Good Bladder Control

A Guide for Patients/Families



Are you distressed because of the loss of bladder control, a condition called Urinary Incontinence? This information can help you become educated and confident in the managing urinary incontinence.

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Does your bladder leak urine, even the smallest amount when you cough, sneeze or laugh or you fail to reach the toilet in time and pass urine on the way?

Or

Do you feel an urgent need to pass urine more than about six times a day, and you are only passing a small amount at a time? (It is normal to pass 300 mls - equivalent to one normal sized glass)

Or

Does your urine just dribble away with no force behind it? If your answer to any of these question is yes, then, you must be experiencing urinary incontinence.

What is Urinary Incontinence?

When you are not able to hold your urine until you go to a bathroom, you have what is called urinary incontinence (also called loss of bladder control). As a result, you wet your clothes. This can be embarrassing, but it can be treated. In contrast, bladder control means you urinate only when you want to.

Is This Something That Happens to Females Only?

No, men experience loss of bladder control too. However, women suffer from incontinence twice as often as men do. Both women and men can have trouble with bladder control from neurological injury, birth defects, and physical problems associated with aging.

What Causes This Problem?

Loss of bladder control in women most often happens because of problems with the muscles that help to hold or release urine: the bladder muscle, the sphincter muscles, and the pelvic floor muscles. Incontinence occurs if your bladder muscles suddenly contract (or squeeze) or if the muscles around the urethra suddenly relax.

What are The Different Types of Urinary Incontinence?

There are different types of urinary incontinence

· Stress incontinence -

Leaking small amounts of urine during physical movement (coughing, sneezing, exercising). Stress incontinence is the most common form of incontinence in women. It is treatable.

Urge incontinence -

Leaking large amounts of urine at unexpected times, including during sleep, after drinking a small amount of water, or when you touch water or hear it running (as when washing dishes).

· Mixed incontinence -

A combination of incontinence, most often when stress and urge incontinence occur together.

Transient incontinence -

Leaking urine on a temporary basis due to any medical condition or infection that goes away once the condition or infection is treated.

Do Pregnancy, Childbirth and Menopause Affect Urinary Incontinence?

Yes. During pregnancy, the added weight and pressure of the unborn baby can weaken pelvic floor muscles, which affects your ability to control your bladder. Vaginal delivery and an episiotomy (the cut in the muscle that makes it easier for the baby to come out) can weaken bladder control muscles.

After delivery, the problem of urinary incontinence often goes away by itself. But if you are still having problems six weeks after delivery, talk to your doctor. Some women do not have problems with incontinence until they reach their 40's.

Menopause (when your periods stop completely) can cause bladder control problems for some women as the amount of the female hormone in your body starts decreasing.

How is Urinary Incontinence Treated?

There are a number of ways to treat incontinence. Your health care provider will work with you to figure out which way(s) is best for you. Do not give up or be embarrassed! Remember, many women have incontinence and all types of incontinence can be treated, regardless of age.

Treatment Includes:

1. Pelvic Muscle Exercises:

Stress incontinence can be treated with special exercises, called Kegel

exercises. These exercises help strengthen the muscles that control the bladder. These exercises require no special equipment. They can be done anywhere, any time. Although designed for women, the Kegel exercises can also help men.

2.Kegel exercises

- To locate the right muscles, try stopping or slowing your urine flow without using your stomach, leg or buttock muscles. When you are able to slow or stop the stream of urine, you've located the right muscles;
- Squeeze your muscles. Hold for a count of 10. Relax for a count of 10;
- Do this 20 times, three to four times a day.

You may need to start slower, perhaps squeezing and relaxing your muscles for four seconds each and doing this 10 times, three to four times a day. Work your way up from there.

Remember To Do These Exercises:

- Each time you finish going to the toilet;
- Each time you put the kettle on;
- Each time you answer the phone;
- Driving in the car when you stop for a red light;
- · Watching television;
- When you sit down for a meal.

To prevent little leaks – pull up your pelvic floor every time you are about to:

Laugh; cough; sneeze; exercise; lift or push.

3. Timed Voiding or Bladder Training:

Some people with urge-incontinence can learn to lengthen the time between urges to go to the bathroom.

 You start by urinating at set intervals, such as every 30 minutes to two hours whether you feel the need to go or not;

- Then gradually lengthen the time between when you urinate say by 30 minutes until you're urinating every three to four hours;
- You can practice relaxation techniques when you feel the urge to urinate before your time is up. Breathe slowly and deeply. Think about your breathing until the urge goes away;
- After the urge passes, wait five minutes and then go to the bathroom even if you do not feel like you need to go. If you do not go, you might not be able to control your next urge. When it has become easy to wait five minutes after an urge, begin waiting 10 minutes. Bladder training may take 3 to 12 weeks. Every time you successfully put off the urge to go, you make it easier for yourself the next time. The mind plays a big part in bladder control. When you can easily hold on for the length of time you decided was right for you, it is time to extend the holding on. You might decide to extend your hold by one more minute or 20 it is entirely up to you. Keep challenging yourself to do a little better.

4. Weight Loss:

Extra weight can cause bladder control problems. If you are overweight, talk with your doctor or a nutritionist about a diet and exercise program to

help you lose weight.

5. Dietary Changes:

Certain foods and drinks can cause incontinence, such as caffeine (in coffee, soda, chocolate), soft drink, tea, and alcohol. You can often reduce incontinence by restricting these liquids in your diet.

What Else Can I Do to Develop Good Bladder Habits?

- Restrict your drink to at least 1500 ml (6 8 glasses) of fluid each day;
- Exercise your pelvic floor muscles regularly as mentioned earlier;
- It is normal to pass urine 4 6 times a day and once at night. Going
 more often than this means that you might already have a bad bladder
 habit. You should regularly hold at least 300 mls in your bladder. (A
 drinking cup holds 250 mls.);
- Each time you pass urine, make sure that you empty your bladder completely. This is especially important if you have a tendency to get infections in the urine (cystitis). Relax give yourself plenty of time to finish;

- Keep you bowels regular. Avoid constipation as it cause real strain on your pelvic floor muscles and a full bowel can cause pressure on the bladder. (Do not strain when using your bowels, because it can damage the pelvic floor muscles);
- If you drink alcohol, it is difficult for the brain to co-ordinate bladder control. Drinking alcohol also produces more fluid for your bladder to hold;
- Get rid of that cough! If you suffer from asthma, ask your doctor how to keep it well under control. If you smoke, giving up will help your bladder control;
- Keep your weight down. If you are overweight, it means your pelvic floor muscles have extra load to carry;
- Never go to the toilets just in case. Do not teach your children to empty
 their bladders just in case. The only time you should empty your bladder
 before it is really full, is just before bedtime.

Be sure to talk to your doctor if you have these problems:

- · If you get out of bed to pass urine more than once each night;
- If eel pain or burning or stinging as you pass urine, or pass cloudy
 ielly urine. These signs suggest an infection;
- If you see blood in your urine;
- If you need to strain to start your flow of urine. Any difficulty getting your stream started or a stream that stops and starts instead of flowing out
 smoothly.

Remember! If you hide your incontinence, you risk getting rashes, sores, skin and urinary tract infections. Also, you may find yourself avoiding friends and family because of fear and embarrassment.



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