# Lower urinary tract symptoms (LUTS)

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Finding it irritating constantly needing to find a public toilet? Unable to hold it when you actually do find one? Need to cross your legs when you sneeze? Are you annoying your other half by having to get up at night to go to the toilet? These are all common Lower urinary tract symptoms (LUTS) which is a term medical professionals use to describe bladder-related problems.

Both men and women may experience LUTS and there is some overlap in symptoms and treatments. However as a woman symptoms are likely to be related to the pelvic floor , which may be affected by pregnancy, childbirth and pelvic organ prolapse. In contrast, men have a prostate gland which sits at the outlet of the bladder; enlargement of the prostate does not usually start to cause symptoms until middle-age.

So what is a weak bladder? The bladder has two main functions – storage of urine and voiding of urine. Symptoms related to storage may include urinary frequency (passing urine more frequently than usual), urgency (an abrupt and strong desire to pass urine), incontinence (the involuntary voiding of urine) and nocturia (passing urine more than once at night). Voiding symptoms include poor flow, needing to strain to pass urine, a feeling of incomplete emptying and intermittent flow.

Male LUTS

A man in his 50s or over who has voiding and storage symptoms most likely has symptoms related to an enlarged prostate. This is extremely common as men get older.

As the prostate gets bigger it can cause narrowing of the water-pipe (urethra) as it leaves the bladder. If the symptoms are bothersome, your GP or Urologist may do some investigations including a urine dipstick test, urine flow test and/or an ultrasound scan.

Many men respond well to initial lifestyle or drug treatments and never need to progress to surgical treatment. If storage symptoms are predominant, cutting down caffeine, alcohol and fizzy drinks may help. Constipation can also exacerbate bladder symptoms.

Tablet medications can act to relax the prostate (examples include tamsulosin or alfuzosin), may work by shrinking the prostate (finasteride or dutasteride) or relaxation of the bladder (e.g. solifenacin or mirabegron). Some men may benefit from botox injections to the bladder. Your GP or urologist will be able to discuss the benefits and risks of each approach as appropriate to you.

If tablet treatment is not suitable or effective, surgical treatment is the next step. There are many different types of surgical intervention, each with its own benefits and side-effects. All treatments are minimally-invasive. Your clinician will discuss which is best for you, but to help you understand the options here is a guide to the 5 main treatments.

Transurethral prostatectomy (TURP) is the longest-established treatment and is usually very effective. The prostate is shaved using electrocautery to create a bigger channel for the urine to flow through. The operation is under general or spinal anaesthetic and the typical hospital stay is 2 days.

Holmium Laser Enuculeation (HoLEP) is the gold-standard treatment, especially for men with particularly large prostates; long term results are superior to TURP. The advantages of HoLEP include a lower risk of bleeding and faster recovery time. Other approaches which are gaining in popularity are Rezum (steam treatment), Urolift (prostate implants) and

Prostate Artery Embolization. The advantage of these treatments is that they may have less side-effects than TURP or HoLEP, but the long term functional outcomes are as established.
Prostate cancer affects 1 in 8 men and usually has no symptoms in the early stages, although some men will have concurrent LUTS. If you have concerns about prostate cancer, your GP or Urologist can discuss a PSA blood test and further investigation if required.

Female LUTS

Women tend to experience storage symptoms such as urgency, frequency and incontinence. Incontinence can be divided into two types – stress incontinence and urge incontinence. Some people unfortunately experience both. Although embarrassing, these are common problems and there are many different treatment options.
Stress incontinence is the involuntary leakage of urine when coughing, sneezing or laughing, or when picking up a heavy load or exercising. Urge incontinence is the sudden uncontrollable urge to pass urine that is impossible to delay.
Your GP or Urologist may initially investigate your symptoms by asking for a urine sample and/or an ultrasound scan. A pelvic examination may be carried out.
For women with storage symptoms (e.g. frequency, urgency, urge incontinence) lifestyle measures such as reduction of caffeine, alcohol and fizzy drinks may help. Your doctor may advise bladder training regimes. Treating constipation can also help.
Drug treatments to reduce the overactivity of the bladder can be very effective, although some drugs have undesirable side-effects. A urologist may offer botox injections to the bladder. More invasive treatments such as sacral neuromodulation or tibial nerve stimulation can be offered at specialist centres.
Stress urinary incontinence can be helped by weight loss and pelvic floor exercises. Your GP or urologist may refer you to a specialist physiotherapist to help with these. If these fail, then a urologist or uro-gynaecologist can discuss the benefits and risks of surgical intervention. Options include urethral bulking agents, colposuspension or autologous sling insertion. Synthetic mesh is no longer a first-line treatment.
Although less common than in men, women may also experience voiding symptoms such as a reduction in flow or needing to strain to pass urine. Common causes include a narrowing of the water pipe (urethra) or pelvic organ prolapse. Your doctor will be able to advise on the appropriate next steps, which will usually involve a referral to a urologist or uro-gynaecologist.

Red flags

In both adult men and women, visible blood in the urine or new onset of night-time incontinence should prompt urgent review by your GP or urologist.

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