Urine trouble

"Mom! I have to go!"

"Hold it!"

It's an exchange you probably had as a kid on long car rides. But Uwais Zaid, MD, says it's not just a funny vacation story. A person of any age or profession can find themselves holding their urine for a long time.

"In the medical field, we see this all the time," says Dr. Zaid, a urologist who sees patients at OSF HealthCare. "When you're rushing from patient to patient, doctors, nurses and technicians might not go to the bathroom as much as they should. They hold their urine the whole day."

Dr. Zaid is sharing his playbook: why this phenomenon happens, how to fix it and what can happen if you don't.

Why do we hold our pee?

Dr. Zaid says some people hold their urine simply based on the situation. They're on a long car ride, and stopping will make them late. Or they might be at a dinner party and don't want to seem rude by leaving the table.

"Then there's another subset of people who just don't have the desire to urinate. There's something medically wrong," Dr. Zaid explains. "As we get older, we can get dementia and be forgetful. So sometimes people just forget they need to urinate. Sometimes, you can have lack of bladder sensation from neurological conditions like multiple sclerosis. Or they might have had their bladder stretched for so long due to things like an enlarged prostate or scar tissue in the urethra."

The consequences

In the short term, holding your pee will make you feel uncomfortable and antsy. We all know the feeling. Dr. Zaid has even heard from patients, "The feeling doesn't bother me that much. What's the problem?"

A few problems, the doctor says.

"It does increase your risk of urinary tract infections [UTIs]. Your bladder is almost like a swamp instead of flowing like a river. You have stagnation of urine," Dr. Zaid says. "It can increase the risk of bladder stones. Also, the bladder is connected to the kidneys. It's one fluid column. So if your bladder gets really distended, it can back up and hurt your kidneys. You can get kidney swelling.

"And when the bladder is chronically distended, you can get pouches called bladder diverticuli. Those pockets can hold on to urine and be sources for infection," Dr. Zaid adds. Over time, these pouches can also lead to worse urinary control and even the inability to pass urine.

If holding your urine and not getting treatment for it lead to, for example, the kidney issues Dr. Zaid outlined, serious health problems and, rarely, even death are possible. Dr. Zaid says that shouldn't scare people into drastically altering their bathroom habits. But it is something to be aware of.

Prevention and treatment

So what should be the best practices when we start thinking about the toilet?

- Before you even head for the bathroom, Dr. Zaid urges you to take care of your bladder and kidneys by staying hydrated. The U.S. Centers for Disease Control and Prevention (CDC) says daily water intake recommendations vary by person. So it's a conversation you should have with your primary care provider. But, the CDC has general tips about staying hydrated and the dangers of drinking sugary or caffeinated drinks often.

- Plan ahead. For example, if you have a long commute, leave early to make time for rest stop breaks, and avoid drinks like soda. If you have a busy day at work, make a promise to yourself that you'll take breaks to use the restroom. You can set a reminder alarm on your phone to nudge you.

- Try the "double void."

  "You get to the toilet. You get done peeing. Wait 30 seconds, and then try to get a little more out," Dr. Zaid suggests. "But don't bear down and push because that creates trauma for your pelvic floor."

- For older adults who might simply forget to use the bathroom, make sure they have someone checking in on them. Make sure they are empowered to speak up about their health. Setting an alarm reminder and having a clear path to the toilet can also help.

If someone consistently avoids or forgets to urinate or experiences symptoms like frequent UTIs, discomfort or difficulty emptying the bladder, it's time to see a doctor.

Dr. Zaid says the first thing a urologist would do is look for anything blocking the urine. For men, this could be an enlarged prostate, scar tissue in the urethra, a bladder stone or tumor or trauma to the bladder area. For women, it could be a prolapse, when the bladder falls through the vagina.

"We can look inside the bladder with a camera. We can do a urodynamic study, which tells us about bladder function," Dr. Zaid says.

Doctors would then form a treatment plan depending on what's found. For example, bladder stones could be a "wait and see" situation. Or, a doctor could perform a procedure to remove the stones or break them apart and allow them to pass. Dr. Zaid says this is sometimes done with a laser in a minimally invasive procedure.

Dr. Zaid says in some more serious cases, the bladder stops working entirely.

"It's something we can't often fix. It's really frustrating," Dr. Zaid says.

Those people, he says, would need a catheter. It could be a short-term one to help drain the bladder or a long-term one to help correct the problem for a while.