

Stress urinary incontinence, a personal health and hygiene problem

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Abstract

Stress urinary incontinence is defined as an involuntary loss of urine caused by physical exercise and is a symptom with a negative physical, psychological and social impact on the quality of life. It has an increased frequency in women and takes three clinical forms: stress, urge and mixed urinary incontinence. Risk factors and cofactors in urinary incontinence can be obstetric, urogynecological, genetic and constitutional.

Moderate regular and occasional physical exercise does not cause stress urinary incontinence. In contrast, intense, uncontrolled and high level physical exercise can induce stress urinary incontinence, particularly in young female athletes.

Sports at risk for stress urinary incontinence are: jogging, athletics, ballet, tennis, horse riding, diving, bungee jumping, cycling, football, hockey, volleyball, weightlifting.

The diagnosis of stress urinary incontinence is based on the use of self-evaluation questionnaires. Depending on the intensity of exercise, 3 grades of stress urinary incontinence have been described.

The current methods for the treatment of stress urinary incontinence are based on estrogen drug therapy, kinesitherapy using Kegel exercises, electrical stimulation, and surgical techniques, of which the transobturator tape (TOT) and the tensionfree vaginal tape (TVT) procedures have been particularly used over the past two decades.

Keywords: stress urinary incontinence, women, causes, diagnosis, forms, treatment, sports at risk.