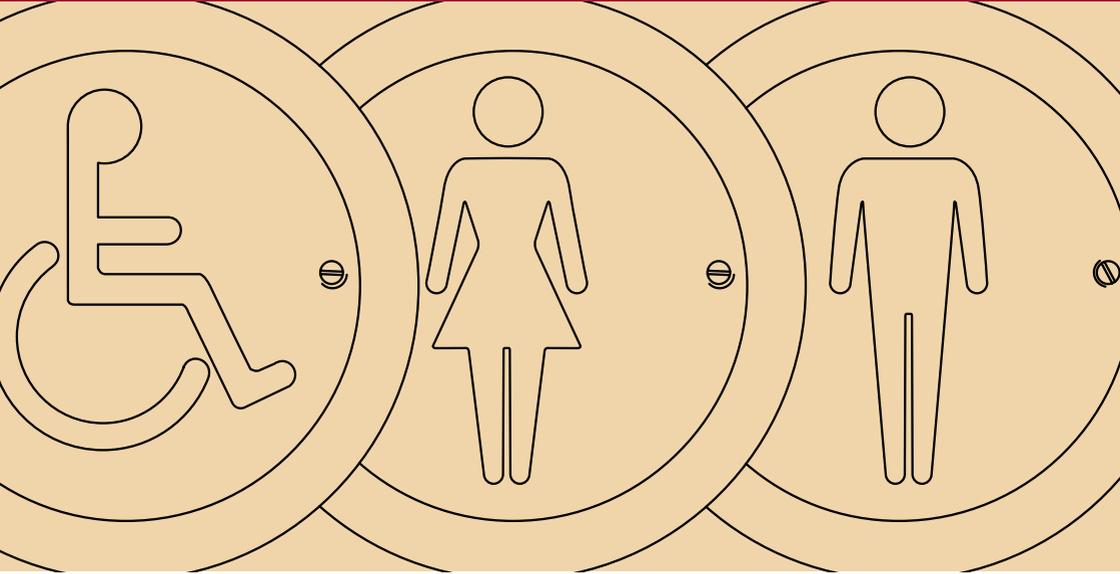


Bladder and Bowel Weakness



Managing Incontinence

Advice for older people

Endorsed by



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Leaflets are free of charge and available from the Information Resources Team at the address on the back page, email adviceleaflets@helptheaged.org.uk or fax 0870 770 3282.

Bladder and Bowel Weakness was written by Professor John Brocklehurst CBE MD FRCP and Christine Norton MA RGN, and is endorsed by Continence Foundation. This edition was updated with the help of Continence Foundation.

If you would like this leaflet in another format, such as large print or audio tape, please contact the Information Resources Team on **020 7278 1114**.

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If you have accidental leakage of urine or bowel motion, this leaflet may help you to understand why, and give you some ideas on how to tackle the problem. These conditions are called ‘incontinence’ and affect more than six million people in the United Kingdom today. Many people don’t talk about their problem or seek any help, because they are embarrassed or think that nothing can be done. This is not generally true.

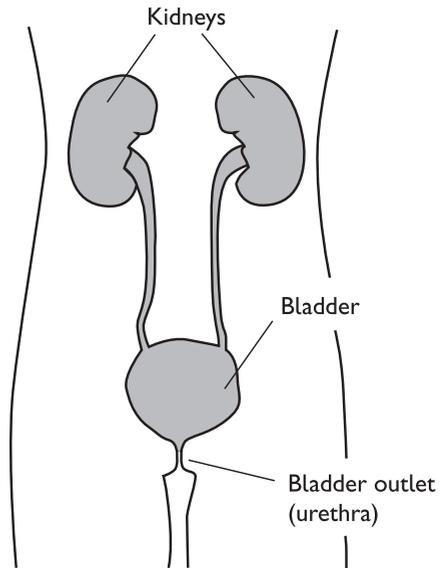
In many cases incontinence can be improved, and it can often be cured. Even when the problem does not clear up completely, there are many ways of managing incontinence so that it does not interfere with your everyday life.

How the bladder works

The bladder is a balloon-shaped bag, surrounded by muscle in the lower part of your body. Urine is made in the kidneys and stored in the bladder until you are ready to pass water. When you go to the toilet the bladder contracts, the bladder outlet (the urethra) relaxes, and urine empties out. Your brain controls your bladder, sending messages telling it when to hold on and when to empty.

A normal bladder:

- empties four to seven times each day (every three to four hours)



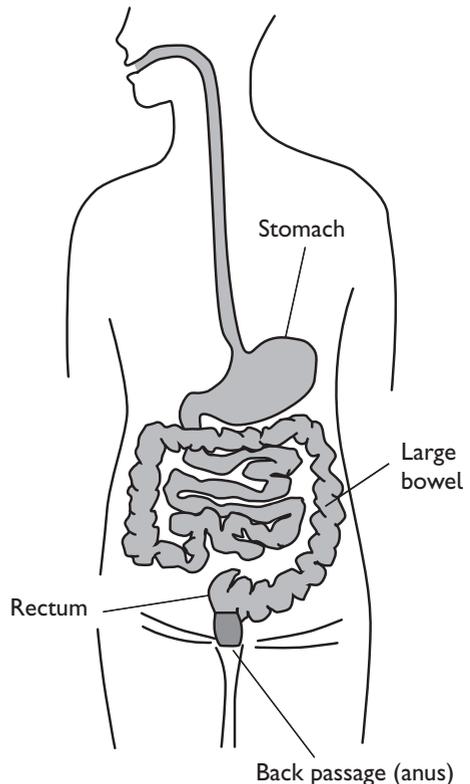
- can hold up to three-quarters of a pint of urine, but usually feels quite full at about half this amount
- may wake you up once or twice at night to pass water
- tells you when it is full but gives you enough time to find a toilet
- empties completely each time you pass urine
- does not leak urine.

How the bowel works

The bowel takes the nourishment the body needs from food and gets rid of the waste it can't use. This waste travels along the large bowel where it is formed into bowel motions (faeces). When a bowel motion arrives in the rectum it creates a feeling of fullness. When you go to the toilet, the rectum squeezes the bowel motion out through the back passage, or anus.

Normal bowel motions:

- are soft and easy to pass
- may come several times a day, or only once every two to three days (either can be normal)
- don't need you to strain.



What causes urine incontinence?

There are many different types of incontinence – these are the most common:

Stress incontinence means leakage of urine when you cough, sneeze or exercise – even gentle exercise like walking can cause leakage if you have stress incontinence. It is most usual in women and is caused by a weak bladder outlet and pelvic floor muscles.

In women the bladder outlet is very close to the vagina. The pelvic floor muscles, which support the bladder outlet, can be stretched and weakened during childbirth. After the menopause the body stops producing the hormones which help keep the vagina and bladder outlet healthy. Being overweight can put added strain on the muscles.

Men may develop stress incontinence after a prostate operation.

Urge incontinence means having a sudden urgent need to pass urine, but not being able to reach the toilet in time. You may also need to pass urine more often than usual (this is known as ‘frequency’) and you may be woken several times at night.

Urge incontinence is often caused by an overactive or ‘unstable’ bladder. Many people find that the bladder becomes more unpredictable, gives less warning and needs emptying more often as they get older. This is normal, until it becomes a problem or starts to cause incontinence. Then is the time to seek help.

The cause of an overactive bladder is often unknown. Sometimes it happens following a stroke or other disease of the nervous system, when the brain is no longer able to tell the bladder to ‘hold on’ until you get to a toilet.

Overflow incontinence happens when the bladder does not empty completely. Urine builds up and in the end may overflow,

often as a frequent dribbling leakage. The bladder may not empty completely for a number of reasons.

- There may be an obstruction, such as an enlarged prostate gland in men.
- Severe constipation may block the bladder outlet.
- Diabetes may affect the ability of the bladder to squeeze effectively.
- Conditions such as multiple sclerosis, stroke or Parkinson's disease may make the bladder less efficient at emptying.
- It may be a problem related to ageing.

If you have overflow incontinence you may have difficulty starting to pass urine and feel that your bladder does not empty completely. The stream may be slower than before.

Practical difficulties can also lead to incontinence. For example, if you have walking difficulties you may find it difficult to reach the toilet in time. If your fingers are stiff it can be tricky to get clothes out of the way. Some people find it difficult or uncomfortable to get on and off a low toilet. A shortage of public toilets can also lead to problems when you're out. If there is also an urgent need to pass urine, incontinence may result from any of these problems.

Other problems may make incontinence worse.

- A urine infection may cause pain or a burning feeling, with smelly urine and a frequent need to pass water.
- Constipation irritates the bladder.
- Some medicines disturb the bladder. For example, water tablets (diuretics) make it fill more often.

- **Not** drinking enough makes urine very strong and concentrated. The bladder then becomes used to holding very little.
- Some drinks upset the bladder. Fizzy drinks and alcoholic drinks can cause problems, and so can drinks containing caffeine such as tea, coffee, chocolate drinks and cola.
- Drinking too much fluid causes a problem for some people.

What causes bowel incontinence?

Constipation is the most usual cause of bowel leakage. Hard bowel motions become difficult to pass. Small pieces may be passed without warning, or liquid mucus may be lost. This looks like diarrhoea, but it isn't. Constipation may be caused by:

- not eating enough fibre (that is roughage, found in wholemeal bread and cereal, fruit and vegetables);
- not drinking enough (you should drink at least six to eight cups a day);
- not moving around enough;
- some medicines (such as some painkillers);
- not being able to get to a toilet or putting off going (in the end the feeling that you need to empty your bowel goes away); or
- some nerve and bowel diseases.

Diarrhoea causes frequent, urgent bowel motions. If you can't find a toilet in time you could have an accident. Diarrhoea has many possible causes including the overuse of laxatives, an upset stomach, an irritable bowel or other bowel diseases.

Bowel incontinence can also be caused by muscle weakness (for example after childbirth) and nerve diseases. **Bowel**

incontinence, any change in bowel habits and any bleeding should always be reported to your doctor.

What can I do to help myself?

- Try to drink normally. Cutting down on liquids will make things worse, not better. Try to drink at least six to eight cups of liquid each day.
- Try cutting down on caffeine (tea and coffee); use brands without caffeine or drink water or soft drinks.
- Try to avoid constipation by eating plenty of fibre.
- Try to keep as active and mobile as you can. If you find walking painful, a visit to the chiropodist may help. For more information see our free advice leaflets *Keeping Mobile* and *Fitter Feet*.

Stress incontinence

The best treatment for stress incontinence is **pelvic floor exercises**. Losing weight may also help control stress incontinence, and if you smoke, try to stop – coughing may make you leak more often.

Urge incontinence

The best treatment for urge incontinence is **bladder training**. Also, make sure the toilet is easy to get to and that clothes are easy to remove.

Overflow incontinence

This is not an easy problem to deal with yourself. Try not to spend long periods straining at the toilet. See ‘Who can help?’ on pages 12–13 for information about the professional help available.

Pelvic floor exercises for women and men

Pelvic floor exercises should help you if you leak urine, or bowel motion, when you cough or sneeze. They may also help you to control other types of incontinence.

First of all you need to find your pelvic floor muscles. Imagine you are trying to stop passing wind and urine at the same time. Tighten the muscles around your back passage, and then your front passage, and lift them up inside you. When you do this you are tightening your pelvic floor muscles.

It's very easy to use other muscles as well, so to be sure you are using only the right ones:

- don't pull in your stomach
- don't squeeze your legs together
- don't tighten your buttocks
- don't hold your breath.

There are two exercises to learn – the slow pelvic floor exercises and the quick pelvic floor exercises.

Exercise 1 The Slow Exercises

Tighten the pelvic floor for as long and as hard as you can. Build up to a maximum of 10 seconds. Rest for four seconds and then repeat the contraction as many times as you can up to a maximum of 10 times.

Exercise 2 The Quick Exercises

These exercises work the muscles quickly to help them react to sudden stresses like coughing, laughing or exercise. Draw in the pelvic floor and hold it for just one second before letting go. Repeat this quick contraction up to 10 times.

Aim to do one set of Exercise 1 followed by one set of Exercise 2 **six times** each day. You need to do both. You can do the exercises in any position: lying down, sitting or standing – no one will be able to tell you are doing them.

Also, try to tighten your pelvic floor before you do anything that might make you leak – things like getting up from a chair, coughing, sneezing or lifting. It takes practice to work the muscles quickly like this, so persevere.

Bladder training

Bladder training helps to control urge incontinence.

Keep a record of how often you pass urine or get wet for two to three days. Look at the pattern and then attempt to hold on, gradually extending the time interval between visits to the toilet. For example, if you are passing urine every two hours, try to wait at least two and a half hours. If you go ten times a day, aim for nine times the next day.

Once you feel the urge to go, wait one minute, then five, then ten minutes. Tightening the pelvic floor muscles will help you to 'hang on'.

Bladder training helps you to regain confidence in your bladder. It may take weeks or months to overcome the urge to pass urine, but it will get easier, until one day you realise that you have forgotten all about toilets for several hours.

Eventually, you will pass urine only every three to five hours (five to seven times each day) and be able to wait until it is convenient for you. Keep a record of your progress so that you can see that things are improving. This may be slow at first, but if you are determined, you have a good chance of success.

Bladder training should help you to control urgency (rushing to pass urine) and frequency (going very often). It is not always easy and you need to be determined to make it work – so don't give up.

Who can help?

Self-help is very useful, **but don't struggle with incontinence by yourself for too long; professional help is available.** Incontinence can be improved, and often cured, with the right advice and treatment, so don't hesitate to take the first steps towards getting the help you need.

You may wish to talk to your **doctor** first. They will talk to you about incontinence and possibly examine you. Some treatments are carried out by your doctor, while others need referral to a specialist.

The **continence advisor** is a specialist nurse. In most areas you can refer yourself directly to a continence clinic for assessment and advice about treatment. Ask your doctor where your nearest clinic is, or call Continence Foundation's helpline – see page 19. The continence advisor may help with bladder training or pelvic floor exercises.

Your doctor may arrange for a **district nurse** to visit you at home to talk about your incontinence. If your problems are severe enough, you could get free pads on the NHS. The district nurse usually arranges supplies of these (though in some cases the continence advisor will organise this).

A **hospital specialist**, such as an urologist, gynaecologist or geriatrician, may carry out bladder tests (known as 'urodynamics') and specialist treatments.

A **physiotherapist** can teach you pelvic floor exercises and help to improve your mobility. An **occupational therapist** can advise on aids and equipment that will help you use the toilet.

What will a professional need to know?

You may be asked some of these questions. You may also be asked for a urine sample, or your bladder may be tested.

- When did incontinence start?
- How often does leakage happen?
- How much is lost?
- How are you dealing with it?
- Can you feel when the bladder and bowel are full?
- How often do you use the toilet?

Treatments for incontinence

Stress incontinence

- A physiotherapist can help you with pelvic floor exercises. Sometimes mild electrical stimulation is also used.
- There is a medicine available for stress incontinence; it is intended for women with a moderate to severe problem, and works best when used with pelvic floor exercises. Ask your doctor for more details.
- If leakage is severe, or there is a prolapse, an operation may be suggested. You will never **have** to choose this, but for many people it does provide a cure.

Urge incontinence

- Medicines are available to help calm down an overactive bladder. These work best if you also use bladder training.

Overflow incontinence

- Sometimes it is possible to remove an obstruction (prostate gland or constipation).
- You may be taught to empty your bladder completely by using a small plastic tube two or three times a day. This is known as 'intermittent catheterisation'. Occasionally a permanent tube (catheter) is the best solution to this problem. If you are allergic to latex or rubber, make sure you tell your continence adviser, doctor or district nurse.

Constipation

- In addition to the self-help described on page 9, your doctor may prescribe medicines to help. Sometimes suppositories or an enema are needed to clear severe constipation.
- Don't use medicines you have bought yourself for long periods. See your doctor if constipation persists.

Making life easier

Improving the toilet

Problems using the toilet can make your incontinence worse. However, there are often things you can do to improve matters. For example, special rails positioned around the toilet may make it easier to get on and off the toilet. These 'grab rails' can be free-standing or mounted on the wall.

Similarly, adding a raised seat to the toilet may make it easier to sit down if you have stiff hips. If you have difficulty getting about, a walking aid or stair lift may help you to get to the toilet in time.

Alternatives to the toilet

There are alternatives if you can't reach the toilet easily.

Commodes come in a variety of designs. Many have a lid and look like an ordinary chair when not in use. You can get **hand-held urinals**, for men and women, which can be used in bed or sitting in a chair. You can get advice on equipment such as this from your district nurse or continence advisor, or contact the Disabled Living Foundation – see page 19. PromoCon can also provide advice on continence services and products – its helpline is 0161 834 2001.

Clothing

Clothes can get in the way when you use the toilet. Many **women** find that stockings are easier to manage than tights, and that full skirts are easier to get out of the way than tight ones. The more layers of clothes you wear, the longer it takes to remove them when you go to the toilet.

Men may find loose boxer shorts easier to manage than Y-fronts. An extra tab on a zip may make it easier to open trousers in a hurry, or, if you can't manage a zip, velcro can be used for flies.

Incontinence in a care home or hospital

Many people who live in a care home or hospital become incontinent. This should never be accepted as inevitable. Exactly the same causes and treatments apply as for anyone else. It is important to talk about incontinence problems with the head of the home. The doctor or continence advisor may be asked to visit and advise.

If you are in a care home you should **not** have to pay for incontinence products if you need them. If you are asked to pay for pads yourself, get advice from **SeniorLine** on **0808 800 6565** (**0808 808 7575** if you are in Northern Ireland).

Helping a confused incontinent person

Someone who is confused may forget to visit the toilet, so regular gentle reminders might be needed. If the person forgets where the toilet is, a notice or picture on the door might help. A regular routine, which includes visits to the toilet, can help.

Try to find a pattern to incontinence, and take the person to the toilet when you think they are likely to need to go. The Alzheimer's Society can offer further advice on helping someone who is confused.

Managing incontinence

Incontinence does not always respond completely to treatment. A good incontinence product will deal with the problem and let you carry on with a normal life. There are also services to help you to deal with the practical problems of incontinence.

Pads and pants come in a variety of sizes and shapes. Some are disposable and are held in place by close-fitting pants; these tend to be more expensive. Others are re-usable, and often come as part of a pair of pants. All-in-one pads, with plastic backing and adhesive patches to seal the sides, are generally more suitable for heavy incontinence. Re-usable pads take a few washes before they reach their maximum absorbency. You can also get bed protection in the form of disposable or washable pads. After an assessment, your district nurse may be able to arrange the supply of pads free of charge on the NHS.

For men there is a range of appliances that fit over the penis and collect urine into a bag strapped to the leg. A 'penile sheath' is the most popular version of this and is available on prescription. Men can also wear pads and pants, or special dribble pouches.

Health and local councils are responsible for home bathing services. They sometimes provide, or pay for, home collection and delivery services for incontinence laundry. **Ask your doctor, continence advisor, district nurse or social worker if you, or someone you know, could benefit from services such as these.**

Talking about it and planning ahead

If you have a weak bladder or bowel, you may not want to tell anybody because you are too embarrassed to talk about it. However, talking about it, especially with a health professional, is the first step you can take to help yourself. They will be able to assess you and work out what treatment and exercises may help.

Talking things through with friends and family can help you feel less alone.

Try not to let having a bladder or bowel weakness stop you going out. Planning ahead can also help you to feel more confident. You could try to think of practical solutions to problems which may arise. For example, if you think you will leak while you are out, you could take some spare pads and pants with you; a scented bag for soiled pants or pads could be useful if you are worried about smell.

If you are going on a long journey with friends, and you know that you will need to use the toilet frequently, let your friends know beforehand; together you can plan for extra stops. You won't have to worry about accidental leaks and you will feel more in control by telling them yourself in advance.

It is important to remember that a weak bladder and/or bowel is a real condition and talking about it could be the first step to helping yourself. You don't have to cope alone.

For more ideas to help you adapt to a bladder and/or bowel weakness, Continence Foundation produces a publication called *Don't Make Me Laugh*, priced at £2.99. Its contact details are in the Useful contacts section on page 19.

Skin care

It is important to wash regularly, as this helps to keep your skin healthy. When you change your pad, you may want to use a wipe to remove any residue. It is also important to change pads frequently and dry the area carefully with a soft towel. A balanced diet and plenty of fluids also helps. You may want to use a simple barrier cream (such as zinc and castor oil) to protect your skin.

If your skin becomes red or sore make sure that any pad or appliance fits properly and isn't rubbing. You could also check that you haven't developed an allergy to something like a washing powder or cream, or part of a pad or appliance. If the skin becomes broken or you develop pressure sores, consult your district nurse or doctor immediately.

Avoiding smell

Fresh urine should not smell offensive. If it does, there may be an infection. Urine starts to smell when it is exposed to air for long periods. Good quality pads help to absorb some smell, but any wet clothes should be changed as soon as possible. Keep wet clothes or sheets in a bucket with a lid until washed. Mop up any spillages quickly, and allow fresh air to circulate.

Smell from bowel incontinence is more difficult to hide. The best thing to do is to change soiled pads as soon as possible and put them into an airtight container or sealed bag.

Useful contacts

Alzheimer's Society

Gordon House, 10 Greencoat Place, London SW1P 1PH
Helpline: 0845 300 0336 Web: www.alzheimers.org.uk

Produces a factsheet called *Incontinence* for people with dementia.

Continence Foundation

307 Hatton Square, 16 Baldwins Gardens, London EC1N 7RJ
Tel: 020 7404 6875

Helpline: 0845 345 0165 Web: www.continence-foundation.org.uk

Produces a range of leaflets on bladder and bowel problems, and supplies books through a mail order service. Runs a national helpline, offering confidential advice from a specialist nurse.

Disabled Living Foundation

380–384 Harrow Road, London W9 2HU
Helpline: 0845 130 9177 Web: www.dlf.org.uk

Provides advice on equipment such as commodes and urinals.

Incontact

United House, North Road, London N7 9DP
Tel: 0870 770 3246 Web: www.incontact.org

Provides support and information, and represents the interests of people with continence problems.

RADAR

12 City Forum, 250 City Road, London EC1V 8AF
Tel: 020 7250 3222 Web: www.radar.org.uk

Radar operates a National Key Scheme which offers independent access to disabled people to around 7,000 locked public toilets nationwide.

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