to be extra-urethral or urethral. According to the International Continence Society the most appropriate classification is based on the symptoms. Three most frequent types of urinary incontinence are urgent, stress and combined urinary incontinence, while the latter is a combination of the former two types. The diagnosis of incontinence includes the case history, physical examination of patient, neurologic and gynaecologic examinations, urine examinations, micturition diary and special diagnostic examinations including that of urodynamics. The goal of treatment is not only to cure and to relieve the incontinence, but also to help to solve the social problems of the patients. The treatment of urgent urinary incontinence most frequently involves medicamentous treatment by means of anticholinergic drugs. The therapy of stress

urinary incontinence includes conservative, medicamentous and surgical treatments. The conservative treatment includes rehabilitation exercise and various forms of behavioural therapy. The most recent possibility in the treatment of stress incontinence is the therapy by duloxetine, which is an inhibitor of reverse trapping of serotonin and noradrenalin. The most frequently used surgical method is the implantation of suburethral band (TVT, TBT-O). The latter bands represent the least invasive method. Its success rate, i.e. the rate of successfully cured patients is 90 %.*

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