# UPHP Algorithm for Assessment and Management of Urinary Incontinence (UI) in Adults

**History**

**Incontinence:**
- With physical activity
- With urge/frequency
- Mixed

**Clinical**

**Complete Clinical Assessment:**
Physical Exam:
- Assess cognition and function
- Assess urinary history
- Assess quality of life
- Assess and treat complicating conditions/factors:
  - Comorbidities, medications, environment
- Perform cough-test for suspected stress UI
- Perform urinalysis with culture
- Assess postvoid residual (PVR)

**Presumed Diagnosis**

**Stress** | **Urge** | **Mixed**

**Management**

**Any one alone or in combination:**
- Bladder Training
- PFMT (Kegel exercises)
- Lifestyle Modification
- Pharmacotherapy

Assess response to treatment within 12 weeks

**Failed Treatment**

**Complicated UI —**

**UI associated with:**
- Pain
- Hematuria
- Recurrent infection
- Previous failed incontinence surgery
- Total incontinence
- Voiding dysfunction, PVR > 200 ml (e.g. due to bladder obstruction, or poor bladder emptying may be suspected from symptoms or imaging after voiding)
- Previous pelvic radiotherapy
- Previous radical pelvic surgery
- Suspected pelvic abnormality (e.g. fistula, prolapsed organ, or mass)

**Referral to specialist for management**

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