

Incontinence: where is that leak coming from? Physiotherapy Guide

Physiotherapy

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The problem of incontinence

Incontinence can affect both men and women and can occur at any age. You may be surprised to learn physiotherapy can help with the problem and a specialist physiotherapist will help you understand your problem better.

There can be many causes leading to incontinence. With the help of your specialist physiotherapist, you can decide on the best treatment for your cause.

This leaflet will inform you on the different types of leakage and how we can work towards continence.

Type of leakage

Stress incontinence

- Increasing pressure inside the abdomen pushes down on the bladder causing small amounts of urine leakage.
- This pressure is usually increased by activities such as coughing, sneezing, laughing, lifting or sport.
- It is more common in women - why?

> Pregnancy: weakening and stretching of the pelvic floor muscles (PFM) in pregnancy and childbirth reduces PFM support of the urethra causing stress incontinence when doing activities that push down the bladder.

> Menopause: during menopause, there is less production of the hormone oestrogen. Oestrogen helps maintain urethra lining thickness to keep the urethra sealed after passing urine. Loss of the hormone can therefore lead to stress incontinence.

- Men may experience stress incontinence following prostate surgery that can last 6 to 12 months.

Urge incontinence

- This is a sudden strong need to urinate and can be called “overactive bladder”.
- The bladder muscle (detrusor) should remain relaxed as the bladder gradually fills up. The gradual stretch gives us the feeling of wanting to go when the bladder is about half-full. An overactive bladder can feel fuller than it actually is, making it contract too early - and not when you want it to - resulting in a leakage of urine before you have time to reach a convenient toilet.
- Waking at night needing the toilet (nocturia) is a common problem.
- The reason for this is not completely clear but is associated with ageing, stress, alcohol and caffeine intake.
- Other causes are linked to neurological health conditions where the brain’s ability to send a message to the bladder is affected.
- Constipation, enlarged prostate and poor bladder habits can also result in urge incontinence.

Mixed Incontinence

- A combination of symptoms.
- You may experience both a “sudden urge” and leak when coughing/sneezing etc.
- Treatment can improve both problems, but the focus will be on what is most bothersome to you.

Is this common?

The NHS estimates between 3 to 6 million people have some degree of urinary incontinence, but only 1 in 5 seek professional advice. This figure could, therefore, be potentially higher if all cases were reported; so you're not alone!

Physiotherapy assessment

You can be referred to a specialist physiotherapist by your GP or consultant. A specialist physiotherapist, who understands how pelvic floor muscles function and contribute to bladder/bowel control, will assess you. As lifestyle can contribute to symptoms, it is important to know about your routine and any other medical problems. To check the strength of the pelvic floor muscles, the physiotherapist will offer you an internal examination. A full explanation will be given and only completed with your consent.

Physiotherapy treatment

On completion of assessment, your incontinence pattern will be explained and the best treatment options will be discussed together.

Treatment may include:

- Exercises - for your PFM and abdominal muscles.
- Lifestyle and dietary changes.
- Bladder charts - to record how much you drink and urinate.

Success of treatment will depend on you following the advice given. It can take a minimum of three months to strengthen PFM, however, changes can be noted before then. Research suggests motivation leads to greater success of treatment, therefore, we recommend you follow all advice given by your physiotherapist.

Why pelvic floor muscle exercises?

PFM are important for helping control your bladder and bowel and contribute to sex life. Even if you already do PFM exercises, you may not be using them at the right time or in the right way. The right technique can help reduce leakage. Your physiotherapist can:

- assess the strength of your PFM by internal examination.
- offer guidance on techniques.

This will ensure the home exercise programme you have is right for you.

There are further treatment options your physiotherapist may discuss with you, should you require additional strengthening.

Tips for drips

- Drinking: your aim should be 3 pints of fluid a day. You may need more during exercise or with salty food. Certain drinks can irritate the lining of your bladder, making you want to urinate more often and urgently.

> *Drinks that irritate the bladder: Coffee (and other caffeinated drinks), alcohol and fizzy drinks.*

> *Drinks that don't irritate the bladder: Decaf coffee/tea, water and squash.*

- Constipation: straining the bowels may weaken PFM making your leakage worse. Changing your diet and the way you sit on the toilet can help to empty the bowel but laxatives should be considered if this is not effective. Your physiotherapist will discuss this with you.
- Smoking: this can cause coughing on a more regular basis. Coughing, as mentioned, contributes to stress on the PFM so leakage can increase. If you would like help to quit smoking, please discuss your options with your GP or local pharmacist.
- Exercise: high intensity impact training and sit-ups can contribute to leakage by putting pressure on PFM. However, exercise should not be avoided and your physiotherapist can advise you on the right activities.
- Weight:

> *Increased weight can put strain on your PFM. Try to keep a steady body weight and avoid repetitive heavy lifting when you can. If, for example, your job requires heavy lifting always tighten your PFM before and throughout the lift.*

> *Research determined if you are overweight, a 5% reduction in bodyweight can halve the level of stress urinary incontinence.*

Suppress the urge

When you're prone to leakage, you can teach yourself to go "just-in-case", but this is actually not helpful. You are telling your bladder it is full when it actually isn't and you will begin to increase your frequency of voiding. Try to avoid this by doing an occupying activity or only going when you reach your destination if you still feel you need to.

A few distractions you could use:

- The car radio. On a longer journey, sing along or turn up the volume.
- Thought-required activity. Perhaps knitting, word/number puzzles, gardening etc.
- Reciting your favourite poem.

Remember: you are in control!

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

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