

Urogynecology Clinic

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Urinary Incontinence in Women

Overview

Millions of women experience involuntary loss of urine called urinary incontinence. Some women may lose a few drops of urine while running or coughing. Others may feel a strong, sudden urge to urinate just before losing a large amount of urine. Many women experience both symptoms. Urinary incontinence can be slightly bothersome or unbearable. For some women, the risk of public embarrassment keeps them from enjoying many activities with their family and friends. Urine loss can also occur during sexual activity and cause emotional distress.

Women experience urinary incontinence twice as often as men. Pregnancy, childbirth and the structure of the female urinary tract account for this difference. But both women and men can become incontinent from nerve injury, birth defects, stroke, multiple sclerosis and physical problems associated with aging.

Older women experience urinary incontinence more often than younger women. But incontinence is not inevitable with age. Urinary incontinence is a medical problem. Your doctor or nurse can help you find a solution. No single treatment works for everyone, but many women can find improvement without surgery.

Incontinence occurs because of problems with the muscles and nerves that help to hold or release urine. The body stores urine (water and wastes removed by the kidneys) in the bladder, a balloon-like organ. The bladder connects to the urethra, the tube through which urine leaves the body.

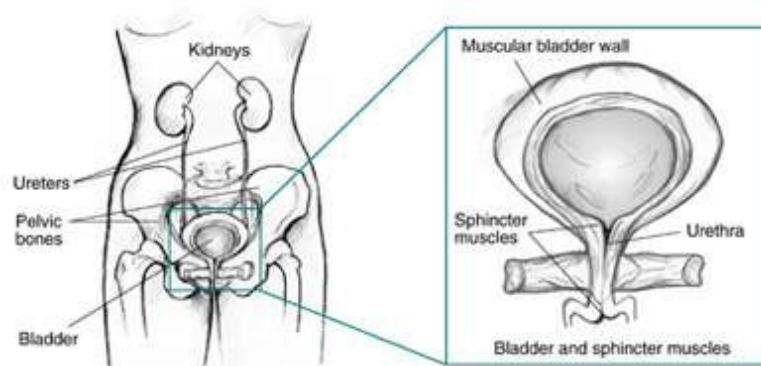


Figure 1. Front view of bladder and sphincter muscles

During urination, muscles in the wall of the bladder contract, forcing urine out of the bladder through the urethra. At the same time, muscles surrounding the urethra relax, letting urine pass out of the body. Incontinence will occur if your bladder muscles suddenly contract or the urethra muscles are not strong enough to hold back urine. Obesity, which is associated with increased abdominal pressure, can worsen incontinence. Fortunately, weight loss can reduce its severity.

What are the types of incontinence?

Stress Incontinence

If coughing, laughing, sneezing or other physical movements like running or jumping that put pressure on the bladder cause you to leak urine, you may have stress incontinence. Physical changes resulting from pregnancy, childbirth and hard straining often cause stress incontinence. This type of incontinence is common in women and, in many cases, can be treated.

Childbirth and other events can injure the scaffolding that helps support the urethra in women. Pelvic floor muscles, the vagina and ligaments support your bladder (see Figure 2). If these structures weaken, your bladder can move downward, pushing slightly out of the bottom of the pelvis toward the vagina. This prevents the muscles that ordinarily force the urethra shut from squeezing as tightly as they should. As a result, urine can leak into the urethra during moments of physical stress. Stress incontinence also occurs if the squeezing muscles weaken.

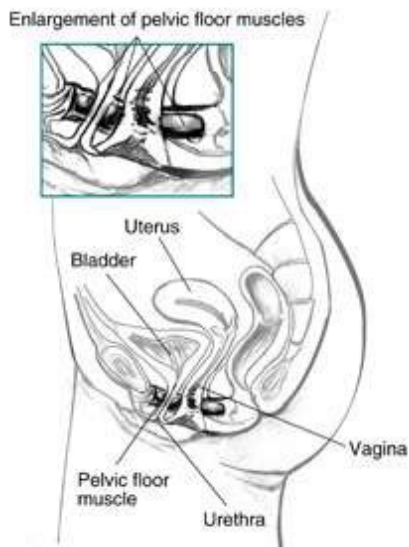


Figure 2. Side view of female pelvic muscles.

Stress incontinence can worsen during the week before your menstrual period. At that time, lowered estrogen levels might lead to lower muscular pressure around the urethra, increasing chances of leakage.

Urge Incontinence or Overactive Bladder

If you lose urine for no apparent reason or after suddenly feeling the need or urge to urinate, you may have urge incontinence. A common cause of urge incontinence is inappropriate bladder contractions. Abnormal nerve signals might be the cause of these bladder spasms.

Urge incontinence can mean that your bladder empties during sleep, after drinking a small amount of water, or when you touch water or hear it running (as when washing dishes or hearing someone else taking a shower) or other triggers. . Certain fluids and medications such as diuretics or emotional states such as anxiety can worsen this condition. Some medical conditions, such as hyperthyroidism and uncontrolled diabetes, can also lead to or worsen urge incontinence.

Involuntary actions of bladder muscles can occur because of damage to the nerves of the bladder, to the nervous system (spinal cord and brain), or to the muscles themselves. Multiple sclerosis, Parkinson's disease, Alzheimer's disease, stroke, and injury—including injury that occurs during surgery—all can harm bladder nerves or muscles.

Overactive bladder occurs when abnormal nerves send signals to the bladder at the wrong time, causing its muscles to squeeze without warning. Voiding up to seven times a day is normal for many women, but women with overactive bladder may find that they must urinate even more frequently.

Specifically, the symptoms of overactive bladder include

- **urinary frequency**—bothersome urination eight or more times a day or two or more times at night
- **urinary urgency**—the sudden, strong need to urinate immediately
- **urge incontinence**—leakage or gushing of urine that follows a sudden, strong urge
- **nocturia**—awaking multiple times at night to urinate

Other Types of Incontinence

Stress and urge incontinence often occur together in women. This combination is sometimes referred to as **mixed incontinence** although really it is two different problems. Most women don't have pure stress or urge incontinence. Treating one will not treat the other, so it is important for you to identify your symptoms and know what your treatment is expected to help.

Diagnosis

The first step toward relief is to see a doctor who has experience treating incontinence to learn what type you have. A urologist specializes in the urinary tract, and some urologists further specialize in the female urinary tract. Gynecologists and obstetricians specialize in the female reproductive tract and childbirth. A urogynecologist focuses on urinary and associated pelvic problems in women. Family practitioners and internists see patients for all kinds of health conditions. Any of these doctors may be able to help you. In addition, some nurses and other health care providers, like physical therapists, often provide rehabilitation services and teach behavioral therapies such as bladder retraining and pelvic floor strengthening.

To diagnose the problem, your doctor will first ask about your symptoms and medical history. Your pattern of voiding and urine leakage may suggest the type of incontinence you have. Thus, many specialists begin with having you fill out a bladder diary over several days. These diaries can reveal obvious factors that can help define the problem—including straining and discomfort, fluid intake, potential bladder irritants, use of drugs, recent surgery and illness. Often you can begin treatment at the first medical visit.

Your doctor may instruct you to keep this diary for a day or more—sometimes up to a week—to record when you void. This diary should note the times you urinate and the amounts of urine you produce. To measure your urine, you can use a special pan that fits over the toilet rim or a household measuring cup. You can also use the bladder diary to record your fluid intake, episodes of urine leakage and estimated amounts of leakage.

If your diary and medical history do not define the problem, they will at least suggest which tests you need.

Your doctor will physically examine you for signs of medical conditions causing incontinence. Your doctor may measure your bladder capacity. The doctor may also measure the residual urine for evidence of poorly functioning bladder muscles. To do this, you will urinate into a measuring pan, after which the nurse or doctor will measure any urine remaining in the bladder. Your doctor may also recommend other tests.

How is incontinence treated?

Behavioral Remedies: Bladder Retraining and Kegel Exercises

By looking at your bladder diary, the doctor may see a pattern and suggest making it a point to use the bathroom at regular timed intervals, a habit called **timed voiding**. As you gain control, you can extend the time between scheduled trips to the bathroom. (Please refer to handout entitled **Bladder Training**.)

Behavioral treatment also includes Kegel exercises to strengthen the muscles that help hold in urine.

Please refer to handout entitled **Kegels: Pelvic Floor Strengthening for Women**

Some people cannot tell whether they are doing Kegel exercises correctly. Your doctor can check to see if you are performing a proper Kegel. If it turns out that you are not squeezing the right muscles, you may still be able to learn proper Kegel exercises by doing special training with biofeedback, electrical stimulation, or both. A referral to a physical therapist that specializes in Pelvic Floor Rehabilitation may be helpful to you.

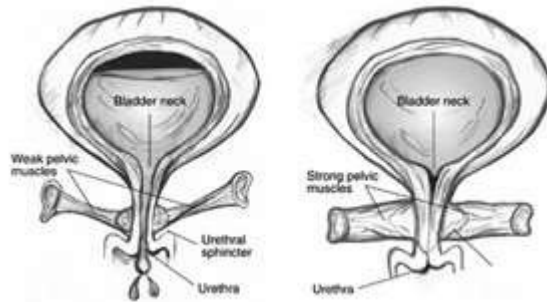


Figure 3. Front view of bladder. Weak pelvic muscles allow urine leakage (left). Strong pelvic muscles keep the urethra closed (right).

Biofeedback

Biofeedback is the process of becoming aware of various physiological functions using instruments that provide information on the activity of those same systems, with a goal of being able to control them at will. If you have difficulty finding/feeling your pelvic floor muscles, biofeedback can help with this. In the clinic, we use electromyography (sEMG) which uses surface electrodes to detect muscle action potentials from underlying skeletal muscles that initiate muscle contraction.

Biofeedback will help you correctly identify, isolate and strengthen your pelvic floor muscles, ultimately assisting you in maintaining continence. Biofeedback can supplement pelvic muscle exercises and other treatments to help you relieve Stress Incontinence and/or Overactive Bladder.

You can request a referral to Physical Therapy for Biofeedback from your ObGyn if you are having difficulty finding or isolating your Pelvic Floor Muscles.

Medicines for Overactive Bladder

If you have an overactive bladder, your doctor may prescribe a medicine to block the nerve signals that cause frequent urination and urgency.

Several medicines from a class of drugs called anticholinergics can help relax bladder muscles and prevent bladder spasms. Their most common side effect is dry mouth, although larger doses may cause blurred vision, constipation, a faster heartbeat and flushing. Other side effects include drowsiness, confusion or memory loss. If you have glaucoma, ask your ophthalmologist if these drugs are safe for you.

Some medicines can affect the nerves and muscles of the urinary tract in different ways. Pills to treat swelling (edema) or high blood pressure may increase your urine output and contribute to bladder control problems. Talk with your doctor; you may find that taking an alternative to a medicine you already take may solve the problem without adding another prescription.

Neuromodulation for Overactive Bladder

For urge incontinence not responding to behavioral treatments or drugs, stimulation of nerves to the bladder or injecting Botox into the bladder muscles can help some patients. Although these treatments can be effective, they are not for everyone. The treatments may involve frequent visits to your doctor's office or surgery.

Vaginal Devices for Stress Incontinence

One of the reasons for stress incontinence may be weak pelvic muscles, the muscles that hold the bladder in place and hold urine inside. A **pessary** is a ring that a doctor or nurse inserts into the vagina, where it presses against the wall of the vagina and the nearby urethra. The pressure helps reposition the urethra, leading to less stress leakage.

Injections for Stress Incontinence

A variety of bulking agents, such as collagen, are available for injection near the urinary sphincter. The doctor injects the bulking agent into tissues around the bladder neck and urethra to make the tissues thicker and close the bladder opening to reduce stress incontinence. After using local anesthesia or sedation, a doctor can inject the material in about half an hour. Over time, the body will slowly eliminate certain bulking agents, so you will need repeat injections. Before you receive an injection, a doctor may perform a skin test to determine whether you could have an allergic reaction to the material. Scientists are testing newer agents, including your own muscle cells, to see if they are effective in treating stress incontinence. Your doctor will discuss which bulking agent may be best for you.

Surgery for Stress Incontinence

Midurethral slings are surgical procedures that you can have on an outpatient basis. These procedures use synthetic mesh materials that the surgeon places midway along the urethra. The two general types of midurethral slings are retropubic slings, such as the transvaginal tapes (TVT), and transobturator slings (TOT). The surgeon makes small incisions behind the pubic bone or just by the sides of the vaginal opening as well as a small incision in the vagina. The surgeon uses specially designed needles to position a synthetic tape under the urethra then pulls the ends of the tape through the incisions and adjusts them to provide the right amount of support to the urethra.

Talk with your doctor about whether surgery will help your condition. The procedure you choose may depend on your own preferences or on your surgeon's experience. Ask what you should expect after the procedure. You may also wish to talk with someone who has recently had the procedure. Surgeons have described more than 200 procedures for stress incontinence, so no single surgery stands out as best.

Catheterization

If you are incontinent because your bladder never empties —overflow incontinence— or your bladder cannot empty because of poor muscle tone, past surgery, or spinal cord injury, you might use a catheter to empty your bladder. A catheter is a tube that you can learn to insert through the urethra into the bladder to drain urine. You may use a catheter once in a while or on a constant basis, in which case the tube connects to a bag that you can attach to your leg.

Other Helpful Hints

Many women manage urinary incontinence with incontinence pads that catch slight leakage during activities such as exercising. Be sure to use an incontinent product rather than a menstrual pad, as these will keep you drier and help protect from skin irritation. Also, many people find they can reduce incontinence by avoiding certain foods such as coffee, tea, alcohol, artificial sweeteners, citrus, spicy foods, carbonation and excess sugar. Doing a bladder diary over 1-2 days can help determine one's bladder irritants as this can vary from one woman to another.

Finally, many women are afraid to mention their problem. They may have urinary incontinence that can improve with treatment but remain silent sufferers and resort to wearing absorbent undergarments or diapers. Often women restrict their social activities further amplifying the problem. If you are relying on diapers to manage your incontinence, you and your family should discuss with your doctor the possible effectiveness of treatments such as timed voiding and pelvic muscle exercises.

Urinary Incontinence (other)

Post-Void Dribbling

Treatment = Double Voiding

1. Relax to void
2. Stand and count to 10
3. Sit and relax again to void



Overactive Bladder Management

Problem: The bladder is contracting when it is not supposed to. Malfunctioning bladder muscle and nerves lead to overactive bladder.

Symptoms: Increased frequency in urination, rushing to bathroom, may have leakage with a sudden, strong urge or can leak without urge being present.

Treatment involves relaxing the bladder:

- **Avoiding bladder irritants:** everything you eat or drink eventually ends up in your bladder. If your bladder is irritated, you may feel urgency and/or have incontinence. Identify what irritates your bladder and avoid the irritant (especially if you will not have access to a bathroom). Possible irritants include: acidic drinks like coffee, tea or juice (including cranberry juice), spicy foods, artificial sweeteners, alcohol, citrus fruits. Everyone is different, so it is important to figure out what could be affecting YOUR bladder. A bladder diary can help you identify possible irritants.
- **Fluid in and out:** if you are experiencing frequency or leak with a full bladder, getting up multiple times at night to urinate, could you be drinking too much? Drink when you are thirsty but do not force fluids.

Urge Suppression Techniques:

- **Deep Breathing**
Place your hands on your lower ribs and abdomen. As you breathe in, think about breathing into your hands. Imagine that your breath is filling your hands. You should feel your belly expand and your ribs move outward. As you exhale, your abdomen and ribs will feel as if they are drawing inward without effort.
- **Pelvic Floor Muscle Contractions**
5 Quick Flick contractions of the pelvic floor muscles (Kegels) can help before a trigger or with urge to prevent an accidental leakage of urine.
- **Direct Pressure on the Pelvic Floor Muscles**

- **Standing, pull your heels together and contract your pelvic floor muscles.**

- **Bladder Diary**
Record how much and what you eat and drink as well as how much you void (output) each time you use the bathroom. Note when you have a strong urge or leak. Is anything you eat or drink changing how much your bladder holds or increasing your incontinence?

- **Bladder Training**
Set a voiding schedule with an interval you are comfortable with (more frequent than you go now) to train your bladder to listen to your brain. Slowly increase by about 15 minutes every few days.

- **Distraction Techniques**
For example, count backwards from 100, sing and/or visualize your pelvic floor muscles contracting or your bladder relaxing.

- **Acupressure**
About 3-4 fingers width above the inside of your ankle bone (on both legs) is an acupressure point that can help decrease bladder urgency. Press along the inner part of your shinbone until you feel a slight depression. This spot is often tender. Press on this spot using your thumb or 1 finger with a blanching pressure (you are pressing firmly enough that when you take your finger away, the spot is white). Press on this spot when you feel the urge to the bathroom. If urge incontinence is part of your problem, you can use this pressure point as a treatment. Press on the acupuncture point for 60 seconds 1-2 times per day. You can also use your heel to press on this point if it is more convenient.

- **Many women find it helpful to combine these techniques. Experiment and find the right combination for you.**

The important thing is to stay calm and not run to the bathroom. Rushing to the bathroom can make an irritable bladder more sensitive and lead to leakage.

Overactive Bladder Management:

Accupressure Point

- 4 fingers above inner ankle bone
- Can use when you need to calm your bladder



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Stress Incontinence Management

Problem: The urethra (the tube where urine comes out of the bladder) is not closing tightly.

Symptoms: leakage of urine with any strain or pressure on the bladder such as with coughing, sneezing, running, jumping, laughing, any physical activity or lifting.

- **Kegel Exercises** - see handout. 3 times per day to start.
- **Use “The Knack”** - Coordinate a sustained pelvic floor muscle contraction with any/all activities that increase pressure on your bladder that cause leaking (coughing, laughing, sneezing, exercise and lifting). After you train yourself to tighten the pelvic muscles for these movements, you will have fewer accidents.
- **Biofeedback** – Biofeedback is the process of becoming aware of various physiological functions using instruments that provide information on the activity of those same systems, with a goal of being able to control them at will. If you have difficulty finding/feeling your pelvic floor muscles, biofeedback can help with this. In the clinic, we use electromyography (sEMG) which uses surface electrodes to detect muscle action potentials from underlying skeletal muscles that initiate muscle contraction.

Biofeedback will help you correctly identify, isolate and strengthen your pelvic floor muscles, ultimately assisting you in maintaining continence.

Biofeedback can supplement pelvic muscle exercises and other treatments to help you relieve Stress Incontinence and/or Overactive Bladder.

You can request a referral to Physical Therapy for biofeedback from your ObGyn if you are having difficulty finding or isolating your Pelvic Floor Muscles.

Don't give up! It can take several months to achieve results.

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Dietary Bladder Irritants

Everything that you eat or drink is broken down into its chemical parts in your body. Most of those chemicals eventually end up in your bladder. If your bladder is **irritated** by one or some of those chemicals then you will feel that irritation as an **urge** to go to the bathroom, even though your bladder is not full. Sometimes the bladder is so irritated that it will spontaneously squeeze to get rid of the irritating chemical. This can result in urine leakage or urinary incontinence.

Below are a list of some foods and drinks which are sometimes bothersome to some peoples' bladders. Many people are bothered by very few of these things. Some people are bothered by foods not on this list. No one is bothered by everything.

The purpose of this list is to help you identify if any foods are bothering your bladder. Remember, your bladder may be irritated by something not on this list so pay attention to all of your foods. You may also find that a small amount does not bother you but a large amount of one or many irritants is a problem. Once you identify what are irritants for your bladder you can then avoid those foods when your bladder is particularly sensitive (such as when you have a urinary tract infection) or when you will not be able to get to a bathroom easily.

Experiment with your foods – If you find that something may be irritating your bladder then cut it out of your diet for a few days. If your bladder symptoms don't improve then go back to eating or drinking it and see if your symptoms get worse.

Fruits	Possible irritants: Citrus fruits, berries, cantaloupe.
Beverages	Possible irritants: Alcoholic beverages including beer and wine, carbonated drinks, coffee (even decaffeinated), tea, juices including cranberry juice.
Vegetables	Possible irritants: Tomatoes, beans, onions, tofu.
Nuts	Many varieties of nuts are possible irritants
Meats / Fish	Possible irritants: Aged, canned, cured, processed or smoked meats/fish. Anchovies, caviar, corned beef, meats that contain nitrites or nitrates.

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Milk / Dairy	Possible irritants: Aged cheeses, sour cream, eggs, yogurt, chocolate
Seasonings and Preservatives	Possible irritants: Mayonaisse, miso, spicy foods, sugar, MSG, aspartame, saccharine.

If your bladder is sensitive to ACIDIC FOODS then you will likely find that the following group of foods worsens your symptoms:

alcohol	chili	lemons	pineapple
apple juice	citrus fruits	lemon juice	plums
apples	coffee	lime	strawberries
ascorbic acid	cranberries	nectarines	tea
cantaloupes	grapes	peaches	tomatoes
carbonated sodas	guava	pepper	vinegar

If your bladder is sensitive to ARYLALKYLAMINES (certain proteins) then you will likely find that the following group of foods worsens your symptoms:

avocados	cheeses	lima beans	pickled foods	sour cream
bananas	chicken livers	marmite	pineapple	soy sauce
beer	chocolates	mayonnaise	prunes	vitamin B & C
brewer's yeast	corned beef	Nutrasweet	raisins	wines
canned figs	cranberries	nuts	rye bread	yogurt
champagne	fava beans	onions	saccharine	

Some people find these dietary changes useful. The changes can be difficult to follow and stick to over a long period of time, but can give people some benefit. This is not meant as a sole treatment for your urinary problem and we may use this with other therapies. However, if you can minimize the chemicals irritating your bladder then you will decrease the need for other therapies.

Dry mouth?

- Drinking water makes it worse!
- Saliva **lubricates** the mouth
- Water washes away saliva – so when the water is gone your mouth will be dry

- **Treatment: Sugar free lozenge or sugar free gum to encourage release of saliva**



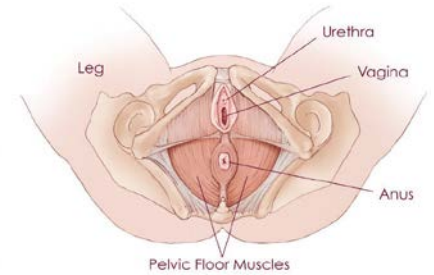
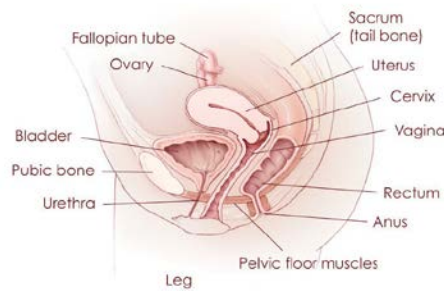
Kegels: Pelvic Floor Strengthening Exercises for Women

What are pelvic floor muscles?

The pelvic floor muscles are muscles that support your bowel, bladder and uterus. The muscles form a sling that attaches from the front of your pelvis to your tailbone. It wraps around the opening of the urethra (the tube where urine comes out of the bladder), the opening of the vagina, and the opening of the rectum. Strong pelvic floor muscles prevent leakage of urine (incontinence) or stool. They also support the walls of the vagina and help support your back and pelvis. Pelvic floor muscles can weaken or become injured due to a variety of reasons:

- Pregnancy and childbirth
- Chronic constipation
- Aging
- Being overweight
- Genetics

The good news is that your pelvic floor muscles are just like any other muscles; you can strengthen them by doing specific exercises. Pelvic floor muscle strengthening exercises are called Kegels. Kegel exercises have been proven to help or completely eliminate incontinence. Stronger pelvic floor muscles can reduce symptoms associated with pelvic organ prolapse, overactive bladder and accidental loss of stool (fecal incontinence).



Learning to use your pelvic floor muscles

Use one or more of the methods listed below to learn how to contract your pelvic floor muscles correctly. Once you have learned how to find your pelvic floor muscles, tightening (or contracting) these muscles is called a Kegel. *Caution:* While practicing, do not bear down with your abdominal muscles as if trying to pass gas or have a bowel movement.

- Try to stop or slow down the flow of urine while you are urinating in the toilet. If you hear your urine stream slow down and/or stop, you are using the correct muscles. This method is only used for learning and awareness. Do not do this as an exercise on the toilet.

- Squeeze the muscles you would use to stop passing gas. You may feel a ‘pulling’ sensation into your body.
- Feel your pelvic floor lift off your underwear as you do a Kegel. Feel your pelvic floor drop back down as you relax.
- Place a lubricated tampon in your vagina, and then tighten your pelvic floor muscles as you gently pull on the string. If you can make it difficult for the tampon to slide out, you are using your pelvic floor muscles correctly.
- Place 1 – 2 clean fingers in your vagina and tighten your muscles around your fingers. If you can feel the vaginal opening tighten, you are using your pelvic floor muscles correctly.

Kegel Exercise Routine

The chart below shows how to start doing Kegel exercises and how to advance your routine. There are two types of pelvic floor exercises — Sustained contractions and Quick flicks. Whether you are just beginning or progressing your Kegel routine, do both types of exercises daily.

Starting your pelvic floor/Kegel routine		
<p>General Instructions Lie on your back with your knees bent. Take a deep breath and relax your belly, buttocks, and inner thigh muscles. It is very important to keep these muscles relaxed and breathe normally throughout the exercise routine.</p>	<p>Sustained contractions</p> <ul style="list-style-type: none"> • Do a Kegel for 5 seconds. • Relax completely for 10 seconds or two breaths after each sustained contraction. • Do 10 repetitions, 3 times per day (30 sustained contractions total). 	<p>Quick flicks</p> <ul style="list-style-type: none"> • Do 5 Kegels quickly in a row, trying to complete each within 1-2 seconds. This is one cycle of quick flicks. • Do 5 cycles. It is important to rest completely for 5 – 10 seconds in between every cycle. This is one set (25 quick flicks). • Do 3 sets throughout your day (75 quick flicks total).
Progressing your pelvic floor exercises		
<p>General Instructions When you are confident you can do Kegels correctly, do them in a variety of positions. Try them while sitting, standing, and walking.</p>	<p>Sustained contractions</p> <ul style="list-style-type: none"> • Gradually increase your contraction time to 10 seconds. • Build up the number of your 10-second sustained contractions to 6 sets of 10 repetitions throughout your day (60 sustained contractions total). • Do a sustained contraction before you cough, laugh or sneeze to help prevent accidental leakage of urine. 	<p>Quick flicks</p> <ul style="list-style-type: none"> • Do a set of quick flicks when you have a strong urge to urinate. Calmly move to the toilet if you still feel the urge.

How long will it take for my symptoms to improve?

Most women will notice improvement in 6 – 12 weeks. Consistency is the key. Continue daily pelvic floor exercise for 4 – 5 months to achieve the most benefit. Once you have achieved your ideal bladder control, maintain your strength by doing Kegels 3 days per week.

Other resources

- Visit your doctor's or physical therapist's home page at kp.org/mydoctor to use online health tools, view your Preventive Health reminders, check most lab results, and much more.
- Contact your local Kaiser Permanente Health Education Center or Department for health information, programs, and other resources.
- If you are hit, hurt, or threatened by a partner or spouse, this can seriously affect your health. There is help. Call the National Domestic Violence Hotline at 1-800-799-7233 or connect to ndvh.org.

This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other health care professional. If you have persistent health problems, or if you have additional questions, please consult with your doctor.

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Bladder Training

Your bladder is a ball shaped muscle. It is supposed to relax in order to fill then, when you are ready, it should squeeze to empty. In over 20% of women the bladder may develop reflex contractions – it will squeeze when you don't want it to. This can give you a sudden feeling that you need to go to the bathroom. You might rush and leak on the way to the bathroom or you may find that, without any warning, your bladder just empties on you.

Bladder Training is a technique to teach the bladder to stay relaxed when you want it to.

Starting out

In order to perform Bladder Training you will urinate at timed intervals to teach or train your bladder. To determine your **voiding interval**, review your daytime bladder diary. What is the period of time between voiding that is always comfortable for you? This interval of time-30 minutes, 60 minutes, 90 minutes or longer – is your voiding interval.

For example, if you can comfortably wait 1 hour between going to the bathroom, you would start with a voiding schedule of every hour. You will go to the bathroom when you wake up in the morning and once each hour until you go to bed. You should go to the bathroom and attempt to void whether you feel an urge or not. During the training period it is important to be consistent with the voiding intervals.

If you have an urge to urinate before your voiding interval has passed, use **urge suppression techniques** to calm the urge and wait to go to the bathroom until the next voiding interval occurs. If you are sure you will leak if you do not go to the bathroom then please do go but if you find that this is happening often then decrease your voiding interval so that you are going to the bathroom sooner.

The exception to this would be if you were about to start an activity that would stop you from going to the bathroom at your scheduled time- for example an appointment, a movie or a long drive. In these cases, go to the bathroom before the activity and reset your voiding schedule to this new time.

Do not follow the schedule once you have gone to bed. Sleep is very important and it is better to try to have as much uninterrupted sleep as possible. As you improve, you can challenge yourself to go back to sleep if you are woken by an urge to use the bathroom. But do go void if you feel that your sleep will be significantly disrupted.

Controlling the Urge

When you feel the urge to urinate before your voiding interval is up, try to distract yourself.

- 1) Think about a very complex task:
 - a. balancing your checkbook
 - b. naming the streets through your city to a park or a store on the other side of town
 - c. trying to remember all the words to a favorite song or nursery rhyme
 - d. listing the birthdays of ten friends
- 2) Think about something especially fun
 - a. vacationing on a beach or in the mountains
 - b. watching the sunset over the ocean or
- 3) *Use your Kegel squeeze.* During urination your bladder reflexively squeezes and your pelvic floor muscles relax. This is also true when you have a strong urge to urinate or **overactive bladder**. It is possible to disrupt this reflex by squeezing your pelvic floor muscles. This will send a message to your bladder to relax.
- 4) *Watch for triggers.* Many people with overactive bladder find that there are actions or **triggers** that cause them to have an uncontrolled or reflex bladder contraction. Triggers may be things like going from

sitting to standing or turning on the faucet. To disrupt the reflex and relax your bladder, quickly tighten and release your pelvic floor muscles 4 times in a row. Do this before you perform a trigger or when you feel a strong urge to void coming on.

The feeling that you need to go to the bathroom should pass and you may be able to wait until your voiding interval is up. If you cannot wait, go ahead and use the toilet and start your next voiding interval from that time. Do not be discouraged if this happens, it is normal. Your bladder problems did not happen overnight and they will not be cured overnight – or even in a week or two.

Once you are successful and comfortable with your schedule for 3 days, increase the time between voiding. You may choose to increase by 15 or 30 minutes, something that you feel will not push you to have many accidents. When your new schedule is comfortable and you have been successful for 3 days again, increase your voiding interval again.

Continue this way, gradually increasing your time between voids, until you are voiding every 3-4 hours during the day.

Tips for Success

Believe that you will be successful and follow the program directions to the letter

Give bladder training a full 6-8 weeks and do not give up if your progress stops for several days or if you have a set back. This program has helped many people.

If you find that complex tasks or relaxing thoughts do not make the urge to urinate go away you may try:

- roll up a bath towel and keep it on a firm chair. Sit on this roll when you have a strong urge to urinate
- place a rolled towel between your legs and push it up against your body

Don't be discouraged by setbacks. Your bladder control problems may be worse when:

- you are tired
- you have your mind on many things
- you feel tense or nervous

- you have a cold or stomach flu
- on cold, rainy, windy days
- right before your menstrual period

Avoid any foods or drinks that irritate your bladder.

Don't force fluids down. Drink if you are thirsty but remember that most of the fluid that you need comes in the food that you eat, you need about 2-3 glasses of fluid each day, in addition to regular meals.

A FEW WORDS ON INCONTINENCE PADS

Urinary incontinence is a common problem – it affects more than 30% of women in the U.S.

Incontinence pads are an important part of managing urinary incontinence. Pads are frequently used multiple times each day and people can spend a large amount of money on these products. For this reason it is important to find the best product for you.

Summarized here are the results of a study done by Urogynecologists from 3 institutions across the U.S. (Erekson et al. *International Urogynecology Journal*, 2008)

The researchers tested pads which are found in most drugstores and grocery stores (for instance check out Walgreen’s or Target). Pads listed here performed the best in the testing. Also included are information about average cost per pad (more \$ are more expensive) and average weight per pad (more # are heavier).

For small leaks

	Average cost	Average weight
Serenity Very Light	\$	#
Serenity Extra	\$\$	##
Affirm Panty-Liners	\$	#

For large leaks

	Average cost	Average weight
Serenity Extra	\$\$	##
Poise Extra	\$\$	##
Walgreen’s Extra	\$\$	##
Serenity UltraPlus	\$\$\$	###
Poise UltraPlus	\$\$	###
Walgreen’s UltraPlus	\$\$	###

Please consider that each person is different so each of us have different needs. The best pad for you may not be the best pad for someone else. If you are not satisfied with the protection that your pad provides then please try a different one.



Reusable Incontinence Brief

A comfortable, discreet solution for light to moderate incontinence. Can be washed and reused with confidence up to 200 times. Features built-in pad and waterproof liner with Hydrex®, a super-absorbent anti-bacterial fabric for superior moisture and odor control.

- Polyester-cotton
- Machine wash, dry
- USA or imported
- Colors: Beige, White, or Pink
- Hip sizes: S(37-39"), M(40-41"), L(42-44"), XL(45-47"); 2XL(48-50"), 3XL(51-53)

Order securely online anytime or call **1-800-480-4673** ShopNational.com



Heavy Duty Incontinence Panties

Nighttime protection. Features a built-in extra-long liner, extending from center back to center front, to pull moisture away from your skin, helping prevent irritation.

- Cotton
- Cotton-polyester-nylon lining
- USA
- See colors below
- Machine wash, dry
- Waist sizes: 4(22-24"), 6(26-28"), 8(30-32"), 10(34-36"), 12(38-40"), 14(42-44"), 16(46-48"), 18(50-52"), 20(54-56")
- Also available in style 6746 [Nylon Heavy Duty Incontinence Panty](#)

Order securely online anytime or call **1-800-480-4673** ShopNational.com

Prevention and Treatment of Skin Irritation From Urinary Incontinence and Pads

Urinary incontinence is very common. Up to 35% of adults and 50% of nursing home residents have it. **Incontinence associated dermatitis (IAD)** is damage to the skin due to prolonged exposure to moisture. Skin problems occur in up to 40% of incontinent people so it is a frequent problem. Moms and dads are familiar with infants and diaper rash but adult and elderly skin can be even more vulnerable to injury.

Why does Incontinence Associated Dermatitis occur?

An important job of your skin is to protect you from toxins and bacteria around you. When skin is exposed to moisture this protective layer can be penetrated which can lead to irritation and infection. When wearing pads, the skin is not only exposed to irritation from fluid, but also to rubbing. The combination of irritants and rubbing can lead to further skin damage.

How can you prevent Incontinence Associated Dermatitis?

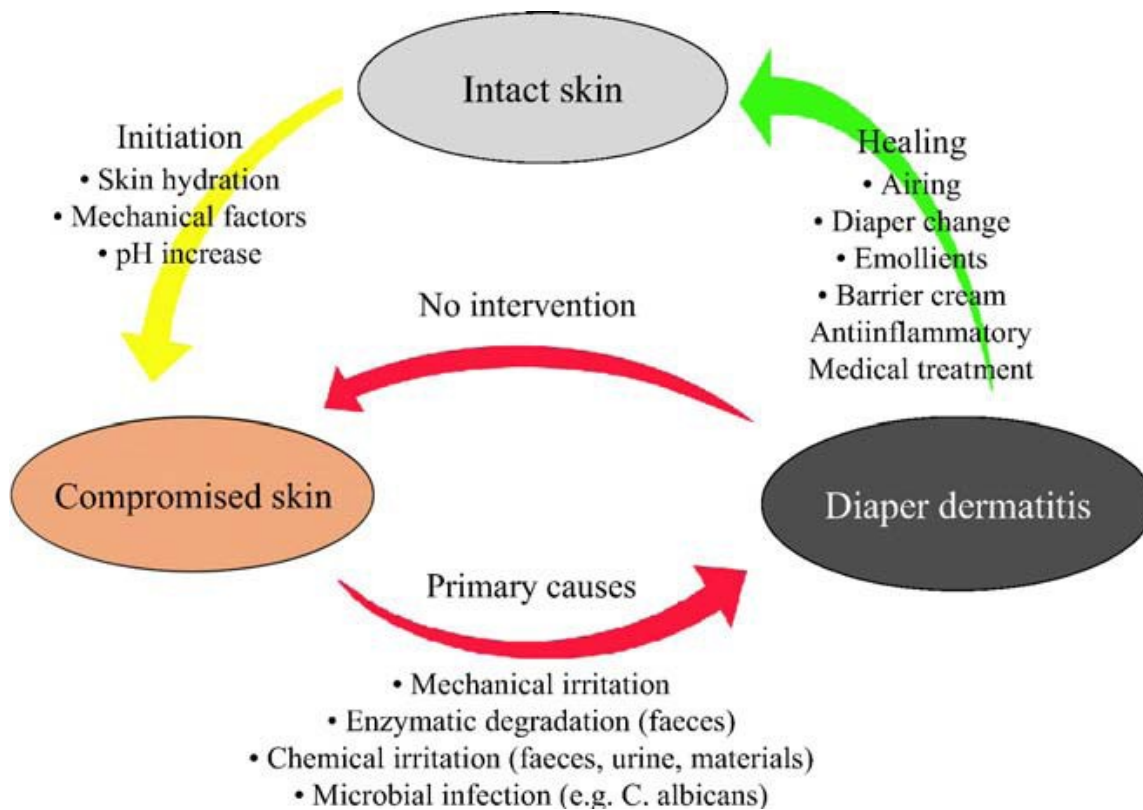
Skin care following each incontinence episode is important, particularly if stool are present. Skin cleansers are better for the prevention and treatment of IAD than soap and water alone. A moisturizer, incorporated into a specially designed cleanser can be applied. Creams and lotions containing emollients (such as zinc) can provide a barrier to protect the skin against friction as well as other irritants.

How can you treat incontinence associated dermatitis?

Minor dermatitis may be handled by gently drying the skin and exposing to air as often as possible and by changing pads more frequently. It may be helpful to change to a diaper of larger size or to another brand with a different fit. No one should be left in soiled incontinence pads. After changing the pad, the skin should be gently and carefully cleaned. Emollient and barrier creams should be used to protect the skin.

More severe cases are usually treated with over the counter creams. Buy a miconazole or clotrimazole cream AND hydrocortisone 1% cream (both are available without a prescription). - Apply a thin layer of each cream twice daily to the rash area.

If the skin does not show significant improvement with these treatments then you should see a dermatologist for specialized care.



From: Clinics in Dermatology (2008) 26, 45–51

Major Points:

- Incontinence-associated dermatitis is a common problem in patients with incontinence.
- The use of soap and water is not the most appropriate method for skin care of patients with incontinence.
- Structured skin care, including cleansing after each pad or diaper change
- A skin protectant is recommended for patients with incontinence who are at risk of developing incontinence-associated dermatitis.

References:

1. BEECKMAN D., SCHOONHOVEN L., VERHAEGHE S., HEYNEMAN A. & DEFLOOR T. Prevention and treatment of incontinence-associated dermatitis: literature review. *Journal of Advanced Nursing* (2009) 65(6), 1141–1154.
2. Runeman B. Skin interaction with absorbent hygiene products. *Clinics in Dermatology* (2008) 26, 45–51.

RESOURCES

Kaiser Resources:

To learn more, please go to the Kaiser Home Pages of our doctors and click on Urinary Incontinence in Women:

Dr. Michelle Morrill: kp.org/mydoctor/michellemorrill

Dr. Diane Sklar: kp.org/mydoctor/dianesklar

**Mind Body Program*

Kp.org

Health and Wellness

Live Health

Podcasts (lower left margin)

Pain: 15 minutes

Anxiety: 9 minutes

Stress: 16 minutes

Relaxation: 23 minutes

Sleep: 27 minutes

Books:

The Better Bladder Book by Wendy Cohan, RN

Ending Female Pelvic Pain by Isa Herrera MSPT, CSCS

Organizations, Support Groups and Websites:

American Urogynecology Society Foundation (AUGS)

www.mypelvichealth.org