CONDITION

Incontinence in men

Urinary incontinence in men is the unplanned leakage of urine caused by problems with bladder storage or control.

WHAT IT IS
Unplanned leakage of urine

BODY SYSTEM
Urinary system

MAIN SYMPTOMS
Urine leakage, sudden urgency, dribbling, nighttime wetting

WHAT CAUSES IT
Bladder, prostate, nerve, medicine, or pelvic floor problems

HOW IT IS DIAGNOSED
History, examination, urine test, and bladder diary

MAIN TREATMENT
Bladder training, pelvic floor exercises, medicines, or procedures

CAN IT BE CURED?
Sometimes - treatment can correct certain causes

IS IT AN EMERGENCY?
Sometimes - urinary retention or new nerve symptoms

LONG-TERM OUTLOOK
Often manageable after the cause is identified

Overview

Urinary incontinence means leaking urine when you do not intend to. It may be a few drops after coughing or a strong urge followed by a larger leak. Some men have occasional episodes, while others leak every day.

Incontinence is a symptom rather than a single disease. It can develop when the bladder muscle, urinary sphincter, prostate, pelvic floor, or nerves are not working together as they should. The urinary sphincter is the ring of muscle that helps keep the bladder closed.

Leakage becomes more common with age, but it is not an unavoidable part of getting older. It can also occur after prostate treatment or because of a bladder, nerve, or mobility problem.

Incontinence can affect sleep, work, exercise, travel, relationships, and confidence. Some men

avoid discussing it because they feel embarrassed. However, identifying the type of leakage often leads to useful treatment and practical ways to stay active.

Symptoms

The pattern of leakage can suggest which part of bladder control is affected.

Stress incontinence is leakage when pressure inside the abdomen rises. It may happen when you cough, sneeze, laugh, stand, lift something, or exercise. In men, it is most often associated with surgery or other treatment involving the prostate.

Urgency incontinence is leakage that follows a sudden, difficult-to-delay need to urinate. You may also urinate frequently or wake several times at night. This pattern is often part of overactive bladder, in which the bladder muscle tightens before you are ready.

Overflow incontinence happens when the bladder does not empty properly and becomes too full. Possible signs include frequent dribbling, a weak stream, difficulty starting, straining, or feeling that urine remains in the bladder.

Functional incontinence means that another condition makes reaching or using a toilet difficult. Reduced mobility, painful joints, poor eyesight, confusion, or problems undoing clothing may contribute even when bladder control itself is reasonable.

Some men have more than one pattern. This is called mixed incontinence. Leakage may also occur after urinating because urine remains in the urethra, the tube that carries urine out of the body. This is known as post-urination dribbling.

Causes and risk factors

Several different problems can cause or worsen urinary incontinence.

Prostate surgery can weaken the urinary sphincter or change how it works. Leakage is particularly associated with surgery to remove the prostate for cancer, although it may also follow other prostate procedures. Radiation treatment can affect the bladder and urethra over time.

An enlarged prostate can narrow the urethra and make it harder to empty the bladder. Long-term blockage may lead to urgency, frequent urination, or overflow leakage. Prostate enlargement is not the same as prostate cancer.

Conditions affecting the nerves can interrupt messages between the brain and bladder. These include stroke, Parkinson's disease, multiple sclerosis, spinal cord injury, and nerve damage

related to diabetes.

Other possible contributors include:

A short period of leakage may have a reversible cause, such as an infection, constipation, or a recent medicine change. Persistent symptoms need assessment rather than being assumed to result from age.

- Urinary tract infection or inflammation
- Bladder stones or, less commonly, a bladder growth
- Constipation, which can press on the bladder
- Reduced mobility or memory problems
- Being overweight, which increases pressure on the pelvic floor
- Medicines that increase urine production, cause drowsiness, or affect bladder emptying
- Caffeine or alcohol, which may worsen urgency in some people

Diagnosis

Assessment usually begins with questions about when leakage happens, how much urine is lost, and whether you have urgency, pain, a weak stream, or difficulty emptying your bladder. Previous prostate treatment, neurological conditions, medicines, bowel habits, and fluid intake are also relevant.

You may be asked to keep a bladder diary for several days. This records what and how much you drink, when you urinate, episodes of urgency, and any leakage. It can reveal patterns that are hard to remember during an appointment.

A urine sample can check for infection, blood, glucose, or other abnormalities. An examination may include the abdomen, genitals, pelvic floor, and a basic check of nerve function. A rectal examination may be offered to assess the prostate.

A bladder scan after urination can measure the amount of urine left behind. This is called the post-void residual. A large residual may point to blockage or a bladder muscle that is not squeezing effectively.

Not everyone needs specialist tests. Depending on your symptoms, tests may include measuring urine flow, looking inside the bladder with a thin camera, or urodynamic testing. Urodynamics examines how the bladder stores and releases urine. These tests are generally reserved for unclear, complicated, or persistent symptoms, or when a procedure is being considered.

Treatment and management

Treatment is matched to the type of incontinence, its cause, and how much it affects you. More than one approach may be used.

Bladder training can help with urgency. It involves gradually increasing the time between planned toilet visits and using techniques to settle a sudden urge. Regular toilet access and clothing that is easy to remove may help if mobility is part of the problem.

Pelvic floor muscle training strengthens the muscles that support urinary control. It is commonly used for stress leakage, including after prostate surgery. Correct technique matters: the aim is to tighten the muscles used to avoid passing wind or stop urine escaping, without repeatedly practising by stopping the urine stream. A pelvic health physiotherapist can check technique and build a structured programme.

Other everyday measures may include:

Do not severely restrict fluids unless you have been specifically advised to do so. Concentrated urine can irritate the bladder and dehydration can cause other health problems.

Medicines may help urgency, overactive bladder, or urinary symptoms related to an enlarged prostate. Different medicine groups work in different ways and have different side effects. The choice needs to account for bladder emptying, blood pressure, bowel problems, other medicines, and general health.

If urgency incontinence continues despite simpler measures, specialist treatments may include injections into the bladder muscle or nerve stimulation. These treatments require assessment and follow-up.

Persistent stress incontinence after prostate treatment may be treated with surgery. Options include a male sling, which supports the urethra, or an artificial urinary sphincter, an implanted device that helps close the urethra. The suitable option is influenced by leakage severity, previous radiation, hand function, and personal priorities.

Overflow caused by severe retention may require a catheter to drain the bladder while the cause is assessed. Treatment may then address prostate blockage, medicine effects, or poor bladder muscle function.

Absorbent pads, washable underwear, external urine-collection devices, and skin-protection products can make daily life easier. They manage leakage but do not treat its cause. A penile compression device may suit selected men with stress leakage, but it needs proper fitting and regular release to avoid pressure injury.

- Spacing fluids through the day rather than drinking large amounts at once

- Reducing caffeine or alcohol if they clearly trigger urgency
- Treating constipation
- Losing weight when appropriate
- Planning toilet access during travel or exercise

Complications

Ongoing contact with urine can cause sore, inflamed, or broken skin. Prompt changing, gentle cleansing, and a suitable barrier product can help protect the area.

Urgency may increase the risk of falling if you rush to the toilet, especially at night. Clear walkways, lighting, easy-to-remove clothing, and a nearby urinal or commode may reduce this risk.

Incomplete bladder emptying can contribute to urinary infections, bladder stones, or, in severe long-term cases, kidney problems. Catheters also carry risks such as infection, blockage, and urethral injury, so they require appropriate care.

Incontinence can affect mood, sexual confidence, social contact, and sleep. These effects are valid reasons to seek support, even if the amount of leakage seems small.

Prevention

Not every case can be prevented. Leakage caused by nerve disease, necessary prostate treatment, or age-related changes may occur despite sensible health choices.

Pelvic floor muscle training before and after prostate surgery may support recovery when it is recommended as part of the treatment plan. It cannot guarantee that leakage will be avoided.

Maintaining a healthy weight, staying active, managing constipation, and controlling diabetes may reduce factors that place strain on bladder control. Reviewing medicines when symptoms begin may also identify a reversible contributor. Do not stop prescribed medicine without medical advice.

Prompt assessment of difficulty urinating may help prevent complications from long-term bladder retention.

Living with it and what to expect

The course depends on the cause. Temporary leakage from infection, constipation, or a medicine effect may improve when that problem is addressed. After prostate surgery, control often improves during recovery, but the speed and degree of improvement differ. A smaller group of men continue to have bothersome leakage and consider specialist procedures.

Overactive bladder symptoms may come and go. Many men gain better control through bladder training, pelvic floor exercises, medicine, or a combination of treatments. Symptoms can return, and treatment may need adjusting over time.

Leakage linked to a long-term neurological condition may change as the underlying condition changes. Regular review can check bladder emptying, kidney health when relevant, and whether current aids still meet your needs.

Practical preparation can reduce disruption. Carrying spare underwear, knowing toilet locations, using suitable protection, and protecting the skin can make work, exercise, and travel more manageable. These measures are not a substitute for assessment, but they can support independence while treatment is underway.

When to get medical help

Arrange a routine appointment if leakage is new, persistent, worsening, or interfering with sleep or daily activities. You should also seek assessment for a weak stream, frequent urgency, repeated nighttime urination, pain when urinating, or a feeling that your bladder does not empty.

Seek prompt medical advice if you have visible blood in your urine, repeated urinary infections, fever with urinary symptoms, or pain in your side or back. These symptoms do not always indicate a serious problem, but they need investigation.

Get urgent or emergency help if:

Sudden urinary retention and new nerve symptoms can require immediate treatment.

- You suddenly cannot pass urine, especially with increasing lower abdominal pain
- Bladder changes occur with new leg weakness, numbness around the genitals or buttocks, or loss of bowel control
- You develop severe illness, confusion, shaking chills, or persistent vomiting with urinary symptoms

Common questions

Is incontinence normal as men get older?

It becomes more common with age, but it should not be dismissed as normal. An enlarged prostate, overactive bladder, poor bladder emptying, medicines, or other health conditions may be involved. Assessment can identify treatable causes.

Will incontinence after prostate surgery go away?

Many men improve during the months after surgery, particularly with recovery and pelvic floor training. Some continue to leak. Persistent symptoms can be assessed for treatments such as a sling or artificial urinary sphincter. No single recovery time applies to everyone.

Does urinary incontinence mean I have prostate cancer?

Usually not. Leakage has many more common causes and is not, by itself, a typical sign of prostate cancer. However, new urinary symptoms still deserve assessment, especially if there is blood in the urine, pain, or difficulty emptying the bladder.

Can I do pelvic floor exercises on my own?

You can learn the basic movement, but it is easy to tighten the buttocks, abdomen, or thighs instead of the pelvic floor. A trained physiotherapist can confirm that you are using the right muscles and advise how to progress safely.

Should I drink less water to stop leaking?

Drinking very large amounts may worsen frequency, but severe fluid restriction is not a good solution. Too little fluid can lead to dehydration, constipation, and concentrated urine that irritates the bladder. A bladder diary can help identify whether timing or particular drinks affect symptoms.

Can urinary incontinence affect sex?

Yes. Some men leak during arousal or orgasm, especially after prostate surgery. Pads, emptying the bladder before sex, pelvic floor exercises, and open discussion with a partner may help. Persistent concerns can be discussed during a continence or urology review.

Sources

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