



NOTES

Your doctor or therapist has given you this patient education handout to further explain or remind you about an issue related to your health. This handout is a general guide only. If you have specific questions, discuss them with your doctor or therapist.

Keeping Up with Incontinence

If you have poor bladder control, you may feel embarrassed to tell anyone. But you shouldn't be. Urinary incontinence (UI) is more common than you think.

According to the Agency for Health Care Policy and Research, 13 million Americans have the condition—85 percent of them women.

A range of conditions and disorders can cause incontinence, including birth defects, pelvic surgery, pelvic region or spinal cord injuries, neurological diseases, multiple sclerosis (MS), poliomyelitis, infection and degenerative changes associated with aging. It can also occur after pregnancy or child birth.

The good news is that UI can be treated. In fact, 80 percent of UI cases can be cured, or at least improved. The first step to relief involves understanding your condition.

Types

• **Stress incontinence.** When pelvic muscles are damaged, the bladder can leak during exercise, coughing, sneezing, laughing or other movements that put pressure on the area. Stress incontinence commonly affects women after multiple child births or menopause. Pelvic fractures, radical prostatectomy or bladder neck surgery can also damage sphincter muscles and cause stress incontinence.

• **Urge incontinence.** Urge incontinence is the constant need to pass urine, coupled with the inability to get to the bathroom in time. It occurs when nerve passages along the pathway from the bladder to the brain are damaged, causing a sudden bladder contraction. It's more common in older adults. The condition often results from stroke, dementia, Alzheimer's disease and multiple sclerosis.

• **Mixed incontinence.** This condition occurs when people experience stress and urge incontinence together. Symptoms of one type may be more severe than the other.

• **Overflow incontinence.** This condition is the result of a bladder that produces more urine than it can hold. It can result from diabetes, pelvic trauma, extensive pelvic surgery, spinal cord injuries, shingles, multiple sclerosis or polio.

Treatment

The method of UI treatment depends on diagnostic results. Sometimes eliminating foods and medications, such as diuretics, can cure it. Foods

that irritate the bladder include: citrus fruits; chocolate; salad dressing with high acid content; spicy foods; and tomatoes. Cranberry, orange, apple, tomato, grapefruit and grape juices can also be a problem.

More frequently, treatment involves a combination of things. Popular treatments include:

• **Behavioral techniques.** With behavioral techniques, people can develop a routine, such as scheduled toileting. This is a common therapy for the elderly, bedridden patients or those with Alzheimer's. During treatment, caregivers prompt patients to go to the bathroom every two hours to four hours. The goal is to keep patients dry.

• **Pelvic muscle exercises.** Kegel or pelvic muscle exercises strengthen the periurethral and perivaginal muscles, which hold urine in the bladder. Therefore, performing Kegels regularly can decrease UI symptoms. It usually takes at least four weeks to six weeks for pelvic muscles to grow stronger. For people over age 65, it may take up to eight weeks to see benefits. Kegels may be more effective when performed in conjunction with vaginal weights, electrical stimulation—which contracts pelvic floor muscles—and biofeedback therapy.

During this treatment, therapists place electrodes over the pelvic floor muscles to send signals to a monitor. You can watch yourself contracting and relaxing these muscles, which teaches you how to do Kegel exercises correctly.

• **Surgery.** The operation depends on the type and cause of incontinence. But more common procedures include: bladder neck suspension or sling operations; periurethral bulking injections (collagen injections around the urethra); and implantation of an artificial urinary sphincter or sacral nerve stimulator.

• **Other options.** If your incontinence can't be completely cured or if you're waiting for treatment, products can help. For instance, products that can manage UI symptoms include catheters, pelvic organ support devices, urethral inserts (plugs), external collection systems, penile compression devices and absorbent pads.

UI can cause unnecessary isolation, anxiety and depression. If you experience incontinence symptoms, talk to a health professional. Clinicians can educate you about treatment options, so you can take control of your bladder and get on with life. *Information adapted from the National Association for Continence. Accessed at <http://www.nafc.org>*