

Urinary Incontinence Treatment Conversation Guide

For primary care and women's health clinicians

Urinary incontinence is common, but it's not something that patients should simply have to live with. Unfortunately, patients are often uncomfortable discussing bladder leaks, even when their symptoms are affecting their daily lives. Embarrassment, stigma or the belief that leakage is a normal part of aging, childbirth, menopause or other health changes may keep them from asking for help. A brief, proactive conversation can help patients understand that urinary incontinence is common but not "normal," and effective treatment options are available. Even small improvements can make a meaningful difference in their quality of life.

How to use this guide:

This guide is intended for clinicians and care teams to reference during patient conversations. It can help frame treatment options, explain what may be appropriate to start in primary care, and identify when referral to pelvic floor physical therapy, urogynecology, urology, gynecology or another specialist may be appropriate. Please refer to NAFC's full Urinary Incontinence Indicator Report for more details on specific treatment options discussed here.

First: Identify the likely symptom pattern

Stress Urinary Incontinence, or SUI

Leakage with pressure or movement, such as coughing, sneezing, laughing, lifting, exercising, standing up or jumping.

Urgency Urinary Incontinence (UUI)/Overactive Bladder (OAB)

A sudden, hard-to-control urge to urinate, often with frequency, nighttime urination or leaking before reaching the bathroom.

Mixed Urinary Incontinence

Features of both stress and urgency leakage. Ask which symptom bothers the patient most.

Treatment Options for Stress Urinary Incontinence



Lifestyle and behavioral strategies

Weight management, when appropriate

Excess weight can increase pressure on the bladder and pelvic floor. Even modest weight loss may improve symptoms for some patients.

Fluid and constipation management

Constipation can worsen pelvic floor strain and bladder symptoms. Review fluid habits, bowel patterns and bladder irritants as appropriate.

Activity modifications

Patients may benefit from practical strategies such as voiding before exercise, using temporary support products during activity, or adjusting high-impact routines while pursuing treatment.



Pelvic floor muscle training

Pelvic floor exercises/Kegels

Strengthening the pelvic floor can reduce stress leakage, but many patients do the exercises incorrectly or inconsistently.

Supervised pelvic floor physical therapy

Referral to a pelvic floor physical therapist can be especially helpful when symptoms are moderate, persistent, postpartum-related, menopause-related, or when the patient is unsure how to perform pelvic floor contractions. Supervised pelvic floor muscle training can significantly improve symptoms and help patients avoid more invasive treatment.

Biofeedback or pelvic floor training devices

Some patients may benefit from tools that help them identify and correctly engage pelvic floor muscles. Trained PTs can also help patients learn how to use these tools to improve symptoms.

Vaginal support options

Pessary or continence support device

A removable vaginal device may help support the urethra/bladder neck and reduce stress leakage, especially during activity. This may be managed by a trained clinician, gynecologist, urogynecologist or urologist, depending on local practice.

Disposable or reusable inserts/support products

Some over-the-counter or prescription devices are designed to reduce leakage during specific activities such as exercise. These can be helpful for patients who want a non-surgical option or who need symptom control during activity.

Procedural and surgical options

Urethral bulking injections

A clinician injects a bulking agent around the urethra to help it close more effectively. This is typically less invasive than sling surgery but may be less durable and may require repeat treatment.

Sling surgery

A surgical procedure that supports the urethra to reduce stress leakage. This is one of the more established procedural options for SUI and generally requires referral to urogynecology or urology.

Other surgical options

Some patients may be candidates for additional procedures depending on anatomy, prior surgeries, prolapse, severity and goals.

When to refer to a specialist

Refer patients when symptoms are moderate to severe, conservative treatment has not helped, the patient wants procedural options, or there is pelvic organ prolapse, prior pelvic surgery, recurrent UTIs, hematuria, pain, voiding difficulty or diagnostic uncertainty.

Treatment Options for OAB/ Urgency Urinary Incontinence

Lifestyle and behavioral strategies

Bladder training

Bladder training helps patients gradually increase the time between bathroom trips and reduce urgency-driven voiding. The National Institute for Health and Care Excellence (NICE) recommends bladder training for at least 6 weeks as first-line treatment for urgency or mixed urinary incontinence.

Timed voiding/scheduled toileting

Patients urinate on a planned schedule instead of waiting for strong urgency. This may be especially useful for older adults, caregivers or patients with predictable urgency patterns.

Urge suppression techniques

Patients learn strategies to manage urgency, such as pausing, sitting if needed, using pelvic floor contractions, breathing and waiting for urgency to pass before walking calmly to the bathroom.

Fluid and bladder irritant review

Discuss caffeine, carbonated drinks, alcohol, timing of fluids and evening fluid intake. The goal is not dehydration but identifying patterns that worsen symptoms.

Constipation management

Constipation can worsen urgency and frequency. Address bowel habits as part of bladder care.

Comorbidity review

OAB symptoms may be affected by conditions such as diabetes, sleep apnea, obesity, mobility limitations, recurrent UTIs, medications, constipation and pelvic floor dysfunction. The 2024 AUA/SUFU guidelines highlight the importance of considering non-urologic factors that may contribute to OAB symptoms.



Pelvic floor therapy

Pelvic floor muscle training (PFMT)

PFMT is not just for stress leakage. It can also help some patients suppress urgency and improve bladder control.

Pelvic floor physical therapy

Referral may be useful for patients with urgency, mixed symptoms, pelvic floor dysfunction, pelvic pain, difficulty identifying pelvic muscles or persistent symptoms despite basic counseling.



When to refer to a specialist

Refer patients when symptoms remain bothersome despite behavioral and/or medication therapy, when the patient cannot tolerate medication, when the patient prefers non-drug options or when advanced therapy discussion is appropriate.

Medications

Antimuscarinic/anticholinergic medications

These medications help calm bladder contractions and may reduce urgency, frequency and urge leakage. Common concerns include dry mouth, constipation, blurred vision and cognitive considerations, especially in older adults or patients at risk for anticholinergic burden. NICE recommends discussing the likelihood of success and common adverse effects before starting medication.

Beta-3 adrenergic agonists

These medications relax the bladder muscle to help increase storage capacity and reduce urgency/frequency. They may be an option for patients who cannot tolerate or should avoid anticholinergic medications, though clinicians should consider contraindications, blood pressure, drug interactions, cost and coverage.

Combination therapy

Some patients may benefit from a combination of behavioral therapy and medication, or in selected cases, more than one medication class under clinician guidance.

When to consider medication

Medication may be appropriate when urgency, frequency or urge leakage remains bothersome after behavioral strategies or when symptoms are significant enough that the patient wants additional treatment.

Neuromodulation and advanced therapies

Sacral neuromodulation (SNM)

An implanted device sends gentle electrical stimulation to nerves that affect bladder function. Usually considered for patients with persistent OAB/UUI symptoms after conservative or medication options.

Percutaneous tibial nerve stimulation (PTNS)

An office-based treatment that stimulates the tibial nerve near the ankle to influence bladder signaling. Often delivered in a series of sessions.

Implantable tibial neuromodulation options

Newer tibial nerve stimulation approaches may involve an implanted device designed to provide ongoing therapy. Availability and candidacy vary.

Bladder Botox injections

OnabotulinumtoxinA can be injected into the bladder muscle to reduce overactivity. It can be effective for urgency incontinence but requires counseling about risks, including urinary retention and urinary tract infection. Also note that it may require repeat treatment.

Mixed Urinary Incontinence



For mixed symptoms, begin by asking:

“Which symptom bothers you most: leaking with activity, or leaking with urgency?”

Then consider starting with the most bothersome symptom while also addressing overlapping factors such as pelvic floor strength, bladder habits, constipation, fluid patterns, weight and medications.

Common first steps include:

- Bladder diary or 3-day bladder snapshot
- Urinalysis if clinically indicated
- Referral to pelvic floor physical therapy
- Bladder retraining
- Lifestyle and constipation management
- Medication discussion if urgency symptoms are prominent
- Referral to a specialist if symptoms are severe, complex, or persistent

When to refer or evaluate further

Refer to urology, urogynecology, gynecology or pelvic floor physical therapy as appropriate when:

- The patient’s symptoms are moderate, severe, worsening or affecting quality of life
- Conservative strategies have not helped
- The patient has tried medication and it did not work or caused unwanted side effects
- The patient does not want medication
- The patient is interested in procedural, device-based or surgical options
- The clinician is unsure whether symptoms are SUI, OAB/UUI, mixed UI, overflow, prolapse-related or another condition
- Red flags are present, including hematuria, pain, recurrent UTIs, difficulty emptying, sudden onset leakage, neurologic symptoms or significant prolapse



For more information about any of these conditions and treatment paths, visit the National Association for Continence at [NAFC.org](https://nafc.org)