



## **UNDERSTANDING THE MALE URINARY SYSTEM AND BLADDER LEAKAGE**

Does your life's game plan include golfing in your 80s and traveling the world in your 90s? If so, the best advice you can get is not about saving money, nor about the best cruise lines — it's about taking care of your bladder. Whether you're young or into your retirement years, you can improve your future quality of life by taking the time to understand your urinary system.

The urinary system is composed of kidneys, ureters, bladder and urethra. The kidneys filter waste from the blood and remove it in urine. Urine travels down the ureters (two thin hollow muscular tubes) to the bladder to be stored, then emptied through the urethra, a tube passing to the outside of the body through the penis.

Most people don't realize how amazing the urinary system is. As the bladder fills, it expands, while the urethral sphincter remains closed to prevent involuntary leakage. When you go to the bathroom, the brain signals the sphincter muscles to relax and the bladder muscle to contract. When finished, the sphincter contracts, the bladder relaxes and the cycle begins again.

Everyone's different, but it's helpful to understand the "normal" urinary system. The kidneys filter waste at the rate of one to three ounces per hour (depending on what you eat and drink). There are no strict values for normal; however, the bladder usually holds seven to 20 ounces before becoming uncomfortable. Most individuals void every three to five hours and can sleep through the night, although it is normal to get up one or two times to urinate.

### **TAKING ACTION WHEN YOUR BLADDER MISBEHAVES**

The prostate gland is often a significant contributing factor in urinary problems for men. The prostate — a doughnut-shaped gland located just below the bladder — surrounds the urethra and is about the size of a walnut. In middle age, the prostate often begins to enlarge, a condition known as benign prostatic hyperplasia (BPH). Symptoms include: difficulty urinating or starting to urinate; a weak urine stream; starting and stopping while urinating; dribbling at the end of urination; frequent urination; sudden, strong urges to urinate; and getting up several times at night to urinate.

BPH makes it more difficult for the bladder muscle to push the urine through the narrowed urethra, and can eventually lead to a loss of bladder control (overflow incontinence). Incontinence can also result from removal of the prostate due to cancer, or from removal of an enlarged prostate (BPH) to alleviate pressure on the urethra.

Two types of incontinence men may experience after prostate surgeries are stress urinary incontinence (SUI) — the leakage of urine due to activities such as sneezing, laughing or lifting — or urge incontinence, a sudden onset of urgency and involuntary bladder contractions. Much can be done to tame a misbehaving bladder. Some options to address urge incontinence include medications, fluid management and bladder training to suppress urge. For dealing with SUI, options include (depending upon your specific post-operative anatomy): Kegel exercises to strengthen pelvic floor muscles; injections to bulk the sphincter muscle tissues; or implantation of an artificial sphincter. Absorbent products, designed especially for men, are available at retail or by mail order.

“There are only five sets of symptoms that encompass all of the known conditions that affect the bladder,” states urologist Jerry Blaivas, M.D. in his informative book, *Conquering Bladder & Prostate Problems*. These are “... (1) urinary frequency, urgency, and nocturia (urinating at night); (2) loss of urinary control (incontinence); (3) pain; (4) difficulty urinating or the inability to urinate at all (urinary retention); and (5) blood in the urine.”

If you're experiencing urinary symptoms tell your doctor immediately. Working together you can bring your misbehaving bladder into line with your game plan for a full, active life.

To learn more about the Simon Foundation for Continence, visit: [www.simonfoundation.org](http://www.simonfoundation.org).

— Cheryle Gartley