

A Healthy Bladder

What to do if things go wrong

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“The Bladder and Bowel Community is very close to my heart. Being an ostomate and living my life battling bowel disease and a chronic illness I know the importance of the Bladder and Bowel Community all too well. My aim has always been to break the taboo of living life with a Bowel or Bladder dysfunction/diversion or condition, raise awareness, and help people to understand that we are not defined by our condition. We won't let it stop us from achieving our goals and aspirations in life.”

Blake Beckford - Community Member

Introduction

A healthy bladder is important to all of us – it lets us get on with our lives. There are around 14 million people in the UK with a bladder control problem¹ and it can happen to anyone – men and women of any age.

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

This booklet contains useful and practical advice that may help people looking for information. It also includes a pull-out treatment guide which can help determine different types of bladder problems and provides a helpful self-assessment questionnaire for you to complete.

The good news is that a lot can be done to manage, improve and sometimes cure these conditions.

There are around 300 NHS continence clinics across the UK and in most cases, you can book an appointment yourself without needing a referral from your GP. These clinics are for men and women. Call us on 01926 357220 for the contact details of your nearest clinic.

¹B&BC Prevalence Research April 2009. 23% reported a bladder control problem and 11% a bowel control problem

How the bladder works

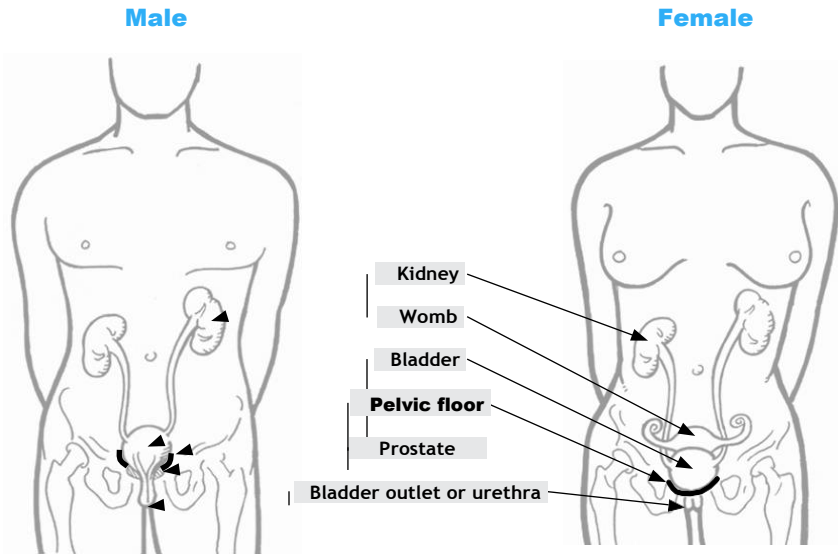
Urine is collected and stored in the bladder. The bladder is made of smooth muscle which is controlled by the automatic nervous system.

It is positioned in the lower part of the tummy just behind the pubic bone. In between visits to the loo the bladder relaxes and fills up. When you go to the loo the bladder squeezes and urine comes out through a tube called the urethra.

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

Both men and women have a pelvic floor. This is made of layers of muscles, which support the bladder and bowel. The pelvic floor muscles also help to stop leaks from the bladder and bowels.

The urethral sphincter is a circular muscle that goes around the urethra – the tube that urine comes out of. The sphincter muscle normally squeezes as the bladder is filling up – it creates a seal so urine can't leak out. When you go to the toilet, the sphincter muscle relaxes.



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 Urinary 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 or suction (ventouse) are used.

Many women have some leakage of urine during pregnancy but most bladder problems get better after delivery. Pelvic floor muscle exercises (see page 8) 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 nurse or specialist physiotherapist.

Some women develop stress urinary incontinence after the menopause. Even before the menopause, some woman may notice that stress incontinence becomes worse before a period. Occasionally, stress incontinence occurs after some operations on the pelvic organs or 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 bladder problems are caused by an overactive bladder:

- A sudden urge to go to the loo (called **urgency**)
- Unable to hold the urgency and reach the toilet in time (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 diabetes or a neurological condition such as a stroke or multiple sclerosis may also be affected. An overactive bladder can cause even more problems for people who have difficulty walking and cannot get to a toilet quickly.

There are several ways to improve an overactive bladder. Bladder retraining, healthy drinking habits, pelvic floor muscle exercises and electrical stimulation may all help: see pages 8-16 for more information. There are medicines that can help too, but these can have side effects like making the mouth dry and causing constipation. It is not unusual to have stress incontinence and urgency at the same time - this is called **mixed incontinence**.

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.

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

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

Keeping a healthy bladder

Preventing problems

Keep a healthy fluid intake - drink the right amounts

Drink the right amount and the right types. *(See page 8 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 muscle exercises every day.

These can help prevent all sorts of bladder problems: *(see page 8).*

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, your local continence nurse or continence physiotherapist. This is a nurse or physiotherapist who specialises in bladder and bowel problems.

B&BC can provide you with phone numbers of your local NHS Continence Advisory Service. 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?

Common Tests

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 an examination of the back passage may also be used to detect if the prostate gland is enlarged.

Urodynamics (cystometry) - 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 1.5 to 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 and anyone taking Warfarin medication 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 muscle exercises

These exercises can help keep your pelvic floor muscles in good shape and give you more control over your bladder and bowel. They can also be used to help you if you already have symptoms of pelvic floor weakness.

The pelvic floor muscles are layers of muscle stretched like a sheet from the pubic bone in front, to the bottom of the backbone. There are three openings through the pelvic floor in women and two in men - the anus (back passage), the vagina in the woman (birth canal) and the urethra (bladder outlet). The muscles support these three openings, but if they are weakened or not in good condition they cannot support the openings effectively.

Treatment Guide

Take this pull-out with you to your doctor, continence advisor, continence nurse specialist or physiotherapist.

Make a note of anything you are told,
this will be a useful reminder later.

Treatment Guide

Leaking	Rushing	Sleeping	Dribbling
If you: Leak urine when you cough, laugh, sneeze or move around (stress incontinence)	If you: Get a sudden urgent need to go to the toilet (urgency) or go more than 8 times during the day (frequency)	If you: Get up more than twice each night (nocturia) OR wet the bed (nocturnal enuresis) OR have prostate problems OR poorly controlled diabetes	If you: Find it difficult to start passing urine OR pass urine slowly OR dribble all the time OR you dribble immediately after you have finished passing urine (Post micturition dribble)
It may be caused by: Weak or damaged pelvic floor muscles or bladder neck sphincter	It may be caused by: An overactive bladder	It may be caused by: An overactive bladder	It may be caused by: A block to the bladder outlet
<p>It is not uncommon to get more than one of these: this is called 'mixed symptoms'. Some bladder problems are a sign of another medical condition - it is important to talk to your GP, continence nurse specialist or specialist physiotherapist. Here are some simple treatments that you may be offered...</p>			
<ul style="list-style-type: none"> • Pelvic floor muscle exercises • Electrical stimulation • Bio-feedback 	<ul style="list-style-type: none"> • Pelvic floor muscle exercises • Change drinking habits • Oestrogen therapy (for women) • Bladder retraining • Medication • Electrical stimulation • Bio-feedback 	<ul style="list-style-type: none"> • Pelvic floor muscle exercises • Change drinking habits • Bladder retraining • Medication • Enuresis alarms (children) 	<ul style="list-style-type: none"> • Simple methods to prevent 'after dribble' • Medication to improve the flow of urine • Catheters for intermittent self-catheterisation (ISC) • Medication for prostate problems (for men)
<p>While you are waiting for treatment, or if you leak urine and it can't be completely cured, using the right products will help. There are special pads and pants, as well as catheters, sheaths (for men), drainage bags and portable urinals. Call B&BC or ask your continence specialist for more details. If the simple treatments do not work for you - there are other options.</p>			
<ul style="list-style-type: none"> • Surgery: bulking injections, colposuspension, slings e.g. • TVT. Medication 	<ul style="list-style-type: none"> • Surgery: cystoplasty, bladder augmentation 	<ul style="list-style-type: none"> • No surgery 	<ul style="list-style-type: none"> • Surgery: prostate surgery for men

B&BC has information about all these:

For more information please call us on 01926 357220, email help@bladderandbowel.org or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS., or talk to your doctor, continence nurse or continence physiotherapist

Bladder control self-assessment questionnaire

Are you: Male Female

Please put the NUMBER that applies to you in the boxes shown by the arrows based on the following:

Not at all = 0 A little = 1 Moderately = 2 A great deal = 3

Symptoms				Bother
	Is it difficult to hold urine when you get the urge to go?		How much does it bother you?	
	Do you have a problem with going to the toilet too often during the day?		How much does it bother you?	
	Do you have to wake from sleep at night to pass urine?		How much does it bother you?	
	Do you leak urine?		How much does it bother you?	
	Now add the two columns downwards and put the scores in these boxes			
My Symptoms score		My Bother score		

Symptom score	This 'Symptom' score means:	This 'Bother' score means:	Bother score
0	You are fortunate and don't have a urinary problem	You are fortunate and don't have a urinary problem	0
1-3	Your symptoms are mild	You are bothered slightly by your symptoms	1-3
4-6	You have moderate symptoms	You are moderately bothered by your symptoms	4-6
7-9	You have significant symptoms	Your symptoms are of significant bother for you	7-9
10-12	You have very significant problems	Your symptoms are a major problem for you	10-12
If your symptom score above is 4 or over you should seek help		If your bother score above is 1 or over you may benefit by seeking help	

IMPORTANT - If you have blood in your urine, have difficulty passing urine, or pain on passing urine, you MUST talk to your doctor about it.

Why exercise these muscles?

When a muscle is not exercised it will weaken through lack of use. The pelvic floor muscles are no exception. The muscles of your pelvic floor have to be able to work in several different ways, just like other muscle groups in the body. The muscles need to be able to work strongly and quickly during times of sudden increase in intra-abdominal pressure (coughing, sneezing) to prevent leakage; and they need to work less strongly but be able to hold on for some time without letting go (endurance) so that you can get to the toilet without leaking. You can teach your pelvic floor muscles to work in these different ways.

How to exercise your pelvic floor muscles

You should sit or stand in a comfortable position with your legs slightly apart.

First you need to identify the correct muscles. Tighten and pull up the muscle around the back passage – as if you are trying to stop yourself from passing wind. 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 water and picture yourself trying to stop the flow of urine. The muscles which you tighten when you are trying to stop passing water are the front parts of the pelvic floor. Slowly tighten and pull up the pelvic floor muscles, from the back towards the front as hard as you can – this is a slow pull up.

Hold the squeeze for as long as you can (up to 10 seconds) and then relax the muscles. Relax for 3 or 4 seconds before trying another pull-up. Start with doing these 5 times and increase the number gradually (up to 8-12 times).

Now pull the muscles quickly and tightly, and then relax them immediately. These are fast pull-ups. Again, start with doing these 5 times and increase the number gradually (up to 10 times).

Each time you do a series of slow pull-ups, you might try to hold each pull-up for a little longer. Each time you do a series of fast pull-ups try to do more.

You should exercise your pelvic floor 3 times a day. Once you have identified the correct muscles and have mastered the exercises, you should be able to do them in any position without anyone noticing. You could try and get into the habit of doing the exercises every time you do something else that you do regularly for example; every time you clean your teeth or every time you work at the kitchen sink. However, especially when you first start to practice these exercises correctly, you will need to be able to concentrate fully on doing them so ideally try to set aside a quiet time to do them – they don't take long!

How long to continue the exercises

If you already have some symptoms of stress incontinence which might be caused by a weakened pelvic floor, do not be disappointed if you do not notice any improvement even after a month or two of exercising – it is a long process which needs patience and some will power.

It may help to talk to a continence nurse or physiotherapist about the exercises to make sure you are doing them properly. They may also be able to suggest additional exercises, exercise devices or muscle stimulation which could speed up the process.

Remember

- **Practice pelvic floor muscle exercises regularly to make the muscles stronger.**
- **Try and breathe naturally and avoid tightening your buttocks, leg and tummy muscles whilst you are doing your exercises.**
- **Stop exercising if your muscles begin to ache. Take a break.**
- **Don't give up. Keep doing the exercises.**

We have detailed Fact Sheets on how to do pelvic floor muscle exercises for men and women - please contact us for a copy or download one from our website at www.bladderandbowel.org

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 muscle exercises in the normal way. Electrical stimulation can also help improve 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 the example chart on next page). 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 8.

Your Bladder Chart

Time	Comment	Drinks
5:00am	woke up to have a pee	
7:20am	leaked before I got to the loo	Cup of tea
9:15am	made it to the loo in time	

Medicine

There are many 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. These drugs are called anticholinergics. There are also medications for men with prostate conditions. People react differently to different medications and all drugs can have side effects for example, dry mouth - if these side effects become troublesome or you have already tried one and it did not agree with you, it is worth asking your doctor or continence nurse if you can try another. We also recommend that you adhere to taking these drugs for the time the doctor has stated and avoid stopping your prescription at will without taking further advice on other options.

There is medication available for treating women with moderate to severe stress urinary incontinence, along with pelvic floor muscle exercises. Older people with other problems in addition to their bladder may benefit from seeing a specialist in medicine for older people.



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. B&BF 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, pharmacies or by mail order.

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.

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.

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.

But what if nothing has worked before?

It is worth finding out what can be done even if your previous experiences have not been successful. Treatments are improving all the time and specialist NHS continence clinics can provide you with expert help. We have a wide range of information about all aspects of bladder control, including details of any new products or treatments that may be available. Please call us for more information.



Bladder & Bowel Community Just Can't Wait card

A big problem with an overactive bladder is finding a toilet in time. B&BC has a 'Just Can't Wait' toilet card for you to use when you're out and about, shopping or socialising. It may help you gain access to toilets.

It doesn't guarantee you access to toilets but it states that you have a medical condition which requires the urgent use of a toilet, and most places you visit will try and help you.



The Just Can't Wait card is now absolutely free. To apply for a toilet card please visit our website at www.bladderandbowel.org or phone 01926 357220



Bladder & Bowel Community - Listening, guiding and supporting you

We provide information that allows you to make educated and informed choices, which will enable you to enjoy a greater quality of life.

We campaign for better services, treatments and products on your behalf, provide user-friendly booklets and fact sheets; offer online support forums and a magazine twice a year. It is not just a problem for the elderly and is not an inevitable part of ageing. There is help available.

We aim to:

- **Help break down isolation**
- **Promote emotional well being**
- **Encourage self help**

Get in touch:

- Find the contact details of your nearest NHS Continence Advisory Service by calling 01926 357220 or visit our website at www.bladderandbowel.org.
- Email us at help@bladderandbowel.org or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.
- Visit the website for information on how to manage your bladder or bowel control problems. You can also register on our Forum, which offers support, encouragement and understanding from people with similar problems.
www.bladderandbowel.org/forum

Please contact us today to find out more about the work of Bladder & Bowel Community and how we can help you. For all general enquiries, please call 01926 357220.

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 8 times a day.

Gynaecologist: doctor who specialises in women's healthcare.

Nocturia: having to get up several times during the night to go to the toilet.

Nocturnal enuresis: wetting the bed.

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

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

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.

Specialist Physiotherapist: Physiotherapist who specialises in the treatment of male and female pelvic floor muscle dysfunction.

Sphincter: a circular muscle that goes around the urethra.

Stress incontinence: the leakage of urine when you cough, sneeze or laugh.

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.
Urogynaecologist: Doctor / Consultant who specialises in incontinence and prolapse in women only.

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



Join the

Community Support Network

Sign up to our forum for support, advice and to join the conversation.

www.bladderandbowel.org/forum



Bladder & Bowel
Community

Published November 2016.

The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email help@bladderandbowelfoundation.org or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

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