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No. 186-Conservative Management of Urinary Incontinence

This guideline has been reviewed and approved by the Executive and Council of The Society of Obstetricians and Gynaecologists of Canada.

Magali Robert, MD, Calgary, AB

Sue Ross, PhD, Calgary, AB

Urogynaecology Committee: Scott A. Farrell (Chair), MD, FRCSC, Halifax, NS; William Andrew Easton, MD, FRCSC, Scarborough, ON; Annette Epp, MD, FRCSC, Saskatoon, SK; Lise Girouard, RN, Winnipeg, MB; Chandra Gupta, MD, FRCSC, Winnipeg, MB; Francois Lajoie, MD, FRCSC, Sherbrooke, QC; Danny Lovatsis, MD, FRCSC, Toronto, ON; Barry MacMillan, MD, FRCSC, London, ON; Magali Robert, MD, FRCSC, Calgary, AB; Sue Ross, PhD, Calgary, AB; Joyce Schachter, MD, FRCSC, Ottawa, ON; Jane Schulz, MD, FRCSC, Edmonton, AB; David H. L. Wilkie, MD, FRCSC, Vancouver, BC.

Key Words: Urinary incontinence, stress incontinence, overactive bladder, urge incontinence, conservative management

Abstract

Objective: To outline the evidence for conservative management options for treating urinary incontinence.

Options: Conservative management options for treating urinary incontinence include behavioural changes, lifestyle modification, pelvic floor retraining, and use of mechanical devices.

Outcomes: To provide understanding of current available evidence concerning efficacy of conservative alternatives for managing urinary incontinence; to empower women to choose continence therapies that have benefit and that have minimal or no harm.

Evidence: The Cochrane Library and Medline (1966 to 2005) were searched to find articles related to conservative management of incontinence. Review articles were appraised.

Values: The quality of evidence is rated, and recommendations are made using the criteria described by the Canadian Task Force on Preventive Health Care.

Benefits, Harms, Costs: Evidence for the efficacy of conservative management options for urinary incontinence is strong. These options can be advocated as primary interventions with minimal or no harm to women.

Recommendations:

1. Pelvic floor retraining (Kegel) exercises should be recommended for women presenting with stress incontinence (I-A).
2. Proper performance of Kegel exercises should be confirmed by digital vaginal examination or biofeedback (I-A).
3. Follow-up should be arranged for women using pelvic floor retraining, since cure rates are low and other treatments may be indicated (III-C).
4. Kegel exercises may be offered as an adjunct to other treatments for overactive bladder (OAB) syndrome, but they should not be the only treatment offered for these symptoms (I-B).
5. Although functional electrical stimulation (FES) has not been studied as an independent modality, it may be used as an adjunct to pelvic floor retraining, especially in patients who have difficulty identifying and contracting the pelvic muscles (III-C).

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6. FES should be offered as an effective option for the management of OAB (I-A).
7. Vaginal cones may be recommended as a form of pelvic floor retraining for women with stress incontinence (I-A).
8. Continence pessaries should be offered to women as an effective, low-risk treatment for both stress and mixed incontinence (II-B).
9. Bladder training (bladder drill) should be recommended for symptoms of OAB, since it has no adverse effects (III-C), and it is as effective as pharmacotherapy (I-B).
10. Behavioural management protocols using lifestyle changes in combination with bladder training and pelvic muscle exercises are highly effective and should be used to treat urinary incontinence (I-A).