to do more formal diagnosis generally urodynamics before you go about this so we 'll talk about the rest of these in the other sections..

## **Urge Urinary Incontinence**

Urinalysis is something that you will do for every patient who presents with a new complaint of urinary incontinence. normal for our purposes is going to be eight times per day. For example,. if you're having to go to the bathroom more than once every two hours throughout the day that's eight times a day. an elderly woman has increased urgency. She 's going more than around 15 times per day that 's almost twice as frequent as the average person at the upper limit. the average person feels the urge to urinate around 400 to 500 mils of bladder volume. So generally a patient when they urinate will urinate about that amount or maybe a little less, there's something going on in the bladder that's causing the detrusor muscle to become overactive and so a lot of times they withdraw themselves from their daily activities, such as going to, a movie theater where you do want to sit down for a couple hours and watch the movies, the difference is. There is some kind of bladder pathology going on with sensory, irritative incontinence.

These patients have increased frequency and urgency and when they do go to the bathroom. It is not going to be quite as much now remember stress urinary incontinence. These patients do n't have any problem unless they do aughing or sneezing or lifting something with urinary inconsinence, these latients do have involuntary detrusor contractions. Even with small in Outs of urine in their bladder, urgent urinary incontinence is involved by leakage of your any condinence of urine accompanied by or immediately proveded by a perceive list originaminent need to avoid, so they feel like they gut to go and they happen if they do n't go they happen to lose urine, overactive bladder is a common term that is thrown out amongst medical lady and a lot of times it is referring to urge urinating kinds, but these two are n't exactly the same. There are some medical conditions that increase your. Risk losing urine involuntarily. The first is kind of more complicated and that would include things like dimension, delirium or physical handicaps.. these patients really are n't incontinent of urine because of any kind of urinary tract pathology or stress urinary, incontinence urge urinary inconsinence overflow bypass bypass..

When patients with urgent or incontinence are incontinent, It 's going to be a large amount. During an episode they lose the contents of their bladder and even though their bladder does not quite hold as much because of detrusor hyperactivity, they still lose a lot.. This really causes a problem not so much at home, but in public okay. for the vast majority of patients it 's going to be normal neurologic reflex ask the patient to strain while doing a vaginal exam because I can help you see any any symptoms possibly of mixed incontinence. It might not necessarily be diagnostic, but if a patient empties her bladder and she 's still losing urine. When she strains that points you towards the stress urinary incontinent. the way we manage urge urinary incontinence in comparison to stress urinary inconsinence is quite different. in urgent Ankhon. The problem is that