

Continence

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D-mannose is a dietary supplement that is marketed as an alternative to preventive antibiotics for women with recurrent UTIs. There is little research to support this. [Researchers therefore compared D-mannose to a dummy supplement \(fructose\) in women seeking GP advice for recurrent UTIs.](#) After 6 months, there was no reduction in UTIs in the D-mannose group. The researchers concluded that D-mannose does not prevent recurrent UTIs in women.

Methenamine is an antiseptic, and an alternative to preventive antibiotics. [Research showed that both treatments were similarly effective in preventing recurrent UTIs.](#) As of December 2024, it is recommended in [National Institute for Health and Care Excellence \(NICE\) guidelines.](#)

[In a Welsh database study, many women with recurrent UTIs were prescribed antibiotics without a urine test](#) to check for bacterial resistance to antibiotics. The researchers call for more urine testing for these women, as per international guidelines.

1. The Elevator Plate Architecture Is Altered in Women with Fecal Incontinence

Authors: Baumfeld, Yael;Wei, Qi;Manonai, Jittima;Alshiek, Jonia and Shobeiri, S. A.

Publication Date: 2025

Journal: Journal of Ultrasound in Medicine : Official Journal of the American Institute of Ultrasound in Medicine

Abstract: Objectives: This study aimed to assess the architecture of the levator plate and anal complex in women with fecal incontinence using 3-dimensional endoanal ultrasound (EAUS).; Methods: A retrospective cohort study reviewed EAUS examinations performed on women with fecal incontinence. The anal complex and levator plate architecture were examined and compared to a control group of women without fecal incontinence. The anal canal was divided into 6 different areas, and the visibility of specific structures was recorded. Measurements of the external anal sphincter (EAS) length, levator plate length, and the distance between the EAS and the levator plate were taken.; Results: The study included 31 patients with fecal incontinence and 30 nulliparous controls. Significant differences were observed in the anal complex anatomy between the 2 groups. The fecal incontinence group had a higher prevalence of abnormal levator plate anatomy (84%) than the control group (3%). The EAS size was significantly smaller in the fecal incontinent group (16 versus 18 mm, $P = .04$), and there was a shorter distance between the EAS and the levator plate (22 versus 28 mm, $P = .001$).; Conclusions: Women with fecal incontinence exhibited significant changes in the anatomy of the anal canal, particularly in caudad structures of the anal sphincter complex. Additionally, a shorter distance between the levator plate and the EAS was observed in fecal incontinent patients. Sonographic assessment adds much to the evaluation of defecatory disorders. (© 2025 American Institute of Ultrasound in Medicine.)

2. Relationship Between Radiation Therapy and Fecal Incontinence in Patients Treated for Localized Prostate Cancer: Results of the French ICONES Study

Authors: Belkacemi, Yazid;Coraggio, Gabriele;Debbi, Kamel;Sirmai, Laura;Hollande, Clemence;Rambaud, Elise;Hadhri, Asma;Li, Xie;Hassani, Wissal;Levy, Michael;Vordos, Dimitri;Ingels, Alexandre;Loganadane, Gokoulakrichenane and De La Taille, Alexandre

Publication Date: 2025

Journal: The Prostate 85(5), pp. 492–501

Abstract: Background: Radiation-induced late fecal incontinence (LFI) is one of the most quality-of-life impairing symptoms in prostate cancer. We aimed to assess the impact of radiotherapy (RT) technique and dose-volume effects on LFI using a robust score.; Methods: We identified 409 patients who underwent curative intent using standard fractionated radiation therapy, 190 of them were finally included and analyzed. The severity of LFI was assessed using the Jorge & Wexner score.; Results: With a median follow-up of 55 months (range 15-96) months, LFI crude rate was 11.5%. In the multivariate analyses, image-guided radiotherapy (IGRT), rectal maximum dose (Dmax) and anal canal minimum dose (Dmin) were significantly associated with LFI risk. The use of IGRT was associated with lower risk of LFI ($p = 0.02$); higher rectum Dmax (≥ 68.4 Gy; $p = 0.02$) and anal canal Dmin (≥ 6.4 Gy; $p = 0.04$) were associated with increased risk.; Conclusion: Our results suggest a significant impact of the total dose delivered to the anorectal volumes and the use of IGRT to spare organs at risk during radiation delivery. (© 2025 The Author(s). The Prostate published by Wiley Periodicals LLC.)

3. Knowledge, Attitude, and Practice Toward Urinary Incontinence Among Physically Active Women

Authors: da Silva Coelho, Jucyara; Vasconcelos Neto, José Ananias; Vasconcelos, Camila Teixeira Moreira; do Nascimento, Simony Lira and Alves, Flávio Mendes

Publication Date: 2025

Journal: International Urogynecology Journal

Abstract: Introduction and Hypothesis: Urinary incontinence (UI) is a prevalent condition that can impact the quality of life of physically active women. This study aimed to evaluate knowledge, attitudes, and practices (KAP) related to UI among women who exercise in gyms.; Methods: A cross-sectional observational study was carried out from March to July 2022, in gyms located in the city of Parnaíba, in northeastern Brazil with physically active women. For data collection, the International Physical Activity Questionnaire (IPAQ), the International Incontinence Consultation Questionnaire-Short Form (ICIQ-SF), a specific KAP-UI questionnaire and a standardized form for sociodemographic, gynecological and obstetric data were used. The Mann-Whitney test, Fisher's exact test and chi-square tests were performed to analyze differences between subgroups formed on the basis of the presence or absence of urinary incontinence.; Results: The research included 256 female participants with a median age of 33 (18-67) years, good education (≥ 12 years of studies) (97%), majority single (60%), and monthly income greater than US\$ 235.51 (68%). The prevalence of UI was 43% ($n = 110$) with a moderate impact on quality of life. Among the participants, 51.8% had adequate knowledge and 98.7% demonstrated positive attitudes toward UI. However, only 29.5% adopted treatment practices, while preventive practices were carried out by only 16.4%. Factors significantly associated with inadequate knowledge included lower levels of education ($p = 0.030$), single marital status ($p = 0.031$), monthly income below US\$235.51 ($p = 0.019$), and bodybuilding as the main physical activity ($p = 0.039$). Conversely, women who were highly physically active were more likely to have adequate knowledge. Significant associations were found between adequate knowledge and preventive and therapeutic practices ($p = 0.003$), as well as between inadequate knowledge and inadequate practices.; Conclusions: Although only half of the participants had adequate knowledge about UI, the majority demonstrated a positive attitude toward the health problem. However, preventive practices were low among women without UI, as was the search for treatment among those with UI. Factors such as age, education, marital status, income, type and level of physical activity were linked to knowledge and preventive and treatment practices. Adequate knowledge was associated with effective preventive and therapeutic practices for IU by physically active women.; Competing Interests: Declarations. Ethical Approval: The study complied with the guidelines of the National Health Council regarding research with human beings after approval by the Research Ethics Committee of the Federal University of Ceará under the opinion (CAAE No. 55341322.5.0000.5054). Conflict of Interest: The authors declare that they have no conflict of interest. (© 2025. The International Urogynecological Association.)

4. Racial and ethnic disparities in urinary continence recovery post-prostatectomy

Authors: Drysch, Austin; Driscoll, Conor; Murphy, Adam B.; Kundu, Shilajit D. and Victorson, David

Publication Date: 2025

Journal: Journal of Clinical Oncology 43, pp. 376

5. Cauti Reduction by Updating Hazardous Urinary Incontinence Management

Authors: Huang, Vivian

Publication Date: 2025

Journal: Oncology Nursing Forum 52(2), pp. 164

Abstract: Significance & Background: Historically, oncology practices have commonly placed indwelling urinary catheters (IUCs) in incontinent patients receiving hazardous drugs to prevent exposure to patients and staff. This practice places patients at risk for catheter-associated urinary tract infection (CAUTI) when there are other methods to manage urinary incontinence. Purpose: CAUTI prevention greatly impacts quality and safety initiatives and patient throughput. By addressing the potentially unnecessary use of IUCs to manage hazardous excreta in patients with urinary incontinence, the goal was to decrease the persistently high CAUTI rate on adult hematology/oncology/BMT inpatient units from FY23 rate of 3.29 to SIR goal of < 1 in FY24. Interventions: Institutional practice for incontinence risk assessment and management were updated after a review of current evidence, which included recently published ONS 2023 Guidelines and Recommendations, expert consultation with a hazardous drug specialist, and a survey of community practice. Nursing guidance was provided to assess patients with urinary incontinence for exposure risk based on hazardous drug category and pharmacokinetics. In low-risk cases, IUC placement was prevented, or early removal was initiated. Hazardous excreta was removed from list of indications in IUC policy, and external urinary collection device use was expanded to hazardous excreta. An algorithm was created to further guide nursing in incontinence management. Ongoing education included IUC indications, CAUTI prevention bundle, external urinary collection device use, and incontinence care. Results: In FY24, compared to FY23, units reported a 57% decrease in CAUTI cases and a 50% reduction in IUC utilization, despite a steady CAUTI rate. No patient skin toxicities or staff incidents related to hazardous urine exposure were reported. Discussion: Nursing understanding of urinary incontinence management methods, IUC indications, and the CAUTI prevention bundle are critical to CAUTI prevention and patient safety. Ongoing review of best practice guidelines and recommendations advances clinical practice and patient care as evidence emerges. Safe handling principles and personal protective equipment (PPE) remain cornerstones in minimizing exposure and environmental contamination. As hazardous drugs are given in many populations beyond oncology, this guidance is relevant across care areas and would serve well integrated into existing nursing guidelines. Transdisciplinary strategies are needed to optimize hazardous drug awareness and PPE use, both vital in staff safety and satisfaction.

6. Exploring the role of laser therapy for stress urinary incontinence: a literature review

Authors: Li, Pei-Chen and Ding, Dah-Ching

Publication Date: 2025

Journal: Lasers in Medical Science 40(1), pp. 125

Abstract: Stress urinary incontinence (SUI) significantly impacts the quality of life, necessitating innovative treatment options beyond conventional approaches. This comprehensive review aimed to evaluate laser therapy as a promising intervention for SUI management. A systematic search was conducted using the keywords "laser" and "stress urinary incontinence" in the PubMed, Scopus, Web of Science, and Embase databases. The search covers studies from January 1, 2014, to November 30,

2024. A comparative analysis with traditional treatments, such as pelvic floor exercises and medications, underscores the potential advantages and limitations of laser therapy. Clinical studies and research findings are examined to evaluate the efficacy and safety profile of laser therapy, including its short-term success rates and potential complications. Patient experiences and perspectives provide a qualitative dimension, offering insights into the real-world impact and challenges associated with laser therapy for SUI. This review also explores the cost-effectiveness of laser therapy and compares its long-term and short-term effects, positioning it within the broader landscape of SUI management. Future trends and ongoing research are outlined, highlighting the potential integration of laser therapy with multimodal approaches. Recommendations for clinical practice emphasize patient selection criteria and address concerns and expectations, ensuring laser therapy is adopted as a valuable and evidence-based addition to SUI management.; Competing Interests: Declarations. Ethical approval: Not required. Human ethics and consent to participate declarations: Not applicable. Institutional review board statement: Approval from the Ethics Committee is not required. Competing interests: The authors declare no competing interests. (© 2025. The Author(s), under exclusive licence to Springer-Verlag London Ltd., part of Springer Nature.)

7. The Role of the Incontinence Severity Index in the Treatment of Stress Urinary Incontinence

Authors: Öztürk, Bilgin and Atlıhan, Ufuk

Publication Date: 2025

Journal: Journal of Urological Surgery 12(1), pp. 1–6

Abstract: Objective To evaluate the effects of medical and surgical treatment of stress urinary incontinence (SUI) on incontinence severity index (ISI). Materials and Methods In our study, 64 patients aged 30-60 years, who were admitted to our hospital with symptoms of SUI between 2018 and 2023, underwent medical or surgical treatment for SUI, and met the inclusion criteria, were included. Women included in the study were divided into three groups: those who received medical treatment, those who underwent Burch colposuspension, and those who received tension-free obturator tape (TOT). Results When ISI measurements were categorized between the groups in the pre-treatment period, it was found that the rate of patients with slight and moderate SUI was significantly higher in the medical treatment group ($p=0.018$ and $p=0.044$, respectively). The rate of patients with severe SUI was found to be significantly lower in the medical treatment group ($p=0.032$). When the groups were evaluated individually, the post-treatment ISI score was found to be significantly lower than the pre-treatment ISI score in all groups ($p<0.001$). The difference between pre-treatment and post-treatment ISI scores (Δ ISI) was found to be significantly higher in the TOT group and Burch colposuspension group compared to the medical treatment group ($p<0.001$). Conclusion ISI is useful in assessing the severity of incontinence in patients with SUI and the effectiveness of treatment after treatment. For ISI to be widely used as an alternative, prospective use with a larger number of patients and longer follow-up periods is needed. Keywords: TOT, Burch colposuspension, incontinence severity index, stress urinary incontinence:

8. Diagnosis and management of faecal incontinence in primary care

Authors: Pazidis, Angelos; Scot, Mairi; Davie, Carolyn and Ziyaie, Dorin

Publication Date: 2025

Journal: BMJ (Clinical Research Ed.) 388, pp. e079980

Abstract: Competing Interests: The BMJ has judged that there are no disqualifying financial ties to commercial companies. The authors declare the following other interests: none. Further details of The BMJ policy on financial interests is here: <https://www.bmj.com/sites/default/files/attachments/resources/2016/03/16-current-bmj-education-coi-form.pdf>.

9. Urge Urinary Incontinence and Pregnancy: A Systematic Review

Authors: Winograd, Joshua;Punyala, Ananth;Sze, Christina;Codelia-Anjum, Alia;Elterman, Dean;Zorn, Kevin C.;Bhojani, Naeem and Chughtai, Bilal

Publication Date: 2025

Journal: Current Urology Reports 26(1), pp. 32

Abstract: Purpose of Review: To identify risk factors for urge urinary incontinence (UUI) in the prenatal period and following pregnancy. Characterization of prevalence of and interventions for UUI during this period were also examined.; Recent Findings: A total of 1850 studies were initially identified through a database search. After removing duplicates (308 studies), 102 studies underwent full-text review following title and abstract assessment. After applying further selection criteria, 37 articles were included in the review. The studies span from 1993 to 2020 and involved sample sizes ranging from 58 to 6369 women, with participant ages averaging from under 19 to 39 years old. Body mass index, gestational diabetes mellitus, maternal age, parity, a history of urinary incontinence, and instrumental vaginal deliveries, that contribute to the onset or exacerbation of UUI. There was a large focus on patient questionnaires on symptoms. Analyzing data from over 25,000 patients, our study identifies several risk factors, both non-interventional and interventional that contribute to the onset or exacerbation of UUI. The strong focus on patient questionnaires on symptoms, and only secondary focus on quality of life, sexual function, or mental health point to a large gap in the literature where more work can be done.; Competing Interests: Declarations. Human/Animal Research: This article does not contain any studies with human or animal subjects performed by any of the authors. Competing Interests: The authors declare no competing interests. (© 2025. The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature.)

10. Prenatal Exercise Decreases Urinary Incontinence in Late Pregnancy and 3 Months Postpartum: A Randomized Controlled Trial

Authors: ZHANG, DINGFENG;SÁNCHEZ-POLÁN, MIGUEL;SILVA-JOSE, CRISTINA;DÍAZ-BLANCO, ÁNGELES;BRIK, MAIA;ARIAS, ARANZAZU MARTÍN;HERNANDO, PALOMA and BARAKAT, RUBÉN

Publication Date: 2025

Journal: Medicine & Science in Sports & Exercise 57(3), pp. 555–562

Abstract: Purpose: This study aimed to evaluate the impact of a supervised exercise program, including pelvic floor muscle training, throughout pregnancy on Urinary Incontinence (UI). Methods: A randomized clinical trial (NCT04563065) was conducted. Initially, 600 pregnant women were screened for eligibility, with data from 356 participants eventually analyzed. Of these, 172 were allocated to the exercise group (EG) and 184 to the control group (CG). Participants in the EG engaged in a supervised moderate exercise program 3 d·wk⁻¹, each session lasting 60 min, from 8–10 to 38–40 wk of gestation, achieving an adherence rate of 73.5%. Results: A lower prevalence of UI in the EG compared with the CG was observed during late pregnancy ($\chi^2 = 20.04$; $P = 0.001$) and at 3 months postpartum ($\chi^2 = 12.52$; $P = 0.03$), as well as in birth weight ($F = 4.16$; $P = 0.04$). No significant differences were found between the groups in other maternal and newborn outcomes. Conclusions: Supervised exercise during pregnancy, which included pelvic floor muscle training, effectively reduced the incidence of UI in late pregnancy and at 3 months postpartum.

Sources Used

The following databases are searched on a regular basis in the development of this bulletin:
British Nursing Index, Cinahl, Medline, King's Fund & Health Foundation

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