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## Bladder Incontinence (Leakage)

Bladder (or **urinary**) incontinence is losing control of your bladder. The bladder is the organ that stores and holds urine until you're ready to pee. Bladder incontinence is a common problem for people with cancer. It can be short or long-term depending on the cause. Many people don't talk about their bladder incontinence because they're ashamed or embarrassed. But it's more common than most people think. And there are things that can help you manage it.

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### What causes bladder incontinence?

Many things can cause bladder incontinence. Common causes in people with cancer include:

- Tumors near the bladder from any type of cancer (such as colon or prostate)
- Brain and spinal cord tumors
- [Radiation therapy](#)<sup>1</sup> to the belly, bowel, pelvis, or reproductive organs (radiation cystitis)
- [Surgery](#)<sup>2</sup> to remove the prostate, cervix, uterus, vagina, or bladder
- Certain types of [chemotherapy](#)<sup>3</sup> (chemo), [immunotherapy](#)<sup>4</sup>, and [hormone therapy](#)<sup>5</sup>
- Pelvic prolapse (when the bladder, uterus, or rectum slips into the vaginal canal because of weak pelvic muscles)

- Other health problems such as [constipation](#)<sup>6</sup>, bowel incontinence, and having an enlarged prostate

## Types of bladder incontinence

- **Stress** incontinence is leaking urine when you cough, laugh, sneeze, or do physical activity. These things increase pressure in the belly and press on your bladder.
- **Urge** incontinence is a strong or sudden need to urinate; or have trouble holding in urine long enough to get to a toilet. It's also called overactive bladder (OAB).
- **Mixed** incontinence is having symptoms of both stress and urge incontinence.
- **Overflow** incontinence is leaking urine when your bladder is full.
- **Complete** or **total** incontinence is lacking any control over when you pee.

## Symptoms of bladder incontinence

The symptoms of bladder incontinence usually depend on the type and cause of incontinence. Some common symptoms include:

- Leaking or dribbling urine by accident  
Feeling like you need to pee suddenly or like you won't be able to make it to the toilet in time (called

Urinary incontinence can last a short or long time depending on what's causing it. The cause will help determine which treatments will work best.

### **Pelvic therapy and biofeedback**

Pelvic floor (Kegel) exercises can strengthen the muscles that support the bladder or other organs in the abdomen (lower belly). Therapists or nurses trained in pelvic therapy can help you create a plan that is best for you.

Biofeedback uses sensors placed near the anus to show on a screen which pelvic muscles are being exercised. Pelvic therapy done with biofeedback often works better than exercises alone.

### **Bladder training**

Bladder training starts with creating a schedule of times to urinate. You also learn to use relaxation techniques in between to help with urges to pee in between scheduled times. You track your progress in a bladder diary. The time between peeing is made longer as you progress.

### **Medicines**

Medicines can be used to help relax overactive bladder muscles. If incontinence is related to menopause, topical estrogen can help some people.

### **Medical devices**

- **Pessaries** can help with incontinence when pelvic organs have dropped out of position (prolapsed). These devices are placed in the vagina to support the bladder and urethra.
- **External catheters** are worn outside the body near the urethra and collect urine in a bag that can be emptied.
- **Internal (or indwelling) catheters** are inserted through the urethra and go into the bladder. Urine flows out through the catheter into a bag that can be emptied. However, internal catheters increase the risk of infection.

Internal and external catheters do not treat the cause of incontinence. They only help manage it to prevent other problems.

## Surgery

If bladder incontinence isn't helped with any other methods, surgery might be an option depending on the cause.

Sling surgery places a piece of mesh or tissue between the vagina and urethra. This supports the bladder and urethra.

Artificial urinary sphincter surgery places a device to keep the urethra closed. When you need to pee, you squeeze a pump that releases a cuff and opens the sphincter for a few minutes.

Blockages causing incontinence can also sometimes be removed with surgery.

## Tips for managing bladder incontinence

### Avoid things that can make incontinence worse

- Alcohol, tobacco, caffeine, and artificial sweeteners can irritate your bladder.
- Certain medicines (such as opioids, benzodiazepines, allergy medicines, antidepressants, diuretics, heart medicines, and muscle relaxants) can make bladder incontinence worse. Always talk to your doctor or cancer care team before making any changes to the medicines you take.

Incontinence products can help you cope with leaks, especially when you go out or while you sleep. They aren't a treatment.

- Washable or disposable incontinence underwear
- Waterproof underwear
- Incontinence pads can be placed in your underwear
- Large disposable absorbent pads can be placed on the bed while you sleep
- Waterproof mattress covers
- External catheters can collect urine and drain into a container that can be emptied

Think about if you prefer one-time use, disposable products or reusable, washable products. Disposable products might cost more over time. You can also ask if your insurance covers certain products. Most importantly, find a product that you feel most comfortable using.

Take good care of your skin. If you wear incontinence products, make sure you change or replace them as soon as possible once they are wet. Urine can irritate skin. There are also creams and lotions to help prevent skin irritation and breakdown from urine.

## **Talk to your doctor or cancer care team**

If you have:

- Burning or pain when peeing or trying to pee
- Flank pain (sides of your lower back)
- Fevers with no known cause

Ask your doctor or cancer care team what symptoms you should call about right away versus what can wait until office hours. Make sure you know who to contact when the office is closed.

## Hyperlinks

1. [www.cancer.org/cancer/managing-cancer/treatment-types/radiation.html](http://www.cancer.org/cancer/managing-cancer/treatment-types/radiation.html)
2. [www.cancer.org/cancer/managing-cancer/treatment-types/surgery.html](http://www.cancer.org/cancer/managing-cancer/treatment-types/surgery.html)
3. [www.cancer.org/cancer/managing-cancer/treatment-types/chemotherapy.html](http://www.cancer.org/cancer/managing-cancer/treatment-types/chemotherapy.html)
4. [www.cancer.org/cancer/managing-cancer/treatment-types/immunotherapy.html](http://www.cancer.org/cancer/managing-cancer/treatment-types/immunotherapy.html)
5. [www.cancer.org/cancer/managing-cancer/treatment-types/hormone-therapy.html](http://www.cancer.org/cancer/managing-cancer/treatment-types/hormone-therapy.html)
6. [www.cancer.org/cancer/managing-cancer/side-effects/stool-or-urine-changes/constipation.html](http://www.cancer.org/cancer/managing-cancer/side-effects/stool-or-urine-changes/constipation.html)
7. [www.niddk.nih.gov/-/media/Files/Urologic-Diseases/diary\\_508.pdf](http://www.niddk.nih.gov/-/media/Files/Urologic-Diseases/diary_508.pdf)

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### **Written by**

The American Cancer Society medical and editorial content team  
(<https://www.cancer.org/cancer/acs-medical-content-and-news-staff.html>)

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