Female Urinary Incontinence Pathway

This pathway has been developed from published guidance, in collaboration with local gynaecologists. This guidance is to assist GPs in decision making and is not intended to replace clinical judgment.

**History:**
- Frequency/nocturia/urgency/dysuria/stress incontinence
- Pad use/impact on daily life/social incapacity.
- Faecal incontinence/neurological symptoms
- Current medication - consider if causing incontinence
- Previous pelvic surgery or radiotherapy
- Obstetric history
- Back pain or possible disk prolapse

**Examination:**
- Abdominal examination: Bladder palpable/pelvic mass
- Vaginal examination: stress incontinence/prolapse/atrophic vaginitis
- Urine dip (treat UTI if positive) Refer to local Antibiotic guidelines

**Patient Advice:**
- Reduce caffeine intake
- Normalise fluids 1600ml/day
- Weight loss if BMI > 30
- Smoking cessation
- Treat constipation
- Pill pelvic floor exercises

**Incontinence products:**
Refer to district nursing service to enable provision of the most suitable products.

- To cope with urinary leakage whilst waiting assessment and treatment
- To contain leakage whilst awaiting response to ongoing treatment
- For women with severe cognitive or mobility impairment that precedes further assessment or treatment
- For long term management only after all treatment options have been explored

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**Pathway created by NCL led by Camden CCG Clinical Cabinet + GB July 2016**

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**Refer to current BNF or SPC for full medicines information**

**Review due – March 2020**