

Assessing urinary incontinence in women

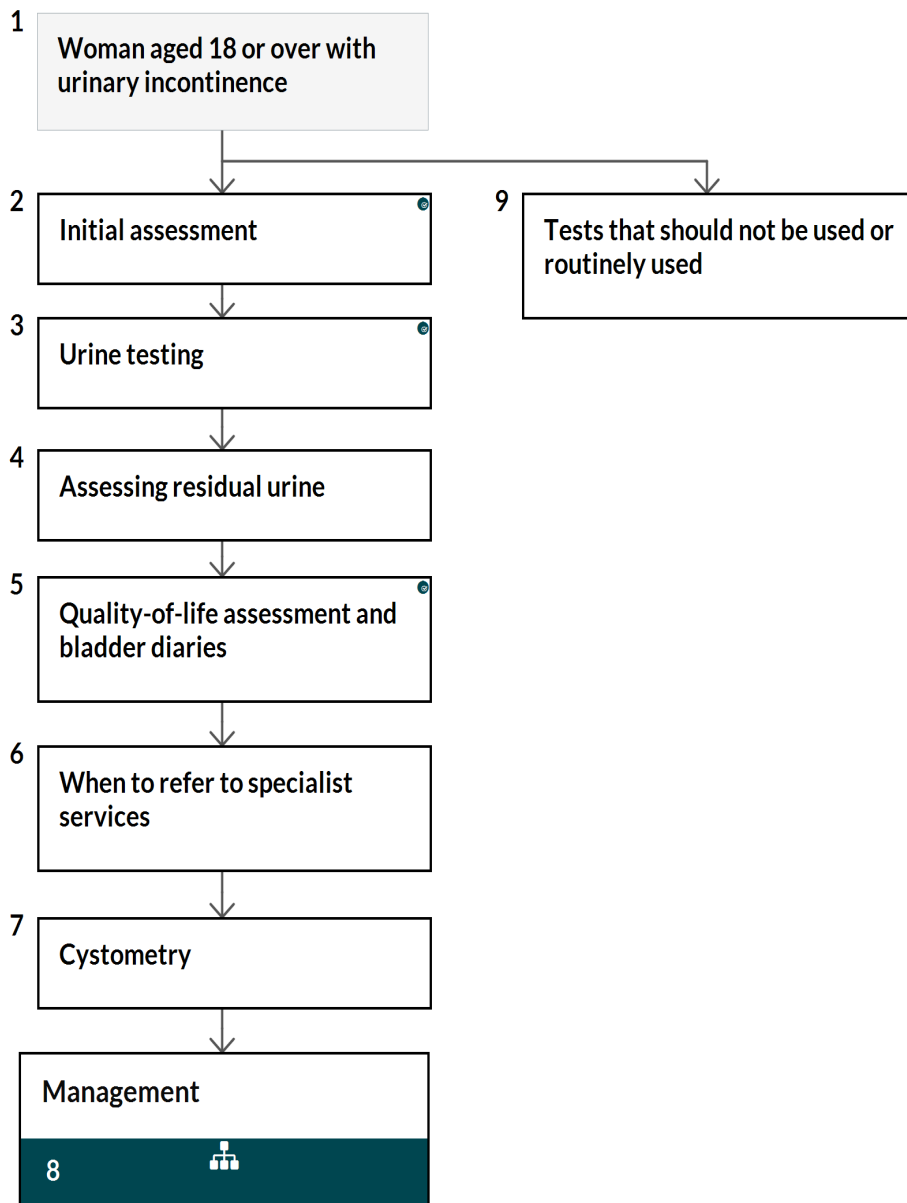
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/urinary-incontinence-and-pelvic-organ-prolapse-in-women>

NICE Pathway last updated: 03 September 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Woman aged 18 or over with urinary incontinence

No additional information

2 Initial assessment

At the initial clinical assessment, categorise the woman's UI as SUI, mixed UI, or urgency UI/OAB.

During the clinical assessment seek to identify relevant predisposing and precipitating factors and other diagnoses that may require referral for additional investigation and treatment.

See also [urological symptoms and signs in the NICE Pathway on suspected cancer recognition and referral](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Urinary incontinence in women

1. Initial assessment

3 Urine testing

Undertake a urine dipstick test in all women presenting with UI to detect the presence of blood, glucose, protein, leucocytes and nitrites in the urine.

If women have symptoms of UTI and their urine tests positive for both leucocytes and nitrites, send a midstream urine specimen for culture and analysis of antibiotic sensitivities. Prescribe an appropriate course of antibiotic treatment pending culture results. See [the NICE Pathway on urinary tract infections in people aged 16 and over](#) for more information.

If women have symptoms of UTI and their urine tests negative for either leucocytes or nitrites, send a midstream urine specimen for culture and analysis of antibiotic sensitivities. Consider the prescription of antibiotics pending culture results.

If women do not have symptoms of UTI, but their urine tests positive for both leucocytes and nitrites, do not offer antibiotics without the results of midstream urine culture.

If a woman does not have symptoms of UTI and her urine tests negative for either leucocytes or nitrites, do not send a urine sample for culture because she is unlikely to have UTI.

NICE has published a [medtech innovation briefing on Peezy Midstream for urine collection](#).

See [the NICE Pathway on antimicrobial stewardship](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Urinary tract infections in adults

1. Diagnosing urinary tract infections in adults aged 65 years and over
2. Diagnosing urinary tract infections in adults with catheters
4. Urine culture for adults with a urinary tract infection that does not respond to initial antibiotic treatment
5. Antibiotic treatment for asymptomatic adults with catheters and non-pregnant women
6. Antibiotic prophylaxis to prevent catheter-related urinary tract infection

4 Assessing residual urine

Measure post-void residual volume by bladder scan or catheterisation in women with symptoms suggestive of voiding dysfunction or recurrent UTI.

Use a bladder scan in preference to catheterisation on the grounds of acceptability and lower incidence of adverse events.

NICE has published a [medtech innovation briefing on BladderScan BVI 9400 3D portable ultrasound scanner for measuring bladder volume](#).

5 Quality-of-life assessment and bladder diaries

Use a validated urinary incontinence-specific symptoms and quality-of-life questionnaire when therapies are being evaluated.

Use bladder diaries in the initial assessment of women with UI or OAB. Encourage women to complete a minimum of 3 days of the diary covering variations in their usual activities, such as both working and leisure days.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Urinary incontinence in women

2. Bladder diaries and lifestyle changes

6 When to refer to specialist services

In women with UI, indications for consideration for referral to a specialist service include:

- persisting bladder or urethral pain
- palpable bladder on bimanual or abdominal examination after voiding
- clinically benign pelvic masses
- associated faecal incontinence (for more information see [the NICE Pathway on faecal incontinence](#))
- suspected neurological disease (for more information see [the NICE Pathway on urinary incontinence in neurological disease](#))
- symptoms of voiding difficulty
- suspected urogenital fistulae
- previous continence surgery
- previous pelvic cancer surgery
- previous pelvic radiation therapy.

Follow [urological symptoms and signs in the NICE Pathway on suspected cancer recognition and referral](#) for women with haematuria or persistent unexplained UTI.

7 Cystometry

Do not perform multichannel filling and voiding cystometry before primary surgery if SUI or stress-predominant mixed UI is diagnosed based on a detailed clinical history and demonstrated SUI at examination.

After undertaking a detailed clinical history and examination, perform multichannel filling and voiding cystometry before surgery for SUI in women who have any of the following:

- urge-predominant mixed UI or UI in which the type is unclear
- symptoms suggestive of voiding dysfunction
- anterior or apical prolapse
- a history of previous surgery for SUI.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

8 Management

[See Urinary incontinence and pelvic organ prolapse in women / Managing urinary incontinence in women](#)

9 Tests that should not be used or routinely used

Do not use pad tests in the routine assessment of women with UI.

Do not use the Q-tip, Bonney, Marshall and Fluid-Bridge tests in the assessment of women with UI.

Do not use cystoscopy in the initial assessment of women with UI alone.

Do not use imaging (MRI, CT, X-ray) for the routine assessment of women with UI. Do not use ultrasound other than for the assessment of residual urine volume.

Retrograde urethral sphincterometry

NICE has published [interventional procedures guidance that retrograde urethral sphincterometry](#) should only be used in the context of **research**.

Glossary

OAB

overactive bladder

SUI

stress urinary incontinence

UI

urinary incontinence

UTI

urinary tract infection

Sources

[Urinary incontinence and pelvic organ prolapse in women: management \(2019\) NICE guideline NG123](#)

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They

should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the

interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.