



Take control  
of your continence

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# Introduction

If you experience urine leakage you might feel as though no-one really understands your problem. You may even be too embarrassed to talk about your condition with a healthcare professional. Indeed, research shows that women can take up to eight years to seek medical help from the first time they experience incontinence.

But you are not alone - over 10% of women regularly have urinary incontinence with as many as one in four having experienced it at some time in their lives. So it's a common problem, and one that your healthcare professional has a great deal of experience in helping fellow sufferers to manage.

What you may not know is that there are treatments and approaches that can help you take control of your continence. This booklet explains the options available so you can talk to your healthcare professional about which method could be best for you.

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## The urinary system

To understand incontinence, it helps to know how the urinary system works. Our kidneys help filter substances from the bloodstream, sending the remaining liquid – the urine – to our bladder. The bladder is a muscular bag, capable of stretching, like a balloon, to hold 350-400ml, or even more when it is full.

When it's around half-full, signals are sent to the brain telling us we need to urinate. Urine leaves the bladder down a tube called the urethra. This is kept closed by the sphincter, made up of two rings of muscle. The inner sphincter muscle will open when the bladder is full, but the outer muscle allows us to hold in the urine and maintain control over urination. The pelvic floor muscles lie beneath the bladder and around the urethra, helping to keep them working properly.

However, for around 12% of women, this process doesn't work as it should and they regularly suffer from urinary incontinence. There is no one cause of incontinence but what is clear is that there is something not working properly in the brain, the nervous system or bladder and surrounding areas. There are some risk factors that make some women more likely to be incontinent, however:

- age
- pregnancy
- being overweight
- having urinary tract symptoms
- functional impairment, such as difficulty in getting around
- damage to the nerves which control the bladder.

Half of all incontinent women suffer from stress incontinence. A smaller portion experience a mix of stress and urge incontinence. Urge incontinence alone affects the least number of sufferers.

If you are experiencing any symptoms of incontinence, it's important that you speak to your doctor to rule out any underlying causes and to help decide the most appropriate treatment for you.



## Stress incontinence

Stress incontinence is what we call urine leakage that happens with physical exertion, such as sneezing, laughing, coughing, heavy lifting or exercising. Usually it's just a small amount of urine that trickles out but, in some cases, a larger amount can leak.

With stress incontinence, the pelvic floor muscles that support the bladder may be weakened. So if we laugh or cough, increasing pressure on the bladder, the pelvic floor muscles can't tighten properly to keep the urine in and leakage occurs.

There are some people who are more prone to having stress incontinence:

- pregnant women - this is due to hormonal changes during pregnancy and partly due to the baby pressing on the bladder. As such, it is thus most common in the later stages of pregnancy
- childbirth - the pelvic floor muscles that support the bladder become weakened. The more children a woman has, the more likely it is that she will suffer from incontinence
- menopausal women - oestrogen has a role in maintaining the muscle tone of the bladder and urinary tract
- older women - our muscles weaken as we age.

## Managing stress incontinence

The good news is that there are many different ways to help gain control over your bladder if you have stress incontinence.

Physiotherapy is the first approach that is recommended by experts:

- pelvic floor muscle exercises (see page 5) is the first treatment to try. These strengthen the muscles, so may help improve bladder support and closure pressure on the urethra. And you're never too late to start - even those in their 70s and 80s can improve their symptoms with pelvic floor exercises. Around 70% of mild-to-moderate incontinence cases can be cured in three to six months with pelvic floor exercises alone. Biofeedback and electrical stimulation can help you do pelvic floor exercises properly
- vaginal cones can also be used to help you get pelvic floor exercises right and may help strengthen the muscles.



If physiotherapy doesn't ease the problem, then there are other measures that can be considered:

- medicines - some new medicines are available that can help with stress incontinence. They are most effective, however, if used in combination with pelvic floor exercises
- surgery - this is considered if physiotherapy and drugs have not been effective
- female absorbent incontinent protection - these are designed specifically for women with urinary leakage and are available in a wide range of types, sizes and absorbencies from panty liner sizes.

### Stress incontinence – what you can do

- Pelvic floor exercises.
- If overweight, lose weight as this puts greater pressure on the urinary system.
- Quit smoking, as smokers cough more.
- Drink 1.5 - 2 litres of fluid a day - although it may be tempting to cut down how much you drink.
- Avoid drinks that can irritate the bladder, such as alcohol, caffeine-containing drinks and fizzy drinks.
- Use absorbent incontinence products during management if treatment is not completely effective, or to increase confidence during times of stress.



## How to do pelvic floor exercises

- Find the right muscles. The best way to do this is to try and stop the flow of urine when you get to the toilet. If you can stop the flow, then you have found the right muscles for pelvic floor exercises. However, this is only a test, don't try and stop your urine flow all the time.
- When you are contracting your muscles it should feel as though you are squeezing and lifting them slightly up into the body. There shouldn't be any tensing of the buttocks or thighs, although it can help if you tighten your anus (as if holding in wind).
- If you are having trouble identifying the right muscles, then speak to your doctor, nurse or physiotherapist for additional help.
- If you have found the right muscles, then you can start exercising them several times a day (30-40 repetitions in total). You'll find you'll be able to do it in many different positions, sitting, standing, lying down – and no-one will be able to tell that's what you're doing!
- At first, just hold and squeeze your muscles for a second or two, gradually building up to 10 seconds. Repeat as often as you can, building up to 10 repetitions.
- Rest between squeezes for the same amount of time as you have contracted your muscles, i.e. rest for 10 seconds after holding for 10 seconds.
- You can also try some fast, hard contractions where you squeeze as hard as you can, then let go straight away. Again, repeat up to 10 times.
- As well as doing these exercises several times a day, you should also use your pelvic floor muscles when you need them, e.g. laughing, coughing, bending or anything that makes you leak urine.
- Carry on doing your pelvic floor exercises for several months. You should notice a difference within 2-4 months of regular exercise but continue for around 6 months.
- Once you have got your incontinence under your control you will be able to reduce the number of times you need to do these pelvic floor exercises but carry on using the muscles every day when you need them to keep them working effectively.



## Urge incontinence

Urge incontinence is another type of incontinence. It's also known as overactive bladder as the bladder wall becomes more active than normal, making you feel an urgent need to urinate. There often won't be much of a warning, if any at all, resulting in moderate to large amounts of urine being leaked from the bladder. You'll also find that you need to urinate more often, more than eight times a day, and even at night.

The exact cause of urge incontinence is not known but it is thought that the bladder muscles send incorrect signals to the brain and the bladder may feel fuller than it actually is.

Urge incontinence can happen at any time, but can be triggered by the following:

- a shift in position
- stress/anxiety
- caffeine
- alcohol.

## Managing urge incontinence

Bladder retraining is one form of treatment for urge incontinence and can work in up to half of cases. It aims to slowly encourage the bladder to hold larger urine volumes and reduce the number of times you need to urinate.

Advice on bladder training is available from doctors, nurses, continence advisors or physiotherapists, but the first step will be to complete a bladder diary to record the number of times you need to urinate and the number of times you are wet (see page 8). The aim is that you 'hold on' for as long as possible before going to the toilet, reducing the number of times you need to go. This will be difficult at first but, as your bladder becomes more used to holding on to larger amounts of urine, you will find it becomes easier.



Other options include:

- pelvic floor muscle exercises to reduce leakage. These help improve bladder support and closure pressure on the urethra. See page 5 for advice on how to do pelvic floor exercises
- other physiotherapy treatments, such as electrical stimulation and biofeedback
- medicines which reduce the bladder's overactivity
- absorbent incontinence protection. These are designed specifically for urinary incontinence and are available in a wide range of types, sizes and absorbencies (depending upon the amount of urine leakage experienced)
- surgery - this is rare for urge incontinence alone.

## Urge incontinence – what you can do

- Make getting to the toilet as easy as possible, e.g. raised toilet seat, handrail etc.
- Have a commode in the bedroom.
- Easily opened clothes can help if there is difficulty in getting clothes removed in time.
- Use absorbent incontinence products during management if treatment is not completely effective, or to increase confidence.

# Bladder Diary



Week commencing

  


Tick in the blank column each time you pass urine

Tick in the pink column each time you are wet

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
6am							
7am							
8am							
9am							
10am							
11am							
Noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							
Midnight							
1am							
2am							
3am							
4am							
5am							
Totals							

If you have experienced a sudden onset of symptoms, have difficulty or pain on passing urine or elsewhere in the pelvis, are passing blood, feel generally unwell or have any other concerns then consult your doctor.



## Mixed incontinence

You might find that your incontinence symptoms vary, sometimes it's stress incontinence and other times it's urge incontinence. This is quite common and is called mixed incontinence.

The most recent expert advice recommends that you should focus on the symptoms that are most frequent and try and manage these first. So, if you find that stress incontinence is the most common concern for you, then start with pelvic floor muscles exercises; if urge incontinence is the issue, then start with a bladder training diary.

## Overflow incontinence

With overflow incontinence there is a constant flow of urine. It's usually caused by an obstruction from another part of the body or nerve damage.

## Functional incontinence

This is an inability to reach the toilet in time because of the difficulties of a physical or mental illness.

## Neurological bladder disorders

Damage to the nerves as a result of illness (such as Parkinson's Disease or multiple sclerosis) or injury can affect the way the brain and the bladder communicate. This results in an inability to control the bladder or empty it completely.

Unfortunately, this type of bladder problem can be extremely hard to treat and many sufferers will have to rely on incontinence products.



## Choosing absorbent incontinence products

These products play an important role in boosting confidence and improving quality of life for the user. They can be used in combination with treatment or where treatment has not been successful.

There is a wide range of products available, for example those available from TENA. Different products suit different people and it's best to try smaller products first before moving onto to larger, more absorbent varieties. The following table offers a guide to suitable products depending upon the degree of urine leakage you are experiencing.

### Guide to protective products

Degree of urine leakage	Defined as	Suitable product(s)
Light	Urine lost as drops or splashes, usually due to stress incontinence	Low absorbency pads
Mild	Heavier drops or splashes, usually stress or overflow incontinence	Normal and extra absorbency pads
Moderate	Involuntary gushes, usually due to urge incontinence	Super absorbency pads or pants
Heavy	Loss of all or part of bladder content	High absorbency pants or all-in-one products



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