Urinary incontinence is a common problem for many women. The muscles and nerves that help to hold or release urine can get weak or have problems. It can be caused by childbirth, menopause, aging, nerve disease, stroke, surgery, injury, infection and medicines. It can also be a side effect of other health conditions, such as diabetes or cancer. Testing and treatment can help to improve your quality of life.

**Signs of Incontinence**

- Urine leaks after a cough, laugh, sneeze or physical activity
- The sound of water running or touching water causes an urge to urinate
- Sudden urge to go to the bathroom before leaking urine
- Not able to empty bladder when going to the bathroom
- Needing to empty bladder 8 or more times a day or more than 2 times at night

Tell your doctor if you have had:

- Kidney or bladder stones or calcium deposits. These can block the flow of urine from the bladder to urethra.
- Polyps or small growths in the vaginal area. They can press on the urethra and lead to incontinence.

**महिलाहरूमा मूत्र असंयम**

स्थानीय मूत्र असंयम धेरै महिलाहरूमा आम समस्या हुन्छ। पिसाबलाई रोकन वा निकालनमा मद्दत गर्न मास्पेशियरू र सायुहरू कमजोर हुन सक्छन्छ वा तिनमा समस्या हुन सक्छन्छ। बच्चाज्ञानाको, रजोहूकीको कारण, उमेदको कारण, सायु विकार, हुद्दाहात, अपरेशन, चोटिटक, संक्रमण र औषधीहरूको कारणहरूले यस्तो हुन सक्छ। यो स्वास्थ्यसम्बन्धी अन्य अस्थारू जस्तै मधुमेह वा क्यान्सरका हानिकारक प्रभाव पनि हुन सक्छ। जौंग र उपचारले तपाईको जीवनको गुणस्तर सुधार्नमा मद्दत गर्न सक्छ।
Types of Incontinence

• Temporary: Urine leaks are caused by a sudden change in health or medicine. It can be a medicine side effect, infection in the urinary tract or bladder, or other health reason that will go away with time or short-term treatment.

• Stress: Urine leaks repeatedly after a cough, laugh, sneeze or other physical activity. The muscles that control urine leak with stress or pressure. It may get worse the week before a menstrual period.

• Urge: The muscles and nerves around the bladder contract and release urine when it is not supposed to. Urine leaks happen when there is a sudden feeling or need to urinate. This can happen during sleep, after drinking water, or when you touch water or hear it running.

• Mixed: A person has both stress and urge incontinence.

• Overflow: The bladder gets too full and urine leaks. There may be a problem with the muscle around the bladder blocking the emptying of the bladder when going to the bathroom. Overflow is often caused by urine leaks from too much pressure on the bladder.

• Overactive bladder: The need to empty the bladder often, even when there may be very little urine stored.

मूत्र सअसंयमका प्रकारहरू

• अस्थायीः स्वास्थ्य वा औषधीहरूमा अचानक परिवर्तन वर्तनको कारणले पिसाब चुँहुने समयमा हुन सक्छ। यो औषधीको हानिकारक फायदा, मूत्रमार्ग वा मूत्रशय्यामा संक्रमण, वा स्वास्थ्यसम्बन्धी अन्य कारणले हुन सक्छ जो समयका साथे वा अन्य-कालिक उपचारले निको हुन्छ।

• दबावः खोक्दा, हाँस्थ्रा, हाँचिउँ गर्दा वा अन्य शारीरिक गतिविधि गर्दा लगातार पिसाब चुँहुँछ। पिसाबलाई नियन्त्रित गर्न मासपेशीहरू तनाव र दबाबले गर्दा कमजोर हुन्छ। मासिक धन्य को अवधिभन्दा एक साताअधि यो साहिन्छ सरास्रो स्थितिमा हुन्छ।

• उत्कट इच्छा: मूत्रशय्याको वरिष्ठ रहेका मासपेशीहरू र स्वयंहरूले नानाहिने समयमा खुमिने र पिसाब छोँड्ने गर्न। पिसाब गर्ने अचानक भावना आउँदा वा आवश्यकता पद्या पिसाब चुँहुने गर्न। निद्रामा, पानी पिएँछ, वा ठाईले पानीलाई ठूँदा र पानी बगिरहेको आवाज सुन्दा यस्तो हुन सक्छ।

• मीम्ब्रेनः एक व्यक्तिमा दबामा र उत्कट इच्छा दुवैले गदरी मूत्र असंयम हुन्छ।

• ओभरफ्लो अर्थात छचकलिनुः मूत्रशय्य धेरै भरिन्छ र पिसाब चुँहुँछ। शरीराध्यायमा जाँदा मूत्रशय्यावरिष्ठका मासपेशीहरूमा समस्याले गदरी मूत्रशय्य खाली हुनबाट रोकिएको हुन सक्छ। मूत्रशय्यामा अवधिक दबाबले गदरी पिसाब चुँहुँदा पिसाब ओभरफ़्लो हुन्छ वा छचकिन्छ।

• अतिसक्रिय मूत्रशय्य: घरिपैर मूत्रशय्यादेखि रितौल गर्ने आवश्यकता, मूत्रशय्यामा धेरै धेरै मूत्र रहँदा समेत।
Testing

If you have signs of incontinence, call your doctor. You will have a physical exam and be asked questions about how often and when leaks occur. You may have one or more of these tests:

• Pelvic exam: Checks for problems with the urethra, rectum and vagina.
• Urine test: Urine is checked for infection and the amount of urine passed when emptying the bladder is measured.
• Bladder tests: Pressure tests check the muscles and nerves. A thin tube or catheter may be used to collect urine during a bladder test.
• Ultrasound: Pictures of the organs and muscles in the lower abdomen are taken using sound waves.
• Cystoscopy: A thin tube with a camera on the end may be used to look into the urethra and bladder.

Treatments

Based on the physical exam and testing, you may have one or more of these treatments:

• Kegel exercises, also known as pelvic floor exercises: They strengthen the muscles that control urine flow. To find these muscles, try to stop your urine midstream. Squeeze the muscles for just a second or two and then release. These are the muscles Kegels strengthen. Do these exercises after you have emptied your bladder.
  1. Tighten the muscles. Hold the muscles for 5 or 10 seconds. If you can only keep the muscles tight for 1 or 2 seconds, work up to holding them longer over time.
2. Then relax the muscles.
3. Repeat 10 to 20 times, at least 3 times a day.

You will notice more strength over time.

Tell your doctor if Kegels do not help your condition.

• Electrical stimulation: A small non-painful electric pulse is used to help calm the nerves and muscles of the bladder.
• Biofeedback: You learn to control the muscles of your bladder based on measurements from devices.
• Medicines: Different drugs may be used. Talk to your doctor and pharmacist about any risks and benefits of the medicines.
• Behavior modification: Some behaviors can make the urine leaks more of a problem. Reduce the frequency of leakage by losing weight if overweight, taking in less caffeine, and stopping smoking.
• Bladder retraining program: You learn to control the flow of urine over several weeks or months. A journal is used to record urges and leaks.
• Pessary: A ring is placed into the vagina to put pressure on the opening of the bladder. The pressure helps control urine leaks. It may be used instead of surgery.
• Injections: The tissues around the bladder opening are injected with a substance that surrounds the opening to the bladder. This may need to be done again because the body slowly absorbs the substance.
• Surgery: If other treatments have not worked, surgery may be an option. The type of surgery can vary from an outpatient procedure to major abdominal surgery.

Talk to your doctor or nurse if you have any questions or concerns.

• अपरेशन: अन्य उपचारहरूले काम गरेन भने अपरेशनमात्रै एउटा विकल्प हुन सक्छ। अपरेशन आउटपेश्न प्रक्रियादेखि लिए पेटको अपरेशनसम्म विभिन्न प्रकारको हुन सक्छन्।

कुनै पनि प्रश्न वा जिज्ञासा भएमा आफ्नी चिकित्सक वा नर्ससँग कुरा गरुँसो।