

## Referral Support Service

GY21

Uro-gynaecology (including urinary incontinence)

Gynaecology

### Definition

Urinary Incontinence can be divided into three types:

- **Stress Incontinence:** leakage on coughing, sneezing, associated with pelvic floor weakness.
- **Urge Incontinence:** leakage associated with a strong desire to void (with frequent small voids throughout the day and night).
- **Mixed Incontinence:** a combination of the above.

### Exclude Red Flag Symptoms

- Acute urinary retention is a rare complication, but sometimes a presenting feature of complete uterine prolapse and requires admission.
- Persistent Haematuria - please follow 2ww referral guidance.

### Management

- **History:** Establish nature of leakage and request patient completes a 3-day bladder diary [Bladder Diary](#)
- **Examination:** Pelvic examination to include: assessment for presence of leakage on coughing/straining, pelvic floor tone.
- Review bladder diary and offer [Bladder Drill](#) if small frequent voids present in keeping with urge incontinence.
- Urine dipstick- Treat UTI
- Lifestyle intervention- e.g. reduce weight if BMI>30, reduce caffeine intake and modify fluid intake
- Review medication- (e.g. diuretics,/antihypertensives, anti-depressants)
- Manage constipation
- **Therapeutic Management of Overactive Bladder:** [click here](#)
- **Treat underlying atrophy:**
  - Vagifem 10mcg pessaries or Ovistin 10mcg cream (Daily for 2w, then twice weekly) for 3m or Estring leave in situ 3m
- **Cystocele/ Uterine Prolapse present:** consider fitting a ring pessary
- **Pelvic floor exercises:** [click here](#)
- **Women's Health physio:** all women with prolapse should be referred first for gynae physio prior to considering surgery, to improve success of surgery.
- **Continence Products/ Support:** consider referral to the Continence service or DNs if housebound

## **Referral Information**

### **Indications for referral**

- Women who have tried bladder training and medications for OAB but have not been successful

### **Information to include in referral letter**

- Reason for referral: Incontinence/Urgency/Possible Interstitial Cystitis
- Examination findings
- Treatment to date:
  - Gynae physiotherapy completed
  - Atrophy treated
  - Bladder drill/urinary symptoms addressed
  - Trial with anti-cholinergic for 3m (details to confirm; detrusitol/solifenacin, time-frame)
  - Bladder diary completed and attached
  - For possible Interstitial Cystitis: MSU results
  - Past medical/surgical history
  - Drug history
  - BMI
  - Smoking cessation

**Please note: pelvic floor surgery is usually only considered for women who have completed their family.**

### **Investigations prior to referral**

- Bladder diary
- Gynae physiotherapy- refer via MSK form

### **Patient information leaflets/ PDAs**

- [Prolapse patient information](#)
- [Incontinence patient information](#)
- [Pelvic floor exercises](#)
- [Surgical Procedures](#)
- [Urethral sling surgery information](#)
- [Bladder Drill: useful patient information](#)
- [Bladder Diary \(file should download\)](#)

### **References**

- NICE Clinical Knowledge Summary [Incontinence - urinary, in women](#)

Responsible Consultant: Miss Kavita Verma  
Responsible GP: Dr Jacqui Caine  
Responsible Pharmacist: Faisal Majothi

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