

# Managing urinary incontinence in women

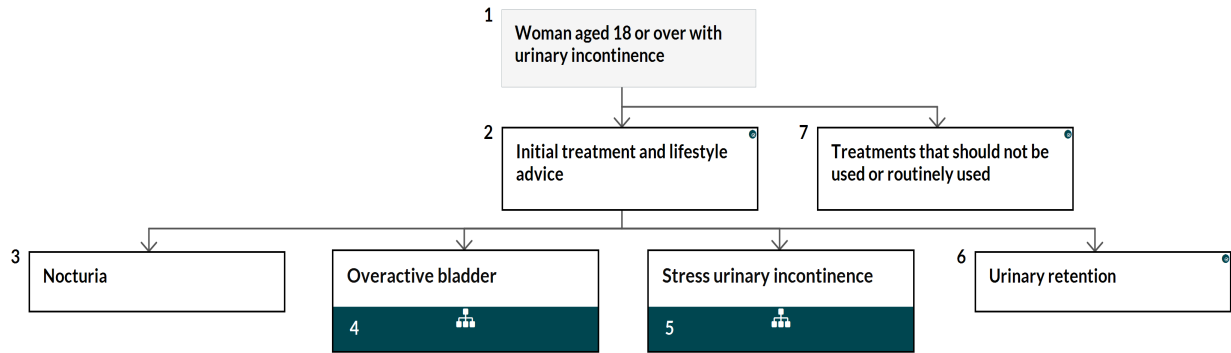
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

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 treatment and lifestyle advice

At the initial clinical assessment, categorise the woman's UI as SUI, mixed UI, or urgency UI/OAB. Start initial treatment on this basis. In mixed UI, direct treatment towards the predominant symptom.

Consider advising women with UI or OAB and a high or low fluid intake to modify their fluid intake.

Advise women with UI or OAB who have a BMI greater than 30 to lose weight. See also [the NICE Pathway on lifestyle advice on diet and physical activity](#).

### Quality standards

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

### Urinary incontinence in women

1. Initial assessment
2. Bladder diaries and lifestyle changes

## 3 Nocturia

The use of desmopressin may be considered specifically to reduce nocturia in women with UI or OAB who find it a troublesome symptom. Use particular caution in women with cystic fibrosis and avoid in those over 65 years with cardiovascular disease or hypertension.

See also [review for long-term use of medicines](#) and [review for long-term use of absorbent containment products](#).

## 4 Overactive bladder

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

## 5 Stress urinary incontinence

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

## 6 Urinary retention

Bladder catheterisation (intermittent or indwelling urethral or suprapubic) should be considered for women in whom persistent urinary retention is causing incontinence, symptomatic infections, or renal dysfunction, and in whom this cannot otherwise be corrected. Healthcare professionals should be aware, and explain to women, that the use of indwelling catheters in urgency UI may not result in continence.

See also [review for long-term use of absorbent containment products](#) and [the NICE Pathway on preventing infection related to long-term urinary catheters](#).

### Intermittent urethral catheters

Offer intermittent urethral catheterisation to women with urinary retention who can be taught to self-catheterise or who have a carer who can perform the technique.

### Indwelling urethral catheters

Give careful consideration to the impact of long-term indwelling urethral catheterisation. Discuss the practicalities, benefits and risks with the woman or, if appropriate, her carer. Indications for the use of long-term indwelling urethral catheters for women with UI include:

- chronic urinary retention in women who are unable to manage intermittent self-catheterisation
- skin wounds, pressure ulcers or irritations that are being contaminated by urine
- distress or disruption caused by bed and clothing changes
- where a woman expresses a preference for this form of management.

## Indwelling suprapubic catheters

Indwelling suprapubic catheters should be considered as an alternative to long-term urethral catheters. Be aware, and explain to women, that they may be associated with lower rates of symptomatic UTI, 'bypassing', and urethral complications than indwelling urethral catheters.

## TUC Safety Valve

NICE has published a [medtech innovation briefing on TUC Safety Valve to prevent balloon inflation in the urethra during transurethral catheterisation](#).

## Quality standards

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

## Urinary incontinence in women

### 6. Indwelling catheters

## 7 Treatments that should not be used or routinely used

Do not offer absorbent containment products, hand-held urinals or toileting aids to treat UI. Offer them only:

- as a coping strategy pending definitive treatment
- as an adjunct to ongoing therapy
- for long-term management of UI only after treatment options have been explored.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

Do not use intravaginal and intraurethral devices for the routine management of UI in women. Do not advise women to consider such devices other than for occasional use when necessary to prevent leakage, for example during physical exercise.

Do not recommend complementary therapies for the treatment of UI or OAB.

Do not offer systemic HRT to treat UI.

## Quality standards

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

### Urinary incontinence in women

3. Containment products

## Glossary

### HRT

hormone replacement therapy

### 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.



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## 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.