



Introduction

Urinary incontinence (UI) is a very common problem among women, which may have a profound impact on quality of life. UI is defined as “a condition in which involuntary loss of urine is a social or hygienic problem and is objectively demonstrable.” (*Abrams, et al., 2009*). Urinary incontinence is more common in women than in men. Its prevalence rate in women between 15 and 64 years of age and vary from 15 % to 50 % of world wide. (*Hellstrm, et al., 2009*). While in Egypt the prevalence rate are higher when compared to other reports, (*El-Azab, 2010*) reported that the prevalence rate of urinary incontinence is (54.8%) among Egyptian women.

Stress, urge, and mixed urinary incontinence are most common types of urinary incontinence in women and have different risk factors (*Holroyd-Leduc, et al., 2008*). High number of vaginal delivery, lack of postpartum exercise, and obstetric trauma are examples of risk factors that contribute to stress incontinence. Recurrent urinary tract infection, neurological disorders, diabetes mellitus, obesity, smoking, use of certain medications, inactivity, and feeling depressed are risk factors that may contribute to urge incontinence. (*Altman, et al., 2009*).

Urinary incontinence is not a diseases but a symptom. These symptoms vary according to types of urinary incontinence. Some women may lose a few drops of urine while running or coughing. Others may feel a strong, sudden urge to urinate just before losing a large amount of urine. Many women experience both symptoms. Recent advances in the understanding of the prevalence and pathophysiology of this condition



have served to enhance public awareness and improve treatment options (*Dmochowski, et al., 2010*).

Urinary incontinence is a socially embarrassing condition, causing withdrawal from social situations and reduced quality of life. (*Moore, 2008*). The inability to control urine is one of the most unpleasant and distressing problem from which a person can suffer. Not only can the incontinence cause wetness, odor, discomfort, skin breakdown, pressure ulcer, urinary tract infection, falls and fracture as physical problem, but it can also damage self-esteem as a result of the shame and embarrassment some feel, and those afflicted women may become depressed and isolated as psychological problem. In short, one's health and quality of life are severely impaired. (*Culligan & Heit, 2009*).

The evaluation of the patient with established urinary incontinence involves electing through medical history and performing physical examinations. Occasionally various simple laboratory tests are required. More elaborate tests, including urodynamics are occasionally needed for patients with severe incontinence or unclear etiology to determine the type of incontinence that presents. (*Gerber & Brendler, 2007*). Invasive and expensive urodynamic tests are probably not necessary before treatment by pelvic floor rehabilitation. (*Pantazis & Freeman, 2010*).

The treatment of urinary incontinence may be conservative treatment, pharmacological therapy, or surgery. Conservative treatment can be effectively managed by nurse, general practitioner, and other primary health care staff. It includes pelvic floor muscle exercise, vaginal cones, visual or tactical biofeedback, electrical stimulation and bladder retraining (*Bø K, Talseth & Holme, 2009*).



Pelvic floor muscle exercises have been successfully used since 1948. It concerns re- reduction of pelvic floor muscles by encouraging women to voluntary contract their pelvic floor muscles. (*MacDonald, et al., 2007*)). Pelvic floor muscles training is the most commonly recommended treatment for women with stress leakage of urine. It is also used in the treatment of women with mixed incontinence, and less commonly for urge incontinence (*Vahtera, 2011*).

The nurse can play an important role in treatment of urinary incontinence such as identify causes of transient urinary incontinence, develop an individualized plan of care using data obtained from the history and physical examination and in collaboration with other team members, identify and continue successful prehospital management strategies for established urinary incontinence, avoid medications that may contribute to urinary incontinence, monitor fluid intake and maintain an appropriate hydration schedule, modify the environment to facilitate continence, Prevent skin breakdown by providing immediate cleansing after an incontinent episode and utilizing barrier ointments and limit dietary bladder irritants. (*Keating, Schulte & Miller, 2005*).

The number of women with symptoms of urinary incontinence will continue to increase in the world. Nurse must understand the prevalence of problem, method to identify it, and treatment options available. Nurse has an excellent opportunity to screen at risk patients for the presence of symptoms. (*Keating, Schulte & Miller, 2005*).



The significance of the problem:

Urinary incontinence (UI) is one of major problems that have a negative impact on the women's psychological wellbeing; it's also one of the threatening factors that can cause withdrawal from social situations and reduced quality of life. Urinary incontinence is far more common among women than men. Between 15–50 % of women in the world experience urinary incontinence during their lifetimes. (*Hellstrm, et al., 2009*). While in Egypt the prevalence rates are higher when compared to other reports, (*El-Azab, 2010*), reported that the prevalence of urinary incontinence among Egyptian women is (54.8%). In addition, *Abed El-Fatah, 2009*, reported the prevalence of urinary incontinence in community studies in Alexandria, Egypt was estimated to be 49.6% during the year 2009. Despite this high prevalence rate, urinary incontinence is widely under-diagnosed and under-reported because many Egyptian women have embarrassment for seeking help. Urinary incontinence can have profound effects on women's life physically, socially, emotional, psychologically, sexually, economically and disruption of daily life, so this study could contributes to improvement of urinary incontinence and decreasing its prevalence rate through proper training women's with urinary incontinence about the pelvic floor muscles exercises.