

UI

Wednesday, August 27, 2014
8:04 PM

Learning Objectives:

- reversible causes
- definition & clinical manifestations of stress vs. urge vs. functional vs. mixed

Receptors

	AUTONOMIC (PARASYM)	AUTONOMIC (SYM)	AUTONOMIC	SOMATIC
ACh	Detrusor M2/M3 (emptying)	Detrusor NS-β (storing)	Internal (Proximal) Sphincter	External (Distal) Sphincter
(+)	contract	relax	relax	contract
(-)	relax	contract	contract	relax

Normal Micturition

	FILLING	PRESSURE	EMPTYING	FILLING
Detrusor	relax	relax	contract	relax
Urethra	contract	contract	relax	contract
Pelvic Floor	contract	contract	relax	contract

UI - involuntary leaking (peaks during menopause)

Reversible Causes of UI

D	Delirium
I	Infection
A	Atrophic Vaginitis
P	Pharma
P	Psych
E	Endo
R	Restricted Mobility
S	Stool Impaction

Causes

- Delirium
- Pregnancy
- DM
- Interstitial Cystitis
- BPH
- Neuro (MS, PD)

Symptoms

- amount of urine
- frequency
- urge
- hesitancy
- nocturia

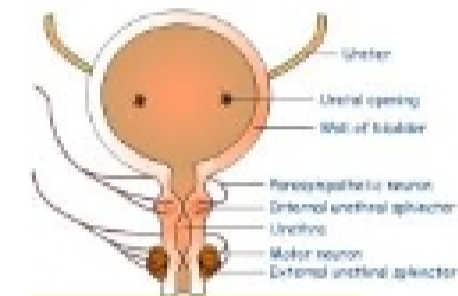
Signs

- distension
- neurologic assessment
- DRE

Diagnosis:

- voiding diary
- meds
- Post-Void Residual (PVR)

DRE = Digital Rectal Exam



PARASYMPATHETIC NEURON - internal
MOTOR NEURON - external

Types of UI:

	Definition	Urine Lost
Stress (SUI)	urethra = underactive (minimal exertion)	small
Urge (UUI)	bladder = overactive (frequency)	LARGE
Overflow	bladder = underactive / urethra = overactive (cannot empty)	small
Functional	cannot get to bathroom	
Mixed	combo (Stress+Urge)	

OAB - with or without incontinence