CONDITION

Urinary incontinence in men

Urinary incontinence in men is the unplanned leakage of urine due to problems with bladder storage or emptying.

WHAT IT IS
Unplanned leakage of urine

BODY SYSTEM
Urinary system

MAIN SYMPTOMS
Leaking, urgency, dribbling, nighttime wetting

WHAT CAUSES IT
Bladder, prostate, nerve, muscle, surgery, or medicine problems

HOW IT IS DIAGNOSED
Symptom history, bladder diary, urine test, bladder scan

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

CAN IT BE CURED?
Sometimes - reversible causes or surgery can stop leakage

IS IT AN EMERGENCY?
Sometimes - new saddle numbness or leg weakness

LONG-TERM OUTLOOK
Often manageable, though symptoms may persist or change

Overview

Urinary incontinence means urine leaks when you do not intend it to. It may involve a few drops, a larger loss of urine, or complete emptying of the bladder.

Incontinence is a condition rather than a single disease. It can happen when the bladder stores urine poorly, when it does not empty properly, or when the muscles that control urination are weak or damaged. Prostate problems, prostate treatment, nerve conditions, medicines, constipation, and urinary infections can all play a part.

The pattern of leakage helps identify the type. Stress incontinence is leakage during coughing, lifting, exercise, or another activity that raises pressure in the abdomen. In men, it is especially associated with prostate surgery.

Urgency incontinence happens when a sudden, difficult-to-control need to urinate is followed by leakage. It is often part of overactive bladder. Overflow incontinence occurs when the bladder stays too full and urine dribbles out. Some men have more than one type.

Incontinence is common enough that healthcare professionals assess it regularly, but it should not be dismissed as an unavoidable part of ageing. Identifying the type and cause can lead to useful treatment.

Symptoms

The main symptom is urine leakage. The amount and timing can differ considerably.

Common patterns include:

Post-urination dribbling is not always the same as incontinence from the bladder. It can happen when urine remains in the urethra, the tube that carries urine out of the body, after urination.

Pain, burning, cloudy urine, or fever may point to an infection rather than uncomplicated incontinence. Visible blood in the urine also needs medical assessment.

- Leakage when coughing, sneezing, lifting, walking, or exercising
- A sudden urge followed by leakage before reaching a toilet
- Frequent urination during the day or night
- A weak or interrupted urine stream
- Dribbling after you think you have finished urinating
- Constant small leaks or a feeling that the bladder has not emptied
- Bed-wetting that begins or continues in adulthood

Causes and risk factors

Urine is held in the bladder by muscles and a ring of muscle called the urinary sphincter. Nerves carry messages between the bladder, spinal cord, and brain. Leakage can occur if any part of this system is not working normally.

Prostate surgery is an important cause of stress incontinence in men. Procedures for prostate cancer or an enlarged prostate can temporarily or permanently affect the urinary sphincter. Leakage often improves during recovery, but the amount and timing of improvement differ between people.

An enlarged prostate can narrow the outlet from the bladder. The bladder may need to work

harder, causing urgency and frequent urination. If the blockage becomes severe, the bladder may not empty fully, leading to overflow leakage.

Other possible causes and contributing factors include:

Sudden, short-term incontinence may improve when a trigger such as infection, constipation, or a medicine effect is treated. Do not stop a prescribed medicine without medical advice.

- Overactive bladder, in which the bladder muscle contracts at the wrong time
- Urinary tract infection
- Constipation, which can place pressure on the bladder
- Diabetes or other conditions that affect bladder nerves
- Stroke, multiple sclerosis, Parkinson's disease, spinal injury, or dementia
- Reduced mobility or difficulty reaching or using a toilet
- Medicines that increase urine production, cause sleepiness, or affect bladder emptying
- Alcohol or caffeine worsening urgency in some people
- Long-term coughing or excess body weight increasing pressure on pelvic muscles

Diagnosis

There is no single test that diagnoses every type of urinary incontinence. Assessment usually begins with a discussion of when leakage happens, how much urine is lost, and whether you have urgency, pain, a weak stream, or difficulty emptying your bladder.

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

A physical examination may include the abdomen, genitals, prostate, pelvic floor muscles, and a basic check of leg strength and sensation. A urine test can look for infection, blood, or glucose.

A bladder scan may measure post-void residual urine , meaning the urine left in the bladder after you urinate. A large amount can suggest blockage or weak bladder contraction.

Further tests are used when the cause is uncertain or when a procedure is being considered. These may include urine-flow testing, urodynamic testing to measure bladder pressure and function, or cystoscopy, in which a thin camera is passed into the bladder. Blood tests or prostate assessment may be appropriate depending on your symptoms; a prostate-specific antigen test does not diagnose incontinence itself.

Treatment and management

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

Bladder training can help urgency incontinence. It involves gradually increasing the time between planned toilet visits while using techniques to settle sudden urges. Avoiding all fluids is not a safe solution. Instead, fluid intake can be adjusted if you are drinking much more or less than your body needs.

Pelvic floor muscle training strengthens the muscles involved in urinary control. Correct technique matters, particularly after prostate surgery, so supervised instruction can be helpful. Improvement usually requires regular practice over time.

Other practical measures may include treating constipation, reducing caffeine if it worsens urgency, limiting alcohol, and working toward a comfortable weight where appropriate. Moving obstacles, improving toilet access, or choosing easy-to-remove clothing may help when mobility is part of the problem.

Medicines can reduce urgency and overactive bladder contractions. Other medicines may improve urine flow when an enlarged prostate contributes to symptoms. Each group has possible side effects, so the choice is based on your health, other medicines, and bladder-emptying ability.

If the bladder is not emptying, treatment may involve relieving a prostate blockage or using a catheter, a thin tube that drains urine. Catheters require instruction and follow-up because they can cause infection or other problems.

Procedures for persistent urgency incontinence include injections into the bladder muscle, nerve stimulation, or other specialist treatments. Stress incontinence after prostate treatment may be treated with a male sling or an artificial urinary sphincter. These operations are not suitable for everyone and require discussion of likely benefits, recovery, and possible complications.

Pads, absorbent underwear, external urine-collection devices, and protective bedding can reduce disruption while other treatments take effect or when leakage continues. They manage the leakage but do not treat its cause. Gentle washing, careful drying, and barrier products can help protect exposed skin.

Complications

Repeated contact with urine can irritate the skin and cause soreness. Persistent dampness

may also contribute to skin infection.

Urgency can disturb sleep and increase the risk of falling if you rush to the toilet, especially at night. Incontinence may also affect work, exercise, travel, sexual relationships, and emotional wellbeing. These effects are valid reasons to seek treatment.

Urine remaining in the bladder can increase the chance of urinary infection and, in severe long-term retention, may affect the kidneys. This is not the usual outcome of uncomplicated leakage, but it is one reason symptoms of poor bladder emptying should be assessed.

Prevention

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

Some factors can be reduced. Treating constipation, avoiding tobacco-related coughing, staying active, and maintaining a comfortable weight may reduce pressure on the pelvic floor. If caffeine or alcohol clearly triggers urgency, cutting back may help.

Pelvic floor muscle training before and after prostate surgery may support recovery when recommended as part of your surgical care. It cannot guarantee that leakage will not occur.

Do not restrict fluids severely to prevent accidents. Concentrated urine can irritate the bladder, while dehydration can cause other health problems.

Living with it and what to expect

The course depends on the type and cause of incontinence. Leakage after prostate surgery often improves during the following months as tissues heal and pelvic floor control returns. Some men continue to have leakage and benefit from specialist assessment or surgery.

Urgency incontinence may come and go. Symptoms can change with fluid intake, constipation, medicines, mobility, infection, and other health conditions. Bladder training and medicines may control it, but ongoing management is sometimes needed.

Overflow leakage generally continues until the cause of poor emptying is addressed. Because a bladder that feels less full is not necessarily emptying better, follow-up may include repeat bladder scans or urine-flow measurements.

Pads and planning can make everyday life easier, but you do not need to arrange your whole life around toilet access. Carrying spare supplies, identifying toilets before travel, and using a mattress protector can reduce stress. Review is worthwhile if symptoms worsen, treatment

causes side effects, or your needs change.

When to get medical help

Arrange a routine medical appointment if leakage is new, persistent, or affecting sleep or daily activities. Assessment is also appropriate if you have a weak stream, difficulty starting, frequent nighttime urination, or a feeling that your bladder does not empty.

Seek prompt medical advice if you have visible blood in your urine, pain when urinating, fever, repeated urinary infections, or new leakage after an injury or procedure.

Get urgent or emergency help if:

New bladder or bowel changes with leg weakness or numbness around the groin can indicate pressure on the nerves at the base of the spine. This needs emergency assessment.

- You suddenly cannot pass urine, especially with severe lower abdominal pain
- New bladder problems occur with leg weakness or numbness
- You develop numbness around the genitals, buttocks, or inner thighs
- You lose bowel control along with new bladder symptoms
- Fever, shaking, vomiting, or pain in the side accompanies urinary symptoms

Common questions

Why am I suddenly leaking urine?

A sudden change may be caused by infection, constipation, a new medicine, increased urine production, or difficulty emptying the bladder. New neurological symptoms require urgent assessment. Even without those symptoms, sudden leakage should be discussed with a healthcare professional.

Is male urinary incontinence a normal part of ageing?

Age can raise the likelihood of bladder and prostate problems, but incontinence is not something you must simply accept. It may have a treatable cause, and management can often reduce its effect on daily life.

Will incontinence after prostate surgery go away?

Many men improve as healing and muscle control progress, often over months. Recovery is not identical for everyone. Persistent or severe leakage can be assessed for pelvic floor therapy, devices, or surgery.

Can pelvic floor exercises really help men?

Yes, particularly for stress leakage after prostate treatment. They must involve the correct muscles and be practised regularly. A pelvic health physiotherapist or trained professional can check your technique.

Should I drink less water to stop leaking?

Severe fluid restriction is not recommended. Too little fluid can cause dehydration and concentrated urine, which may worsen bladder irritation. A bladder diary can help identify whether the amount or timing of drinks contributes to symptoms.

Can urinary incontinence be cured?

Sometimes. Leakage caused by infection, constipation, medicine effects, blockage, or certain surgical problems may stop after treatment. Other forms are controlled rather than cured, using training, medicines, procedures, or continence products.

Sources

- National Institute for Health and Care Excellence. Lower urinary tract symptoms in men: management . Clinical guideline CG97. Published 2010; updated 2015.
- American Urological Association, GURS, and SUFU. Incontinence after Prostate Treatment: AUA/GURS/SUFU Guideline . Published 2019; amended 2024.
- American Urological Association and Society of Urodynamics, Female Pelvic Medicine & Urogenital Reconstruction. The AUA/SUFU Guideline on the Diagnosis and Treatment of Idiopathic Overactive Bladder . 2024.
- National Institute of Diabetes and Digestive and Kidney Diseases. Symptoms & Causes of Bladder Control Problems (Urinary Incontinence) .
- National Institute of Diabetes and Digestive and Kidney Diseases. Diagnosis of Bladder Control Problems (Urinary Incontinence) .
- NHS. Urinary incontinence . NHS health information.