Overflow incontinence

- Primary treatment is by relief of obstruction.
- Transurethral resection of the prostate is a mainstay of treatment, although alpha-blockers and finasteride have a role in treatment.
- In cases of medication-induced urinary retention, discontinuation may be sufficient.
- Some patients may require a period of intermittent catheterization.

Urge incontinence

- If patient has coexisting bladder outlet obstruction, condition may be improved through relief of obstruction.
- Anticholinergic medications, such as oxybutynin and tolterodine, combined with bladder-training techniques are appropriate first-line therapies.
- For postprostatectomy urge incontinence, patients benefit from biofeedback treatment.

Stress incontinence

- Patients benefit from biofeedback treatment, except those with total incontinence characterized by continual leakage in the absence of stress maneuvers, (coughing, laughing).
- Those with hypermobility may benefit from retropubic suspension (AHCPR). Total incontinence is initially managed with collagen injections, which, if unsuccessful, may be followed by implantation of an artificial sphincter or urethral bulking.

Functional incontinence

- In a nursing-home setting, evidence to date suggests that men and women benefit equally from caregiver-dependent behavioral interventions such as prompted voiding.
- External and chronic indwelling catheters should be avoided if possible.

Standards of Care Reference

1. *Managing Acute and Chronic Urinary Incontinence. Agency for Health Care Policy and Research Quick Reference Guide for Clinicians No. 2. 1996.*