

Continence

Current Awareness Bulletin

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1. Do peri-operative changes in voiding function and pelvic organ mobility predict improvement in urgency urinary incontinence following prolapse surgery?

Authors: Buckley, Victoria A.;Shek, Ka Lai and Dietz, Hans Peter

Publication Date: 2024

Journal: European Journal of Obstetrics & Gynecology & Reproductive Biology 301, pp. 246–250

2. Addressing the overlooked psychological and social impact of fecal incontinence in inflammatory bowel disease patients

Authors: Chen, Xinli;Wang, Wenjun and Lv, Jianyu

Publication Date: 2024

Journal: United European Gastroenterology Journal

3. Clinical efficacy of a rehabilitation management protocol for urinary incontinence after robot-assisted laparoscopic prostatectomy

Authors: Gu, Jie;Chen, Huiying;Gao, Chengfei;Ren, Ping;Lu, Xiaoying and Cao, Jie

Publication Date: 2024

Journal: Supportive Care in Cancer 32(10), pp. 1–10

4. Evaluation and Management of Female Stress Urinary Incontinence

Authors: Jefferson, Francis A. and Linder, Brian J.

Publication Date: 2024

Journal: Mayo Clinic Proceedings

Abstract: Female stress urinary incontinence, the loss of urine with transient increases in abdominal pressure, is a common condition that can profoundly impact a patient's quality of life. The diagnosis is most commonly made via clinical history, including the subjective degree of bother, and physical examination evidence of urinary leakage with cough or Valsalva maneuver. A variety of treatment options exist for stress incontinence, ranging from observation, pelvic floor physical therapy, vaginal inserts, or continence pessaries to procedural interventions. Observation and conservative measures (eg, pads) can be used if the patient is not bothered by their symptoms. Nonsurgical management options include pelvic floor physical therapy, vaginal inserts, or continence pessaries. Procedural interventions include urethral bulking agent injection, synthetic mesh midurethral sling placement, autologous fascial pubovaginal sling placement, or retropubic colposuspension. Each procedure has a unique set of risks and benefits, with the choice of operation depending on a variety of factors including severity of stress incontinence, anatomy, medical and surgical comorbidities, and patient preferences. Ultimately, shared decision-making between the patient and the physician is used to decide the management strategy. This collaborative approach facilitates alignment of the chosen intervention with the patient's unique circumstances and preferences. We review relevant clinical considerations in the evaluation and management of female stress incontinence. (Copyright © 2024 Mayo Foundation for Medical Education and Research. Published by Elsevier Inc. All rights reserved.)

5. ASO Author Reflections: Diagnosis and Treatment Strategies for Post-Prostatectomy Urinary Incontinence: How to Identify and Intervene Early?

Authors: Li, Yunlong;Xiao, Yingming;Shen, Zhengang;Yang, Shengke;Li, Zeng;Liao, Hong and Zhou,

Shukui

Publication Date: 2024

Journal: Annals of Surgical Oncology 31(12), pp. 8466–8467

6. Developing a urinary incontinence primary care pathway: a mixed methods study

Authors: Luebke, Marie C.;Neuner, Joan M.;Balza, Joanna;Davidson, Emily R. W.;Hokanson, James A.;Marowski, Sarah;O'Connor, Robert Corey;Schmitt, Emily;Winn, Aaron N. and Flynn, Kathryn E.

Publication Date: 2024

Journal: Family Practice 41(5), pp. 798–806

Abstract: Background While nearly 50% of adult women report at least one episode of urinary incontinence (UI), most never receive treatment. Objective To better integrate primary and specialty UI care, we conducted (i) an environmental scan to assess the availability of key pathway resources in primary care, (ii) interviews with primary care providers to understand barriers to care, and (iii) a pilot UI care pathway intervention. Methods Environmental scan: Clinic managers from all primary care clinics within a Midwestern healthcare system were invited to participate in an interview covering the availability of clinic resources. Provider interviews: Primary care providers were invited to participate in an interview covering current practices and perceived barriers to UI care. Pilot UI care pathway : Patients who screened positive for UI were provided resources for first-line behavioral management. Pilot patients completed questionnaires at baseline, 8 weeks, and 6 months. Results While many clinics had point-of-care urinalysis (17/21, 81%), most did not have a working bladder ultrasound (14/21, 67%) or on-site pelvic floor physical therapy (18/21, 86%). Providers (n = 5) described barriers to completing almost every step of diagnosis and treatment for UI. The most persistent barrier was lack of time. Patients (n = 15) reported several self-treatment strategies including avoiding bladder irritants (7/15, 47%) and performing Kegel exercises (4/15, 27%). Five patients (33%) requested follow-up care. At 6 months, patients reported small improvements in UI symptoms. Conclusion Promising results from a novel UI care pathway pilot indicate that streamlining UI care may assist primary care providers in the first-line treatment of UI.

7. Impact of oral antithrombotic agents on urinary continence recovery following robot-assisted radical prostatectomy: a retrospective cohort study

Authors: Oshima, Masashi;Washino, Satoshi;Yazaki, Kai;Mayumi, Shozaburo;Nakamura, Yuhki;Konishi, Tsuzumi;Saito, Kimitoshi and Miyagawa, Tomoaki

Publication Date: 2024

Journal: BMC Urology 24(1), pp. 1–11

8. Association between urinary incontinence and mortality risk among US adults: a prospective cohort study

Authors: Peng, Xuelan;Hu, Yingjie and Cai, Wenzhi

Publication Date: 2024

Journal: BMC Public Health 24(1), pp. 1–10

9. Platelet-rich plasma for treatment of female stress urinary incontinence

Authors: Pourebrahimi, Amirhossein;Khalili, Anita;Behzadi, Saleh;Eftekhari, Behrad;Reyhani, Helya;Larijani, Amirhossein;Norouzi, Naeim and Madani, Ali Hamidi

Publication Date: 2024

Journal: International Urology and Nephrology

Abstract: Introduction and Objective: Stress urinary incontinence (SUI) poses a significant burden on affected individuals, impairing their quality of life and causing embarrassment due to involuntary urine leakage during activities such as sneezing or coughing. While conservative and surgical treatments exist, a subset of patients experiences persistent symptoms despite these interventions. This review provides insights into the potential role of platelet-rich plasma (PRP) as a therapeutic adjunct for patients with SUI that does not respond to conventional non-surgical or surgical treatments.; Methods: We conducted a literature review of studies in English to evaluate PRP efficacy in managing SUI.; Results: The studies conducted on PRP therapy suggest that it is an effective and safe treatment option for SUI in women. PRP injections, when used alone or in combination with other therapies, have shown significant improvements in SUI symptoms. Moreover, these studies indicate that PRP injections offer a less invasive and low-risk alternative to surgical procedures for managing SUI, which could lead to shorter recovery times.; Conclusion: The efficacy of PRP therapy is evidenced by significant reductions in SUI symptoms, as well as improvements in bladder function variables, without significant adverse effects reported. However, further research is necessary to establish the long-term effectiveness and safety of PRP therapy for managing SUI in diverse patient populations. Additionally, ongoing evaluations of PRP therapy in combination with other interventions will be essential for optimizing treatment outcomes and broadening the potential applications of PRP in the management of SUI. (© 2024. The Author(s), under exclusive licence to Springer Nature B.V.)

10. Bridging present and future: A narrative review and visionary outlook on innovative solutions for the diagnosis and treatment of urinary incontinence

Authors: Rotem, Reut;Weintruab, Adi Y. and Padoa, Anna

Publication Date: 2024

Journal: European Journal of Obstetrics, Gynecology, and Reproductive Biology 301, pp. 55–59

Abstract: Urinary incontinence, characterized by the involuntary leakage of urine, significantly impacts millions globally, affecting their quality of life, social interactions, and psychological well-being. Traditional diagnostic methods and treatments often fall short, especially for refractory urinary incontinence, due to their invasive nature and limited scope for continuous, real-time assessment. This narrative review critically examines current approaches to diagnosing and managing urinary incontinence, highlights significant gaps in practice, and underscores the urgent need for innovative solutions. We explore the evolution of diagnostic and treatment modalities and introduce a preliminary method involving a conceptual catheter device that promises to shift toward non-invasive, real-time monitoring and management. This review synthesizes prevailing research and provides a visionary outlook on how emerging technologies could revolutionize urinary incontinence care, offering a future of personalized, patient-centered strategies. Our discussion extends to the limitations of conventional urodynamic studies, which are often uncomfortable and fail to capture the dynamic nature of urinary incontinence in everyday settings. The proposed preliminary method features an advanced, smart-device solution integrating sensors and artificial intelligence to offer precise, real-time insights into bladder activity. This device, still in the conceptual stages, has the potential to transform the landscape of urinary incontinence management by enhancing diagnostic accuracy and therapeutic efficacy. By bridging the gap between current limitations and future possibilities, this paper aims to inspire ongoing innovation and research in the field of urogynecology.; Competing Interests: Declaration of competing interest The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper. (Copyright © 2024 Elsevier B.V. All rights reserved.)

11. Hysterectomy is not associated with increased risk of urinary incontinence—a northern Finland birth cohort 1966 study

Authors: Salo, Heini;Manninen, Roosa;Terho, Anna;Laru, Johanna;Sova, Henri;Koivurova, Sari and Rossi, Henna-Riikka

Publication Date: 2024

Journal: Acta Obstetricia Et Gynecologica Scandinavica 103(10), pp. 2061–2069

12. A study to untangle the puzzle of urinary incontinence and frailty co-occurrence among older adults: The roles of depression and activity engagement

Authors: Wang, Chun-Yan;Peng, Si-Jing;Zhao, Meng;Wu, Chen and Wang, Ke-Fang

Publication Date: 2024

Journal: Journal of Advanced Nursing 80(11), pp. 4584–4592

Abstract: Aims: To explore the co-occurrence of urinary incontinence and frailty by testing the roles of depression and activity engagement guided by the mechanisms of common cause and interaction pathways.; Design: A secondary analysis of a 1-year three-wave panel data collected from older nursing home residents in China.; Methods: Changes in depression and activity engagement were regressed on urinary incontinence and frailty incidence underpinned by the common cause mechanism of chronic conditions co-occurrence, and these changes were also taken as mediators linking from frailty to urinary incontinence incidence supported by the interaction pathways' mechanism.; Results: A total of 348 older adults were included in this study, and 55.7% were women. The co-occurrence of urinary incontinence and frailty was found in 16.7% of the participants at baseline. Older adults with sole frailty at baseline had almost twice the rate of incident urinary incontinence (32.7%) compared with those without (16.7%) over a 1-year period. The subsample analyses showed that changes in depression and activity engagement failed to significantly predict the incidence of urinary incontinence and frailty. The mediating roles of these changes linking frailty to urinary incontinence incidence were also not statistically significant.; Conclusion: The co-occurrence of urinary incontinence and frailty is prevalent in older nursing home residents. Older adults with frailty at baseline are more likely to develop urinary incontinence a year later. The common cause and interaction pathways mechanisms for the co-occurrence of urinary incontinence and frailty were not verified with changes in depression and activity engagement.; Implications for the Profession And/or Patient Care: The phenomenon of urinary incontinence and frailty co-occurrence should be given extreme emphasis. Although statistically significant findings on the roles of depression and activity engagement were not inferred, this study provides multiple possibilities for future studies to test and depict a clear picture of this co-occurrence.; Impact: What problem did the study address? This study was designed to test the roles of depression and activity engagement in predicting the incidence of urinary incontinence and frailty, and the mediating roles in linking frailty to urinary incontinence incidence. What were the main findings? Despite the methodological pitfalls in literature have been addressed, neither depression nor activity engagement would significantly predict the incidence of urinary incontinence and frailty in older adults. Their mediating roles in linking frailty to urinary incontinence incidence were also not significant. Where and on whom will the research have an impact? Our findings add important pieces of evidence to promote researchers' understanding and provide an important basis for untangling the puzzle of urinary incontinence and frailty co-occurrence.; Reporting Method: The report of this study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement guidelines.; Patient or Public Contribution: No patient or public contribution. (© 2024 John Wiley & Sons Ltd.)

Sources Used

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