

Appendix E.—Glossary of Terms

- Acute incontinence:** The sudden onset of episodes of involuntary loss of urine. Usually associated with an acute illness or environmental factors that impair the mental or physical ability of the patient to reach a toilet or toilet substitute on time.
- Algorithmic approach:** In incontinence testing, a step-by-step procedure used to diagnose incontinence.
- Bladder neck suspension:** An operation performed on women with stress incontinence in which the bladder neck and urethra are repositioned; the most common surgical procedure for incontinence.
- Case-mix reimbursement:** A hospital and nursing home payment plan which considers both the relative frequency of admissions of various types of patients and the severity of their condition.
- Catheterization:** With respect to the urinary system, the passage of a small tubular instrument into the bladder for the purpose of urinary management.
- Cholinergic drugs:** Drugs which are activated by choline and associated with the synaptic transmission of nerve impulses; promotes bladder contraction.
- Diabetic neuropathic bladder:** A functional disturbance of the bladder which can be found among persons with diabetes; marked by the bladder's poor ability to contract.
- Established incontinence:** Repeated episodes of involuntary loss of urine not associated with an acute condition.
- External catheterization:** With regard to urinary functions, a catheter applied to the penis; requires frequent changing and may result in local skin irritations or other complications.
- Fecal incontinence:** Involuntary excretion of stool sufficient in frequency to be a social or health problem. Relatively uncommon in community-dwelling persons, but more prevalent among persons in nursing homes.
- First-order costs:** Costs assessed without consideration of complicating conditions. With regard to incontinence, the immediate costs of labor, laundry, and supplies.
- Functional incontinence:** Leakage of urine caused by chronic impairments of either mobility or mental function, marked by the inability or unwillingness of the patient to toilet himself or herself independently and a lack of sufficient help with this task.
- Iatrogenic factors:** Aspects of the attending physician's activity which inadvertently result in an adverse condition for the patient.
- In-dwelling catheter:** With respect to the urinary system, a catheter that is held in position in the bladder by a device resembling an inflated balloon. Infectious complications may arise with long-term use.
- Intermittent catheter:** A catheter which may be inserted at regular intervals; use by selected patients may prevent risks of infections associated with the in-dwelling catheter.
- Kegel exercises:** A series of repetitive contractions of muscles of the pelvis and vaginal wall for the purpose of vaginal health; also used in the management of stress incontinence in females.
- Nosocomial infections:** Infections which originate in a hospital or institution.
- Overflow incontinence:** Leakage of small amounts of urine caused by anatomic obstruction to bladder emptying and/or inability of the bladder to contract.
- Palliative treatments:** Treatment designed to provide relief from a condition, but not to cure that condition.
- Pessary:** A donut-shaped piece of inert material inserted into the vagina to support the bladder outlet in women with stress incontinence.
- Placebo effect:** An improvement in condition that occurs in response to treatment, but cannot be considered a result of the specific treatment used.
- Prophylactic antibiotic therapy:** Therapy designed to ward off disease through the use of antibiotics taken in a preventative manner.
- Prostatic hyperplasia:** The abnormal multiplication in the number of normal cells in normal arrangement in the prostate gland.
- Sham operation:** An operation which the patient believes was performed, but actually was not performed for the purpose of creating a control group for experimental measure.
- Sphincter:** In the genitourinary system, the ringlike band of muscular fibers around the urethra that through its constriction regulates the flow of *urine*.
- Stress incontinence:** Leakage of urine, either in small or large amounts, as intra-abdominal pressure increases.
- Urge incontinence:** Leakage of varying amounts of urine because of the inability to delay voiding long enough to reach a toilet or toilet substitute. Can be caused by a variety of genitourinary and neurologic disorders.
- Urinary incontinence:** An involuntary loss of urine sufficient in quantity and/or frequency to be a social or health problem.
- Urodynamic testing:** Testing which pertains to the flow and motion of urine in the urinary tract.