

# Urinary Incontinence in Women

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 time 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.

## 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.

# Kadida oo bilaanta kukala itaagto

Bilaanta badanshoow mey dhibaato koqobaan kadi kala istaaga. Murqaaga iyo neerfo oo ko cawiyaayaan mise ko sidaayayaan kadada ya daifa koran oo dhib lahadada koran. Mey sababa kora madii ilam dhala, foola, neef dhure, dhawac , infekshon iyo dawo. Mey kalo nagodo korta dhibato oo haga xalada caafimaad oo kumid eh sokorta iyo kansarka. Baritanka iyo daawenta mey horimariyaayan noolalaa.

## Calamadoyinka kaadi la aanta

- Kaadi difiqaasa qufo kadib, kodooga, hindisada, iyo shaqada
- Dhawaqa biyoga dareerooya mise biyo ada taabada mey sheenayaan kaadi
- Dhaqsa oo kadi koo timada adoo musqula in deerin
- Adaga oo kaadi hayta eber inku dhigna madii mushqula aada
- Adoo in bahan inii kadi hayta dhameyta 8 iyo wal kobodon malintiii iyo 2 jeer hamiinkii

Insheega dhaktarkaa hoo ada qabta:

- Shiid kalyooga dhatiyoo mise kadi heynta. Tan mey hiro korta dareerooga kaadada.
- Wal hadii kasoo bahaa shitooda baalshee. Weybdaro koran mela laka kadiya kadibna kadada roogsato.

## Noocyada kadi la aanta

- Kumeelgaar: Kadada tifiqaasa oo sabab in ata isbadal cafimaad mise daawa. Mey noqoda karta dhibato, infekshon oo mela kadi heynta mise cafimad daro mudo yar.

- **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.

## **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.

- Walwal: Kadada tifiqasa oo halalaabaadae madi qufada, kooda, hindhisata mise shaqo qabata. Murqada wardiyooyan kadada tifiqasa iyo walwalka. Mey kudaraase hal wek kahor intii ada caadoonin.
- Rabooga: Murqoooga, iyo nerfoo oo kaada heynta baaliyee ya usku imaadayaan oo hadana sii deyyan kada lin bahaneen. Kadada tifiqasa mey sababee madii meel kudhiida mise kaada dhaqsa kaqabata. Tan mee dhaca kortee madii hunduraasa misa ada tabata biyo mise wal kukleel oo darerayaan.
- Uskudardar: Qof leh walwal iyo kaada la'aan.
- Said Indareeraayan: Kaada haynto oo buuhsanta kadibna tifiqda. Mey jiro koran dhibaatooyin muruqyada in dhaw kada heynta oona hira karaan kada heynta madii ada mushqula. Dareeroga said eh mey sababa korta inii kaada tifiqda.
- Kaadi heynta oo said inshaqeyda: Marwalba mee inbaahanta ini eber kudhigta kada heynta hata hoo kaada yar kajirta.

## **Baaritaanka**

Hoo qabto calamadoyin oo kaada la'aan ah inweer dhaktarka. Mey yeelaadaase baaritan, suula badan laka weydiyee kusaabsan sida kaadada kooka tifiqaasa. Hal baritan misa kubadan yaa lahaada korta:

- Baritanka boodada: Firi dhibaatooyinka meela kadada haka bahaasa iyo shitooda.
- Baritanka kaadada: Kaadada mey laku fiiriyee infekshoniyo inta kada hal mar sii deeyaasa madii ada kadi heynta eber kudhikaasa.
- Baaritanka kaadi heynta: Baritanka paresharka leyiin murqaaga iyo neerfoo. Mey la isticmaale wal dhuuban madii kadada lakoo qaadoow.
- Cod eed indheer: Sawiroy unugyada iyo murqoga oo mohooga hoos kayaalaan madii codka fiiryaasa.
- Imtixaan: Wal dhuub oo sawir leh ya la isticmaalee in laka fiirya kaada heynta.

## 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.

## Daaweynta

Jirka oo dhan labaara mey yeelada kortee daweyntan hasocodaan:

- Roroor la ereaaw pelvic floor: Mey xoojiyaayan muraqooga wryna yareyaayan kaada tifiqa. Sidiida in helo murqoogan uskuday ini joojiso kaadada. Uskukeen murqoogaa hal ilaa lama ilbiriqsi reed deey. Haan meewaa murqooga in adkeeyo lafadaaw. Roroorka suubi madi kaada haynta dhamaata.

1. Xooji murqoogaa. Haji murqoogaa 5 il 10 ilbiriqsi. Hoo ada murqoogaa hoog kadhiga korta 1 ilaa 2 ilbiriqsi kor inii in suran abaar qabooy.
2. Kadib in neefi murqoogaa.
3. Ka celceli 10 ilaa 20 jeer sadi jeer malintii.

Ma ogadaasa awooda ilaa cabaar. Insheeg dhaktarka hoo raroorka ka caawiya waaya.

- Dab qaadashada: wal yar oo dab ahaan ya la isticmaal in laga qaboojiya murqooga iyo neerfoo.
- Jawabta noolaga: Barooy inii ilaaliso muqooga kayaala kaada heynta oona cebir.
- Daawa: Kaniniya oo shal duwan yaa laisticmaalee. Ladoowaa dhaktarkaa walagii kusaabsanqatarta iyo faidada dawada.
- Dhaqanka oo shal saarow: Dhaqanka barshoow mey koo yela karaan inii kaada said koka tifiqda. Yaraay kaada tifiqda adoo misanka usku yareeyaasa, qaadadaasa bun yar iyo joojiyaasa dhuuqowga tubaakada.
- Kaada heynta oo la ilaaliyaaw: Barooy sidiida in wardiya fadi kaadad koo dareeraasa todobadakoo iyo bilooyin. Buuk ya la isticmaalee inii laka qora kaada tifiqooga iyo sidiida kada kii qabadaasa.
- Wal shitada lagaliyaaw si in reebo kaadada tifiqaasa: Fargal ya ladhikee shitooda baliyee oo lafiriye paresharka kaadada lata. Paresharka mry koo caawiye inii ilaalisa kaada tifiqooga. Mey lin isticmaalee badalkii laqala fadi.
- Duroow: Kaada haynta baalshee yaa laduree oo dawa laka duree. Tan mela fada in laka celiya sababtoo ah jirka mey yaraayi wal qaadashada.

- 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.**

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- Qaliin: Hoo daawa laka karawaaya qaliin ya lasubiye. Nooca qaliin ya shal duwan hoo laki qalaaw isbitaalka iyo habka lain qalaaw mohhoga.

**La hathil taktarka misy kalkaalisytha hady ady qabty su'aaly misy quseyng.**

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Urinary Incontinence in Women. Somali.