

W H I T E P A P E R

URINCARE™ Clinical & Economic Evidence Series

Male Urinary Incontinence:

Long-Term Complications, Care Burden & the Case for Proactive Management

Prepared for VA Presentation | 2026

Estimated Annual Cost: \$10,695 per Veteran Patient

Executive Summary

Key Finding

A veteran utilizing URINCARE™ at approximately \$10,695 annually may cost less than a single hospitalization for a complicated urinary tract infection — and dramatically less than the costs associated with long-term caregiver support, assisted living, or skilled nursing facility placement.

Urinary incontinence (UI) in men is a progressive, multisystem condition with consequences that extend far beyond bladder control. When left unmanaged or inadequately treated, it generates a **cascade of medical, psychological, and economic consequences** that strain both patients and the healthcare system. This white paper presents clinical and economic evidence on the long-term complications of male urinary incontinence, with specific relevance to the veteran population.

An estimated **20% of American men** experience urinary incontinence, and prevalence increases substantially with age and comorbidities. Among veterans specifically, the condition is widely underreported — many wait more than one year before disclosing symptoms to a provider. The consequences of this delay are measurable, preventable, and costly.

20%	of American men experience urinary incontinence
10%	of U.S. nursing home admissions attributed solely to urinary incontinence
>1 yr	average time veterans wait before disclosing incontinence to a provider
\$19–\$32B	estimated annual economic burden of urinary incontinence in the U.S.

1. Prevalence & Causes of Urinary Incontinence in Men

Unlike women, where obstetric history plays a major role, male urinary incontinence is predominantly driven by **prostate disease and its treatment**. The five main types of urinary incontinence — stress, urge, mixed, overflow, and functional — can each manifest in men, often in combination following prostate surgery or radiation.

Primary Causes in Men

- Benign prostatic hyperplasia (BPH) and associated bladder dysfunction
- Post-prostatectomy incontinence (radical or robotic-assisted)
- Post-radiation incontinence (external beam or brachytherapy)
- Neurological conditions (stroke, Parkinson’s disease, multiple sclerosis, spinal cord injury)
- Age-related detrusor muscle weakness and sphincter insufficiency
- Diabetes and metabolic syndrome

Long-term data from the CEASAR trial demonstrates that **14–25% of men who underwent prostatectomy** reported bothersome leakage at 10 years. While surgery patients experience more incontinence initially, the impacts of radiation increase over time, and cases of adjuvant radiation may be particularly harmful to long-term urinary health.

Critically, **less than 40% of adults with self-reported incontinence inform their physicians**. Among male veterans, negative stigma compounds this barrier, making systematic screening especially important.

2. Medical Complications of Untreated Incontinence

2.1 Skin Breakdown & Incontinence-Associated Dermatitis (IAD)

Prolonged skin exposure to urine creates a cascade of cutaneous damage. **Incontinent patients are twice as likely to experience skin disruptions** compared to continent peers. A break in the skin eliminates the body's first line of defense and creates a medium for bacterial and fungal growth.

Documented skin complications include:

- Moisture-associated skin damage (MASD)
- Perineal and perianal dermatitis
- Candida and other fungal skin infections
- Cellulitis from secondary bacterial infection
- Incontinence-associated dermatitis (IAD), prevalent in up to 35% of long-term care residents

IAD and incontinence are both independent risk factors for higher-stage pressure injuries. Pressure ulcers in the perineal and sacral regions are significantly more likely in incontinent patients, and male sex has been identified as a significant independent risk factor for pressure skin injury in nursing home residents.

2.2 Urinary Tract Infections (UTIs) & Sepsis

Urinary tract infections are among the most frequent and dangerous complications of poorly managed incontinence. **UTIs are the leading cause of sepsis among nursing home residents**, and the consequences are severe: increased mortality, prolonged hospitalization, and increased readmissions. UTIs are also a leading driver of bloodstream infections.

The infection cascade often follows this progression:

- Skin breakdown from urine exposure creates bacterial entry points
- Colonization of the perineal region leads to ascending UTI
- Untreated or recurrent UTIs worsen incontinence (creating a feedback loop)
- Severe infections progress to bacteremia and sepsis
- Sepsis hospitalization: estimated median cost of ~\$10,000 per episode

Clinical Insight

Each UTI hospitalization costs approximately \$10,000. At \$10,695 annually, URINCARE™ costs less than a single complicated UTI admission — making proactive management economically rational from the first year.

2.3 Falls & Fractures

Urinary urgency is a direct precipitant of falls. Men rushing to reach the bathroom — particularly at night — face significantly elevated fall risk. **Urinary incontinence is an established risk factor for falls, fractures, and immobility-related complications.**

The fall-incontinence cycle is self-reinforcing:

- Urgency causes rushed ambulation → fall risk
- Fall injury leads to immobility and bed rest → worsened incontinence
- Immobility increases pressure ulcer risk → additional complications
- Fear of future falls reduces activity → deconditioning and functional decline

2.4 Catheters & Device-Related Complications

Long-term urinary catheter use introduces its own serious complication profile. Prolonged indwelling Foley catheter use is a well-known risk factor for **catheter-associated urinary tract infections (CAUTI)**, which increase mortality, extend hospital stays, and drive readmissions. External collection devices carry risks of skin maceration, leakage, and cross-contamination.

3. Psychological & Social Impact

The psychological burden of urinary incontinence is substantial, often underestimated, and directly linked to care avoidance. **Quality of life is often substantially diminished**, with patients experiencing depression, anxiety, social isolation, and sexual dysfunction.

Depression

Incontinence and depression are bidirectionally linked. Research shows **higher pad usage directly correlates with higher depression scores** in men following prostate surgery — the more severe the incontinence, the more severe the mental health impact. Uncertainty about prognosis following prostate cancer treatment and incontinence recovery causes significant psychological distress.

Social Isolation & Withdrawal

Incontinence frequently causes men to restrict their social lives to avoid leakage accidents or odor in public. Documented behaviors include:

- Limiting travel and social engagements
- Avoiding physical activity and exercise
- Restricting fluid intake (which paradoxically concentrates urine and worsens urgency)
- Abandoning hobbies, work, and community involvement

Sexual Dysfunction

Sexual dysfunction is both a direct consequence of incontinence and of the underlying conditions driving it (prostate disease, neurological conditions). The embarrassment, physical discomfort, and psychological impact of incontinence **significantly impair sexual activity and intimate relationships**.

The Veteran Stigma Factor

Veterans with incontinence carry a particular stigma burden. Studies show **many wait more than one year before disclosing incontinence symptoms to providers**. This delay means complications accumulate silently before any intervention is offered. Healthcare providers lack information about veterans' incontinence experiences, making systematic screening and proactive management critical.

4. Long-Term Care Burden & Institutionalization

Incontinence is the most common reason for institutionalization of the elderly. Up to 10% of nursing home admissions in the United States are attributed solely to urinary incontinence. Once institutionalized, patients face an environment where UI becomes entrenched — approximately 50% of nursing home residents are incontinent, and the condition is frequently associated with cognitive impairment and functional immobility.

In the nursing home environment, incontinence triggers a compounding complication burden:

- Skin complications: perineal dermatitis, IAD, pressure ulcers
- Recurring UTIs and sepsis — the leading infectious cause of death in this setting
- Falls and fractures from urgency
- Depression, anxiety, and loss of dignity
- Caregiver burden and staffing demands

Cost Benchmark

Skilled nursing facility care averages approximately \$119,340 per year. Assisted living averages approximately \$74,400 per year. Home caregiver support at 10 hours per week runs approximately \$17,680 per year. URINCARE™ at \$10,695 annually represents a fraction of any of these costs — while keeping veterans at home.

5. Annual Cost Savings Analysis Per Veteran

The table below illustrates the potential cost avoidance when comparing URINCARE™ against common urinary incontinence-related complications and care costs in 2026.

Scenario Avoided	Annual Cost Without URINCARE™	Potential Annual Savings
1 UTI Hospitalization	~\$10,000	Up to \$10,000
2 UTI Hospitalizations	~\$20,000	Up to \$20,000
Home Care (10 hrs/week)	~\$17,680	~\$6,985
Assisted Living Placement	~\$74,400	~\$63,705
Skilled Nursing Facility	~\$119,340	~\$108,645

URINCARE™ System Annual Cost: **\$10,695 per veteran patient**. Sources: Median UTI hospitalization ~\$10,000; Skilled Nursing Facility ~\$119,340/yr; Assisted Living ~\$74,400/yr; Home Care ~\$34/hr.

6. The Case for URINCARE™

URINCARE™ addresses urinary incontinence at the point of greatest leverage: **before complications cascade**. By helping keep veterans dry, reducing skin complications, supporting skin integrity, and promoting independence, URINCARE™ has the potential to interrupt each of the complication pathways described in this white paper.

Clinical Benefits

- Reduces skin exposure to urine, decreasing risk of IAD, dermatitis, and pressure ulcers
- Lowers frequency and severity of UTIs by maintaining a cleaner perineal environment
- Supports mobility and confidence, reducing fall risk associated with urgency
- Promotes psychological wellbeing by reducing embarrassment and social withdrawal
- Enables veterans to remain at home longer, preserving independence and dignity

Economic Benefits

- Costs less than a single UTI hospitalization (\$10,695 vs. ~\$10,000 per event)
- Fraction of the cost of home care, assisted living, or nursing home placement
- Reduces healthcare utilization: fewer ER visits, hospitalizations, and readmissions
- Delays or prevents institutionalization, the largest cost driver in this population

Summary Statement

A veteran utilizing URINCARE™ at approximately \$10,695 annually may cost less than a single hospitalization for a complicated urinary tract infection — and dramatically less than the costs associated with long-term caregiver support, assisted living, or skilled nursing facility placement. By helping keep veterans dry, reducing skin complications, supporting skin integrity, and promoting independence, URINCARE™ has the potential to reduce healthcare utilization while improving quality of life.

References & Sources

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