

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or

patient.information@addenbrookes.nhs.uk



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Women's Health Physiotherapy

Patient Information

Advice for patients with incontinence

Document history

Authors	Outpatient Physiotherapy
Department	Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ www.cuh.org.uk
Contact number	01223 245151
Publish/Review date	August 2011/August 2014
File name	Advice_for_patients_with_incomtinance
Version number/Ref	1/PIN0638

Introduction

Many men and women of all ages find that they develop bladder problems. One of the commonest complaints is the need to pass urine frequently and without very much warning, sometimes a leakage of urine will occur (urge incontinence). There are many reasons for this happening and occasionally no cause will actually be found.

Stress incontinence is the involuntary loss of urine during activity, coughing or sneezing. This may be due to hormonal changes occurring in pregnancy, the menopause or problems following childbirth.

What is normal?

The kidneys are continuously filtering blood to produce urine, which is stored in the bladder. The bladder will hold approximately 400-500mls of urine. An urge to pass urine is often felt when the bladder is half full in order to give you time to reach the toilet. For various reasons this message or urge may become blurred and your bladder will contract wanting to empty without warning, leaving little or no time to reach the toilet as the urge is overwhelming.

What can I do to help reduce frequency and urge incontinence?

Deferment techniques – helping your bladder to hang on

- You can contract your pelvic floor muscles to help calm your bladder when the feeling of urgency develops. Pelvic floor exercises are explained later in the leaflet.
- Stop, do not hurry. Rushing to the toilet will aggravate your ability to hold on.

Contacts

Please contact our reception on 01223 216633 to leave a message for your physiotherapist or enquire about an appointment.

This information has been compiled by the physiotherapy team at Addenbrooke's Hospital. You may receive this information during an appointment with a physiotherapist, from your GP or via our website at

www.cuh.org.uk/outpatient-physio

Privacy and dignity

We are committed to treating all patients with privacy and dignity in a safe, clean and comfortable environment. This means that you will be treated in a private room and offered a chaperone.

Further advice

Please be aware that this handout is to be used as a guide. If you find these exercises aggravate your symptoms or are painful, seek advice from your physiotherapist or GP.

- Stand still and concentrate on your pelvic floor muscle contraction.
- Sitting on a firm surface can help to reduce the urge.
- Going up and down on your toes may help.
- Concentrate on something different, for example count backwards or recite a poem.

Bladder retraining

This is the process whereby you retrain your bladder to hold a greater quantity of urine and should result in decreasing the frequency of urination.

- Try and avoid 'just in case' visits to the toilet.
- You should aim to be emptying your bladder every three to four hours. If you are emptying your bladder frequently then you need to use the deferment techniques outlined above, to try and 'hold on' a little longer, gradually increasing the time between visits.
- Please note that you should not hold on for longer than four hours before going to the toilet, as this can lead to the bladder not emptying properly in the long term.

Fluid management

A fluid intake of 1.5 – 2 litres a day (approximately 8-10 mugs) is recommended to maintain tissue health and to keep your kidneys filtering.

Ideally urine should be light straw-coloured. Very strong dark urine may mean it is too concentrated and you should drink more. Alternatively if your urine is pale with no smell then you may be drinking too much. During hot weather, air travel, exercise and sickness you will need to drink more.

If you are tempted to cut down on your fluids to reduce frequency, then your urine will become more concentrated which will also irritate the bladder. You will also be more prone to urinary tract infections and constipation.

Caffeine may be an irritant to your bladder and increase your frequency of visits to the toilet. It is recommended that you gradually reduce your caffeine intake. Caffeine is found in tea, coffee, Ovaltine, high-energy drinks, Lucozade, Coca Cola and Cocoa. Substitute these drinks with water, squash or decaffeinated drinks.

Large volumes of drink at one time and fizzy drinks may cause a frequent and urgent need to go to the toilet. Drinks should be paced throughout the day.

If you need to get up at night to go to the toilet, try to avoid drinking after about 20:30.

Possible irritants to the bladder

- Caffeinated drinks.
- Fizzy drinks.
- Grapefruit juice.
- Alcohol.
- Stronger brands of tea which contain more caffeine and tannins.
- Spicy foods.
- Tomatoes.

N.B. Cranberry juice should be limited to two glasses a day.

How do we work the pelvic floor muscles?

A pelvic floor contraction is performed by closing and drawing up your front and back passages. Start by tightening around the back passage as if you are stopping yourself from passing wind then, at the same time, draw your hammock muscles together and lift, imagining that you are trying to stop yourself from passing urine.

The feeling is one of 'squeeze and lift', without clenching your buttock muscles, excessively pulling in your tummy, squeezing your legs together or holding your breath. You can do this when lying down, sitting or standing.

You need to be able to contract these muscles quickly, to prevent sudden leakage when coughing, sneezing or lifting in order to build control.

Endurance contractions

Perform a pelvic floor contraction at about half of your maximum squeeze. Try and hold this for 3 seconds whilst continuing to breathe. Aim to increase the number of seconds you hold it for up to 10 seconds and repeat the exercise up to a maximum of 10 times.

Quick contractions

Contract your pelvic floor muscles firmly and then let go completely. Rest a second and then repeat. Aim to do 10 in a row. Do not hold your breath.

Repeat the quick and endurance contractions a minimum of three times a day.

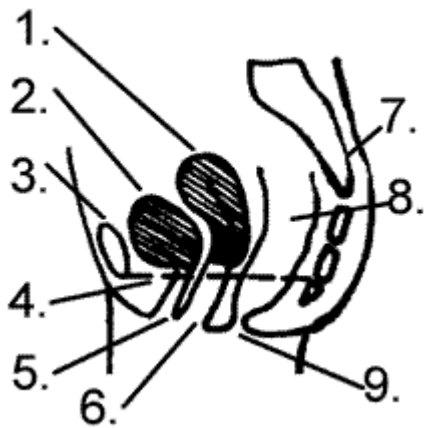
Treatment

You will be assessed by a specialist women's health physiotherapist. You may have a vaginal examination on assessment in order to ascertain how well your pelvic floor muscles are working and therefore be able to prescribe a specific exercise programme to suit your needs.

Treatment for stress incontinence

Pelvic floor exercises

The pelvic floor muscles help to support the bladder and good pelvic floor function will help to promote normal bladder function. Exercising your pelvic floor muscles may help to reduce your symptoms.



©PhysioTools Ltd

Female pelvic organs

1. Womb (uterus)
2. Bladder
3. Pubic bone
4. Pelvic floor
5. Bladder outlet (urethra)
6. Vagina
7. Spine
8. Bowel
9. Anus

The pelvic floor muscles form a hammock underneath the pelvis providing support and control for the bladder and bowel.

Bad habits

- Going to the toilet 'just in case'.
- Straining to empty your bladder.
- Hovering over the toilet seat.

Good tips

- Always wipe from front to back to avoid spreading bacteria.
- Give your bladder time to empty properly. Make sure you have fully emptied by leaning forwards towards the end of emptying. Then wait a few seconds and try again.
- Avoid drinking directly before bed time if you normally have to get up to empty your bladder in the night. If you are thirsty in the night then have a few sips of water.

Drug management for problems with frequency and urgency

A number of drugs can be prescribed by your doctor to help control an over-active bladder. These should only be tried if conservative bladder management has failed. The drugs are called anti-cholinergics or anti-muscurinics. They do have some side effects, including a dry mouth, headaches and some visual problems. Sucking a sweet may help a dry mouth.

Taking a prescribed anti-diuretic or water tablet will cause you to go to the toilet more frequently than normal for a few hours after you have taken it. If this is causing problems then please consult your GP who may be able to review the dose or suggest an alternative medication.

A number of drugs and remedies may contribute to bladder symptoms, please seek advice from your GP or pharmacist.