

# ÜROJİNEKOLOJİK REHABİLİTASYON

## 31. BÖLÜM

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### Giriş

Üriner inkontinans (Üİ), istemsiz idrar kaçırma şikayeti olarak tanımlanmıştır. Bu durum her iki cinsiyette de görülür, ancak kadınlarda daha sık görülür. Dünya çapında erkeklerde %13,9 ve kadınlarda %51,1 yaygınlığı olan bir durumdur. Üİ'nin neredeyse sadece doğum yapan kadınlarla ve yaşlılarla ilişkili olduğu genel bir inancı vardır. Bununla birlikte, epidemiyolojik çalışmalar, hiç doğum yapmamış olan genç kadınların da Üİ epizodları yaşadıklarını ve risk faktörlerinin bilinmediğini bildirmektedir (1,2,3).

Patofizyolojisinde, cinsiyetler arasında bir miktar örtüşme olsa da, erkeklerde inkontinans genellikle prostat büyümesi veya prostat kanseri için yapılan cerrahi veya radyoterapi tedavisi sırasında kontinans mekanizmalarının zarar görmesiyle ilişkilidir. Buna karşın kadınlarda inkontinans ise tipik olarak mesane veya pelvik taban kaslarının işlev bozukluğu ile ilişkilidir, bu tür işlev bozukluğu genellikle hamilelik ve doğum esnasında veya menopoz zamanında ortaya çıkar. Yüksek prevalansı ve benzersiz patofizyolojisi nedeniyle Üİ ilk olarak kadına odaklanır (4,5).

Üİ için sinir sistemi, üretral sfinkter ve detrusor kası arasında sağlam ve kompleks bir etkileşiminin yanında kişinin işeme için bilişsel ve

fiziksel olarak da sağlam olması ve uygun bir yer bulabilmesi de gerekmektedir. Yani inkontinans, multifaktöriyel bir semptomdur (6,7).

Üriner inkontinansın, stres inkontinansı (Sİ) ve urge inkontinansı (Uİ) olmak üzere iki ana alt tipi vardır. Uluslararası Ürojinekoloji Derneği (IUGA) ve Uluslararası Kontinans Derneği (ICS) standart tanımına göre, stres inkontinans öksürük, hapşırma veya fiziksel efor ile ilişkili olarak idrar kaçırması şikayetidir, buna karşın urge inkontinansı, ertelenmesi zor olan ani bir zorlama isteği ile ilişkili idrar kaçırması şikayetidir (4,5).

Bu iki alt tip o kadar yaygındır ki, mikst inkontinans (Mİ) olarak adlandırılan semptomların bir kombinasyonu olarak genellikle bir arada bulunurlar. Uİ olan çoğu kadın, Uİ'nin olası bir bileşenini oluşturduğu overaktif mesane sendromu (OMS) tanısı da alır (4,5).

Kadınlarda daha nadir inkontinans alt tipleri arasında vücut pozisyonu değişikliği ile idrar kaçağına neden olan (genellikle ayağa kalktığında veya eğildiğinde) postural inkontinans, uyku sırasında idrar kaçağı olan nokturnal enuresis, yaygın nedeni veziküler fistülleri içeren sürekli inkontinans ve cinsel ilişki sırasında idrar kaçağı yapan koital inkontinansı içermektedir (4,5).

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## KAYNAKLAR

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