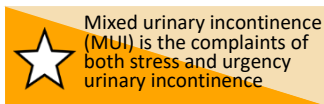


These notes are for use together with the Colley Model.



MIXED URINARY INCONTINENCE (MUI)

Complaints of **both stress and urgency urinary incontinence**, i.e. involuntary loss of urine associated with urgency and also with effort or physical exertion including sporting activities or on sneezing or coughing. (D'Ancona CD et al, 2019)

It is recommended that a vaginal examination is undertaken by a competent professional to estimate the strength of the pelvic floor muscles, and to plan an individual programme for the patient.

NICE recommends the patient is offered a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment to women with stress or **mixed urinary incontinence**. As stated under treatment for SUI, pelvic floor muscle training programmes should comprise at least 8 contractions performed 3 times per day. By contracting the pelvic floor muscles, the bladder muscle, the detrusor muscle relaxes which can help to reduce urgency.

Check the contributing factors for both SUI and UUI and then formulate a treatment plan with the patient, referring to the treatment pages for both stress urinary incontinence and urgency urinary incontinence.

Reassessment

Ensure that there is a date documented in the patient's record to assess the effectiveness of the treatment plan.

References:

D'Ancona CD, Haylen BT, Oelke M, Herschorn S, Abranches-Monteiro L, Arnold EP, Goldman HB, Hamid R, Homma Y, Marcelissen T, Rademakers K, Schizas A, Singla A, Soto I, Tse V, de Wachter S. An International Continence Society (ICS) Report on the Terminology for Adult Male Lower Urinary Tract and Pelvic Floor Symptoms and Dysfunction. *Neurourol Urodyn*. 2019 DOI: 10.1002/nau.23897

NICE Guideline [NG123] Published date: April 2019. Urinary incontinence and pelvic organ prolapse in women: management

[Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline \[NG123\]](#)