

A Healthy Bladder

and what to do if
things go wrong

hbc
healthybladdercampaign



*In*contact

www.incontact.org



Introduction

A healthy bladder is important to all of us - it lets us get on with our lives. But 6 million people in the UK have some problem with their bladders. Almost half of us will have some bother 'down below' during our lifetimes.

Despite being so common, bladder difficulties are often hidden. People don't like to talk about that sort of thing. As a result, many do not get the help they need - they suffer in silence.

The *Healthy Bladder Campaign* aims to change all that. We want to let people know how common these problems are and what can be done to help. Help and treatment is available from doctors, nurses and physiotherapists. And there are plenty of products and devices to help people get on with their lives.

The *Healthy Bladder Campaign* is supported by

Age Concern England

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Association for Continence Advice

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Urostomy Association

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You think you are the only one with a problem and try and convince yourself that you can cope.



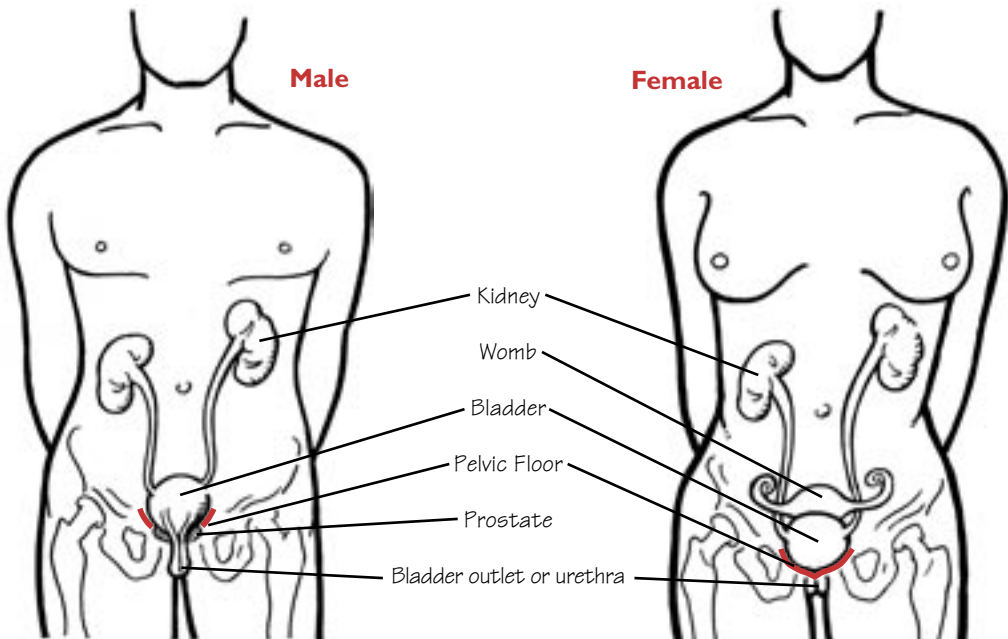
How the bladder works

Urine is collected and stored in the bladder. The bladder is a muscle, shaped like a balloon. In between visits to the loo the bladder relaxes and fills up. When you go to the loo the bladder squeezes and the pelvic floor muscles relax - urine comes out through a tube called the urethra.

There are two other muscles, which keep the bladder healthy and prevent any leaks:

The **pelvic floor** is made of layers of muscles which provide support and hold the bladder in place. Both men and women have a pelvic floor.

The **sphincter** is a circular muscle that goes around the urethra. The sphincter muscle is normally tight - this seals the urethra so there are no leaks. When you go to the toilet, the sphincter muscle relaxes so urine can come out.



What can go wrong with the bladder?

There are many reasons why a bladder may leak or be hard to control.

Problems with the pelvic floor and sphincter

Some people leak when they cough, sneeze or laugh. This is called **stress incontinence**. This usually happens because the muscles in the pelvic floor or sphincter are weak or damaged.

In women, these muscles can be weakened during pregnancy by the extra weight and natural hormonal changes. Childbirth can cause more problems, possibly if the second stage of labour is long, the baby is large, or if forceps are used.

Many women have some leakage of urine during pregnancy but most bladder problems get better after delivery. Pelvic floor exercises (see page 10) can help with these problems, and can be done before, during and after pregnancy. Problems that do not go away can be helped by a variety of treatments - these should be discussed with a doctor, continence specialist nurse or physiotherapist.

Some women develop stress incontinence after the menopause. Even before the menopause, some women may notice that stress incontinence becomes worse before a period. Occasionally, stress incontinence occurs after having a hysterectomy and some operations on the bladder.

People who have had constipation for a long time, or a bad cough, may also be prone to stress incontinence, as can men after a prostate operation.

Overactive bladder

Many common problems are caused by an overactive bladder:

- A sudden urge to go to the loo (called **urgency**)
- Some people may not get there in time so they have an accident (called **urge incontinence**)
- Needing to go very often - more than 8 times a day (called **frequency**)
- Getting up during the night (called **nocturia**)
- Wetting the bed (called **nocturnal enuresis**)

These problems are caused when the bladder muscle squeezes - even when you want to hold on. This is sometimes called an overactive, irritable or unstable bladder.

The cause of an overactive bladder is often not known. It can sometimes be caused by an infection in the bladder. People who have had diabetes or a stroke may also be affected. An overactive bladder can cause even more problems for people who cannot get to a toilet quickly.

There are several ways to improve an overactive bladder. Bladder retraining, healthy drinking habits, pelvic floor exercises and electrical stimulation may all help: see pages 9-12 for more information. There are medicines that can help too, but these can have side effects like making the mouth dry and causing constipation.



Many people are unaware of bladder problems and the difficulties they can cause.



Problems in emptying

Sometimes people dribble urine all the time, even without noticing it. Their bladder feels full all the time, and they may need to strain to pass urine. This is called **overflow incontinence**. It can be caused by a problem in emptying the bladder. Some people with overflow incontinence need to go to the loo very often.

It is not unusual to have stress incontinence and urgency at the same time - this is called 'mixed symptoms'.

Other causes of bladder problems

There are other reasons why some people have problems with their bladder.

- Infection
- Constipation
- Some medicines
- Not drinking enough fluid
- Drinking too much caffeine in drinks like tea, coffee, cola
- Drinking too much alcohol

Keeping a healthy bladder - preventing problems

Keep a healthy fluid intake - drink the right amount and the right types

See page 9 for more details.

Avoid getting constipated - eat a healthy diet

When the bowel does not empty it swells up and pushes on the bladder.

Practice pelvic floor exercises every day

These can help prevent all sorts of bladder problems -
See page 10.

Try to keep your weight down

Being overweight can put extra pressure on the bladder.

What can be done to treat bladder problems?

Everyone with a bladder problem can be helped. Many people can be completely cured.

The first thing is to talk to your doctor or nurse. You may prefer to talk to a specialist nurse called a continence advisor or continence nurse specialist, or a specialist physiotherapist. You can get their phone number from *Incontact* - see the back page for our contact details. This is especially important if you have bladder pain or pass any blood or bloodstained urine - seek urgent medical advice.

The doctor or nurse will ask you questions to find out what is causing your problems. Perhaps he/she will want you to have some special tests too, or refer you to see a specialist doctor like a urologist or gynaecologist.

The doctor or nurse may ask:

- How often do you go to the loo?
- How often do you leak or have an accident?
- When do you leak or have accidents?
- What medicines do you take?
- What do you normally eat and drink?
- Is it painful or uncomfortable when you go to the loo?
- How often do you get up at night?

Here are some tests that your doctor or nurse may recommend. Ask him or her to explain what any test involves and how it can help.

Urinalysis - this test needs a sample of urine to find out if there is any infection, or any blood in your urine.

Residual urine - this is to find out if there is any urine left in your bladder after you have gone to the loo. The doctor or nurse can check this by using an ultrasound machine to scan your bladder. Alternatively, the doctor or nurse can insert a catheter into the bladder through the urethra. This can be a little uncomfortable.

Internal investigations - the doctor or nurse puts their fingers inside the vagina (for women) or back passage (for men). They will then ask you to try and squeeze their fingers with your pelvic floor muscles. This will show how strong the pelvic floor muscles are. For men this can detect if the prostate gland is enlarged as well.

Urodynamics - this test can help find out the cause of bladder problems. It involves putting a catheter into the bladder through the urethra, and another into the rectum through the anus. This can be uncomfortable and is only carried out in special hospital units.

Once you know what is causing your problem, you will be able to discuss possible treatments with your doctor or nurse. They will explain what the problem is and how the different treatments can help. They will explain any side effects too – these are extra problems that can be caused by the treatment. Together you can decide which treatment is the most suitable.

The following pages give some information on treatments you may be offered, as well as ways of helping yourself.

Healthy drinking habits

It is important to drink enough each day. Try to drink at least 1½-2 litres of fluid each day. If you drink less than this, then increase the amount you drink gradually.

Some people find that drinks containing caffeine, or fizzy drinks seem to make their problem worse - cutting these down may be helpful. Alcoholic drinks can irritate the bladder too. Drink plain water, fruit juice, fruit or herbal tea and cordials. If you pay attention to what you drink you will notice which drinks cause problems.

Drinking one or two glasses of cranberry juice every day can help people who often get urine infections - although diabetics should check with their doctor first. The acid in fruit juices can make problems worse for some people - check with your doctor or continence advisor if you are unsure.

Do not cut down the amount you drink - this makes your urine even more concentrated and can make bladder problems worse.



Pelvic floor exercises

These exercises can help strengthen the muscles in the pelvic floor, giving you more control over your bladder. It is important to learn to do the exercises in the right way. Talk to a continence advisor or specialist physiotherapist to make sure you are doing them correctly.

Imagine that you are trying to stop yourself passing wind. To do this you must squeeze the muscle around the back passage. You should be able to feel the muscle move. This is the back part of the pelvic floor. Now imagine that you are about to pass urine - picture yourself trying to stop the stream of urine. This is the front part of the pelvic floor.

Here is how to exercise your pelvic floor muscles. Slowly tighten and pull up the pelvic floor muscles as hard as you can - this is a slow pull-up. Count how many seconds you can hold on for, and then relax. Repeat as many times as you can.

Now pull the muscles up quickly and tightly, then relax immediately - these are fast pull-ups. Count how many times you can do this without resting.

You need to practice pelvic floor exercises regularly to make them stronger. Do these two exercises - slow and fast - at least six times every day. Each time you do slow pull-ups, try and hold on a little longer. Try and do more fast pull-ups each time too. Exercising these muscles is like any other kind of exercise - the more you do, the stronger they get.

Try and get into the habit of doing your exercises with

things you do regularly - every time you touch water, every time you answer the phone, when you are waiting for the bus...whatever you do often.

You may not notice any improvement for several weeks, so it is important that you keep practising. If these exercises do not help then see a doctor, nurse or physiotherapist for more help and advice.

Electrical stimulation

Some people can be helped by electrical stimulation of the pelvic floor. Both men and women can try this treatment. A probe is placed in the vagina (for women) or back passage (for men). The probe carries an electrical current, which can help to exercise and strengthen the pelvic floor muscles. This is very useful for people who find it hard to do pelvic floor exercises in the normal way. Electrical stimulation can also help improve the overactive bladder and reduce urgency and frequency.

This treatment is normally carried out under the supervision of a continence advisor or specialist physiotherapist - although machines are available for you to treat yourself at home. To find out more about this treatment, you should talk to a continence advisor or specialist physiotherapist.

Bladder retraining

Many people with urgency will get into the habit of going to the toilet too often - trying to make sure they are never 'caught short'. This can make the problem of urgency even worse. The bladder gets used to holding less urine, so it becomes even more sensitive or overactive.

Bladder retraining can help improve or even cure an overactive bladder. This is a method that helps the bladder hold more urine and become less overactive. Bladder retraining takes time and determination. A cure does not happen overnight, but it can be very successful.

Keep a diary or record of how often you pass urine for at least three days. (See page 13 for a chart to record your bladder habits.) Now gradually increase the time in between visits to the toilet. For example, if you normally go to the loo every hour, try and hold on a little bit longer.

When you get the urge to pass water, hold on for a bit - just a minute or two to start with. Try to hold on a little bit longer each time you feel the urge to go. The urge often stops if you hold on when you feel the first urge to go. Try not to think about going to the toilet - distract yourself by doing something. Sitting on the edge of a hard chair may help too.

Bladder retraining slowly stretches the bladder muscle. As it becomes used to holding more urine, the problems of overactive bladder and urgency are reduced. Some people find bladder retraining easy and can do it quickly. Others find it harder and it can take longer. Often it gets easier to overcome the urge to pass water.

Keeping a chart or record throughout training will help you to see the progress you are making. Bladder retraining like this can help to control **urgency** (rushing to pass water) as well as **frequency** (going very often).

It is important to drink enough liquid for bladder retraining to work - see the section about healthy drinking habits on page 9. Anti-cholinergic drugs can help reduce the urge to go when you are doing bladder retraining - ask your doctor or nurse about these.

Medicine

There are drugs which can help improve an overactive bladder - these can help people with daytime urgency as well as the problem of getting up several times during the night. There are also medications for men with prostate conditions. All drugs can have side effects - if these become troublesome you should go back to see the doctor.

There is a medication available for treating women with a moderate to severe stress incontinence, along with pelvic floor exercises. Ask your doctor or continence advisor for more information.

Surgery

Some problems can be helped or cured by surgery, but all operations have potential side effects. Your doctor will discuss with you what any operation involves, and what the likely outcomes are. Always ask if you are unsure about anything. *Incontact* can provide you with information on the different operations you may be offered, and useful questions to ask the surgeon.

Managing bladder problems

Some people cannot be completely cured of a bladder problem. Others may need extra help while they are waiting for treatment. For these people, special products are available to help with these conditions.

Pads and pants

Specially designed pads and pants can absorb leaks from the bladder. Some are disposable, others can be washed and re-used. You may be able to get free pads from your local health authority - otherwise there are many varieties available for sale in shops or by mail order. *Incontact* has an information sheet listing all the different brands available.

Other products

A big problem for people with an overactive bladder is finding a toilet in time. Commodes, bedpans and portable urinals can help. Many portable urinals are discrete and easy to use - some are disposable, others can be cleaned and reused. *Incontact* has an information sheet about these products.

Sheaths and leg bags may be useful for men who don't want to use pads. A sheath fits over the penis and urine passes through a tube into a special bag, usually strapped to the leg. A penile clamp is also available which may help some men who leak urine.

All of these devices should initially be fitted by a health professional.

Sleeping well

For many people, bladder problems can lead to a bad night's sleep. There are several treatments which may help people who get up many times during the night (**nocturia**) or wet the bed (**nocturnal enuresis**). Special alarms and medicines are available, as well as bed pads and protective sheets.

People with these conditions need to be careful about drinking too much before bedtime. It may be a good idea to keep a portable urinal or potty close to the bed - using this may disturb you less than walking to the toilet.

Glossary

Bladder retraining: a method that helps train the bladder to hold more urine and become less sensitive.

Catheter: a hollow tube inserted into the urethra that is used to drain urine from the bladder.

Continence advisor/continence nurse specialist: a nurse that specialises in all aspects of bladder and bowel problems.

Electrical stimulation: a probe carrying an electric current is placed in the vagina or back passage to help exercise and strengthen the pelvic floor muscles.

Frequency: needing to go to the toilet very often, usually more than 7 times a day.

Incontinence: any small or large leak of the bladder.

Nocturia: having to get up several times during the night to go to the toilet. See *Incontact's* leaflet *Troubled Nights*.

Nocturnal enuresis: wetting the bed. See *Incontact's* leaflet *Troubled Nights*.

Overflow incontinence: the bladder permanently feels full, resulting in the constant leaking of urine.

Pads and pants: absorbent pads and pants that help to soak up leaks from the bladder.

Pelvic floor: layers of muscles which support the bladder and help prevent leaks.

Pelvic floor exercises: exercises to help strengthen the pelvic floor muscles.

Penile clamp: a removable clamp placed on the penis to prevent urine leakage.

Prostate: a gland that sits around the urethra in men.

Residual urine: the amount of urine left in the bladder after you have gone to the toilet. A test can be conducted by a doctor or nurse to check the amount of residual urine by using an ultrasound machine or inserting a catheter

Sheaths and leg bags: a sheath fits over the penis and urine passes through a tube into a bag that is usually strapped to the leg.

Sphincter: a circular muscle that goes around the urethra.

Stress incontinence: the leakage of urine when you cough, sneeze or laugh. See *Incontact's* leaflet *Leaking Urine*.

Urethra: the tube that carries urine out of the bladder.

Urge incontinence: caused by a sudden urge to empty the bladder and being unable to reach a toilet in time.

Urgency: a sudden urge to go to the toilet. See *Incontact's* leaflet *Just Can't Wait*.

Urologist: specialists in the field of bladder problems, prostate problems and male sexual organs.

About *Incontact*

Incontact provides free information and support for people with bladder and bowel problems. We have local groups around the country - please contact us to find out where your nearest group is. There is also a website where you can find more information and contact other people with similar problems - www.incontact.org

Booklets

Leaking Urine - all about stress urinary incontinence

Just Can't Wait - help for people who have to rush to the loo

Troubled Nights - help for people who wet the bed

Healthy Bowels - and what to do if things go wrong

Travelling with Confidence - coping with a bladder or bowel problem when travelling

Product information sheets

- **Penile sheaths**
- **Penile clamps**
- **Body-worn urinals**
- **Hand-held urinals**
- **Bed and chair protection**
- **Catheters for intermittent use**
- **Catheter valves**
- **Mail order catalogues**
- **Drainage bags**
- **Disposable pads**
- **Washable pads**
- **Skin care and hygiene**
- **Suprapubic catheters**
- **Surgery for stress incontinence**
- **Surgery for Urge incontinence**
- **Indwelling catheters**
- **Indwelling catheter accessories**
- **Medication for urinary incontinence**
- **Urodynamics**

Incontact magazine

The *Incontact* magazine contains news, readers' views, letters and pen-pals.

Incontact is a registered charity and gratefully receives donations - these help us do more to help the millions of people in the UK living with these conditions. Cheques can be made out to '*Incontact*' - or get in touch with us to find out more about making a Gift Aid donation or leaving a legacy to help our work.

Who can I contact for more information?

Incontact provides information and support for people affected by bladder and bowel problems. Our address is United House North Road London N7 9DP.

Phone: 0870 770 3246

E-mail: info@incontact.org. Website: www.incontact.org

ERIC provides information on bladder and bowel problems for children, young people and their parents. Their address is 34 Old School House Britannia Road Kingswood Bristol BS15 8DB. Phone 0117 960 3060. Website: www.eric.org.uk

Cystitis and Overactive Bladder Foundation

76 High Street, Stoney Stratford, Buckinghamshire, MK11 1AH

Phone 01908 569169. E-mail info@cobfoundation.org.

Website www.cobfoundation.org.

PromoCon offers advice and information on products that can help manage bladder and bowel problems.

Their address is Redbank House St Chad's Street Manchester M8 8QA. Phone 0161 834 2001.

Website: www.promocon2001.co.uk

Prostate Help Association provides information and advice on prostate conditions. Their address is Langworth, Lincoln LN3 5DF.

Website: www.pha.u-net.com

RADAR has information about keys for disabled toilet facilities, as well as information about holiday accommodation for people with continence problems. Their address is 12 City Forum 250 City Road London EC1V 8AF. Phone 020 7250 3222.

Website: www.radar.org.uk

The Continence Foundation produces a range of leaflets on various topics. Their address is 307 Hatton Square 16 Baldwins Gardens London EC1N 7RJ.

Phone 0845 345 0165.

Website: www.continence-foundation.org.uk

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