Female Urinary Incontinence Pathway

Exclude and/or treat prior to referral into pathway.
- Microscopic haematuria in women >45 years
- Macroscopic haematuria
- Recurrent / persisting UTI

Urologist

GP

History
Examination
Infection excluded Dip test / MSU

Consider for additional referrals
Gynaecology
- Pelvic mass
- Voiding difficulty
- Suspected urogenital fistula
- Symptomatic prolapse
- Previous continence surgery
- Previous pelvic radiation

Surgery – Associated faecal incontinence.
Urology – Persistent bladder or urethral pain.
Neurology – Suspected Neurological disease.

District nurses and self referral

Community Continence Clinics
Treated as per evidence by continence nurse specialists/community Physio's using agreed protocols and common assessment tools e.g. detailed pelvic floor muscle assessment.

- Lifestyle Advice
- Bladder Diary (at least 3 days)
- Bladder scan

Determine Type

Choice of Antimuscarinics

1st Line – Oxybutinin immediate Release
2nd Line – Solifenacin
Trospium
Tolterodine
(Patients should be counselled about possible side effects).

Choice of Vaginal estrogen
10mcg estradiol vaginal tablet
0.1% Estriol cream
Estring
Long term treatment recommended

Stress

Supervised PFM Training (min 3 Months)

Continue if symptoms improve

Discharge

No improvement despite Physio input.

Mixed

Treat Predominant Symptom

OAB

Bladder Training (min 6 weeks) and PFM training

Improvement

Discharge

No improvement

Consider adding antimuscarinic
Consider vaginal oestrogen if postmenopausal

Improvement/Discharge

No improvement despite bladder training and no response to antimuscarinic

Secondary Care

Urotherapy Dept

Urogynaecology Dept

Urology Dept