# The Simple *Facts About*

## Female Urinary Incontinence

## You Probably Know Others With This Problem

Think of 10 women you know. Though they may never confide in you, chances are that one of them has a bladder control problem. It is a very common condition. In fact, more than 17 million Americans have urinary incontinence; they have difficulty controlling the emptying of urine from their bladders. And of the estimated 17 million affected, 80% of them are women.

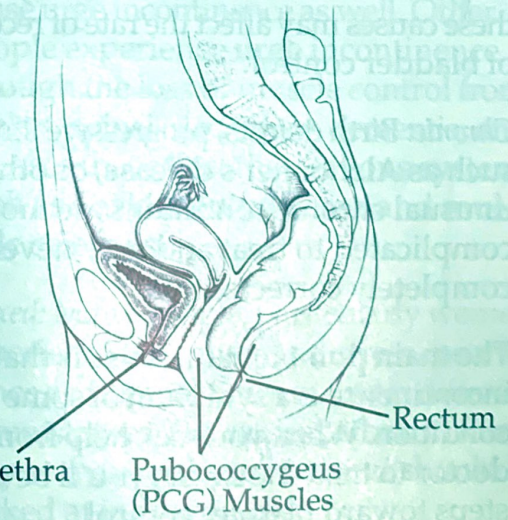
If you have bladder control problems, the first step is to see your doctor. In most cases, incontinence can be corrected or managed; it is not an inevitable part of life or aging. Nor is it necessary to accept long-term incontinence after childbirth. There are steps you can take to control incontinence and minimize its effect on your lifestyle.

Typically, a team of health care professionals, (doctor, nurse practitioner, and nurse), will work with you to diagnose and offer treatment options. Many people have learned to manage their incontinence and still lead full, active lives. This brochure has information to help you understand how the urinary tract works, what incontinence is, and what you can do about it.

## First, We Need to Understand the Urinary Tract

Your urinary tract is a system for creating, storing and expelling liquid waste, or urine, from your body. It consists of the kidneys, ureters, bladder and urethra. The kidneys take water and waste out of the blood stream and pass it through the ureters to the bladder. The bladder is a storage area for this waste fluid, called urine. Urine is made up of about 95 percent water and five percent waste. Some people think that by drinking less fluid, they will reduce their incontinence; that's not so. Instead, the urine becomes more concentrated, which can irritate the bladder, or cause more serious problems, such as infection and dehydration. In addition, reducing fluid intake can cause constipation, which may also make incontinence worse.

When the bladder is full, a continent person feels an urge to expel the stored urine through the urethra. Special muscles, called sphincter muscles, hold the urethral tube closed to prevent involuntary urination, so that the person can decide when to release the urine. Another muscle group, the pubococcygeus (PCG) muscles, also helps in maintaining continence.



The PCG muscles encircle the urethra, vagina and rectum. Many women with incontinence have weakened or damaged muscles, and may not be able to sense when their bladders are full, leading to difficulty in controlling their urination.

## There Are a Variety of Causes

There are many factors that can contribute to incontinence, including underlying medical conditions. Medical causes of incontinence are often classified as short-term, long-term or chronic in nature. Some of the common causes of bladder control problems are as follows:

*Short-Term:* Urinary tract and bladder infections, constipation, and medication side effects are some of the most readily treated causes of short-term incontinence. Relief is usually quick, requiring an adjustment by your doctor in medication, or a change in diet.

*Long-Term:* Childbirth, accidents, or surgical procedures can sometimes cause long-term incontinence. Recovery from these causes may affect the rate of recovery of bladder control.

*Chronic:* Birth defects, progressive illnesses such as Alzheimer's disease, or other unusual chronic conditions are more complicated to treat and may never be completely corrected.

The main point to remember is that incontinence is a symptom of some other condition. When you seek help from your doctor to treat the cause, you'll be taking steps toward bladder control.



## Incontinence Takes Many Forms

Incontinence affects individuals in different ways. Major forms include the following:

### Common Forms

*Stress:* Coughing, sneezing, exercising, heavy lifting, and strenuous activity bring on urine leakage in people with stress incontinence. Childbirth and some surgeries can weaken the pelvic floor, (the muscles under the bladder). Without enough muscle strength, urine escapes under stress. Young women with incontinence often have this form.

*Urge:* People with urge incontinence usually have larger accidents and can't seem to reach the bathroom in time, which is why it is sometimes called "key-in-the-lock" incontinence. Many women experience urge incontinence, often due to infections that irritate the bladder or urethra, or cause muscle spasms that force urine out of the bladder. Constipation, resulting in the impaction of stool, can cause urge incontinence as well. Other people experience urge incontinence through the loss of muscle control from strokes, spinal cord injury, dementia, and diseases that affect the nervous system such as Parkinson's disease and multiple sclerosis.

*Mixed:* Many people, particularly women, experience both urge and stress incontinence at different times or under different circumstances. The causes of the two forms may or may not be related and should be looked at individually.

### Less Common Forms

*Overflow:* Some people either do not get the urge to urinate or have a blockage of the urethra, (the tube that passes urine from the bladder out of the body). In both of these instances, the bladder never completely empties. When the bladder overfills, excess urine spills out. Nervous system disorders and spinal cord injuries are frequent causes of overflow incontinence.

*Functional:* People who are unable or unwilling to use a toilet are functionally incontinent. Severe arthritis or confusion brought on by other illnesses that prevents a person from using a toilet without assistance are examples of functional incontinence.

*Total:* Total incontinence is very rare. People who have total incontinence may have a birth defect or injury that causes urine to leak out of their body uncontrollably. Some people with dementia may lose bladder control only during the night. Dementia is the result of any number of illnesses that cause mental deterioration, such as Alzheimer's or Parkinson's diseases.

*Medication-Related:* Some medications may cause incontinence by relaxing muscles or blocking the signal the bladder sends to the brain to say it's full. Your doctor may decide to change medications to eliminate this side effect.

## What Form Do You Have?

Finding out what form of incontinence you have is the first step toward treating it.



Your doctor is the best person to make this diagnosis. You can help your doctor make an accurate assessment of the problem by first completing a urine voiding diary. A blank one is available in this brochure. The diary will help your doctor find patterns that provide clues to your incontinence. In addition to the diary, your doctor may ask for your personal and family medical history, a list of any prescription and over-the-counter drugs you are taking, a history of accidents, or additional information. So have all the facts you can gather ready before your appointment. In addition, your doctor may also recommend testing to make an accurate assessment.

## Urine Voiding Diary

The urine voiding diary provides your doctor with additional information to better diagnose your incontinence condition. The more accurate and thorough you are on the diary, the more it helps your doctor. Try to keep your diary for at least a week before you see your doctor. Be sure to take it with you to your appointment!

### Instructions for Voiding Diary

- Make at least seven photocopies of the diary, so you can keep the diary for a week.
- Record the time of day on the chart when you void in the toilet or have leakage.
- Record "Yes" or "No" that you voided in the toilet in the "Toilet" column.
- Record how much leakage you experienced, such as "None," "Damp," "Wet," etc., in the "Leakage" column.

- Indicate if you changed your absorbent product or had to change your clothing in the "Product/Clothing" column.
- If convenient, you may want to measure the amount you drank or voided. This may help the doctor or nurse further assess your condition. Record this in the "Fluid Intake" and "Fluid Output" column.

## Sample Urine Voiding Diary

**Date:** *Feb. 3*

| Time Voided | Toilet | Leakage | Product / or Clothing | Activity | Fluid Intake / Output |
|---|---|---|---|---|---|
| *7:30 am* | *Yes* | *No* | *None* | | *12 oz / 8 oz* |
| *8:30* | | *Damp* | *None* | | |
| *9:00* | *Yes* | *Wet* | *Pad* | *Lifting* | *8 oz / 5 oz* |
| *12:30 pm* | *Yes* | *Damp* | *Pad* | *Coughing* | *10 oz / 6 oz* |



## Urine Voiding Diary

**Date:**

| Time Voided | Toilet | Leakage | Product / or Clothing | Activity | Fluid Intake / Output |
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## Many Treatments Are Available

Incontinence is treatable in most instances. Your doctor will work out a treatment plan for you. Some of the treatment options your doctor may discuss with you include behavioral treatments, medication or surgery.

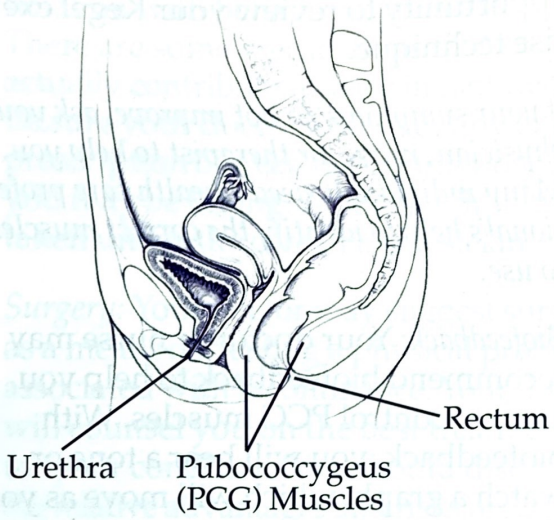
### Behavioral Treatments

*Kegel Exercises:* These pelvic muscle exercises were originally developed by Dr. Arnold Kegel to help women strengthen the muscles of the pelvic floor during pregnancy and after childbirth.

Kegel exercises strengthen the pubococcygeus (PCG) muscles simply by tightening and relaxing them. You can identify the muscles located around the bladder opening by starting and stopping your urine stream. These are the same muscles used for Kegel exercises. Stopping your urine stream is only a way to identify the muscles used for this exercise. It is not advisable to perform Kegel exercises while urinating.

Another way to identify the muscles used for Kegel exercises is to tighten the rectal muscles, (as when completing a bowel movement). Because they are part of the same muscle group, the rectal muscles always work with the muscles located around the bladder opening. It may take several tries to locate these muscles. Try not to use your stomach, buttock, or leg muscles. Do not hold your breath. See your health care professional if you have difficulty identifying these muscles.






Once you have identified these muscles, there are different types of Kegel exercises: the quick Kegel and the slow Kegel. In performing the quick Kegel, these muscles are rapidly tightened and relaxed. During the slow Kegel, the muscles are tightened for 3 to 10 seconds, then relaxed for 3 to 10 seconds. Increase the time the muscles are tightened and relaxed for maximum effectiveness of the exercises.

Most people start by completing a set of ten Kegels four times a day. Each week, the number of contractions and relaxations – and the length of time the contractions are held – are gradually increased. Kegel exercises may be done with other activities, such as watching television, ironing, or when relaxing. Because it may take several weeks to notice an improvement, it is important that you continue doing these exercises. Regular periodic follow-ups with your physician will help assess the benefits of these exercises, as well as provide the

opportunity to review your Kegel exercise technique.

*If your symptoms do not improve, ask your physician, nurse, or therapist to help you. Many individuals need a health care professional's help to identify the correct muscles to use.*

*Biofeedback:* Your doctor or nurse may recommend biofeedback to help you learn to control PCG muscles. With biofeedback, you will hear a tone or watch a graph, which will move as you tighten your PCG muscles. Biofeedback helps you obtain the greatest results from Kegel exercises.

*Bladder Retraining:* Bladder retraining is effective in helping people successfully increase the length of time between trips to the toilet. Often people with urge incontinence compound the problem by rushing to the toilet at the first sign that their bladder is filling. Jumping up to head for the toilet, combined with the anxiety of not wanting to leak, can actually cause incontinence. Bladder retraining helps reduce the anxiety through a formal toilet schedule tailored to each of your specific needs. If your doctor suggests bladder retraining, your bladder diary, as well as the schedule of activities that typically make up your day, will be important in helping develop a bladder retraining program for you.

*Medication:* In some cases, your doctor or nurse may prescribe drugs to help control incontinence, either alone or in combination with behavioral treatment. There are some medications that may actually contribute to your incontinence. Be sure your doctor knows of any and all prescription or over-the-counter drugs you may be taking. All drugs should be taken under the care of a physician.



*Surgery:* Your doctor may suggest surgery as a means of treating a physical problem associated with incontinence. Your doctor will counsel you on the best treatment for your condition. You should discuss the relative advantages and risks of surgery with your doctor.

*Catheterization:* Your doctor may talk about catheterization with you. Catheterization involves draining the bladder manually by inserting a small tube, called a catheter, through the urethra into the bladder. If the procedure is recommended by your doctor, it will be performed by you or a caregiver.

## Managing Incontinence During Treatment

There are many things you can do during treatment to reduce the effects incontinence has on your lifestyle.

### Diet and Health:

Paying attention to your diet can help. Eat high-fiber and high-carbohydrate foods, and make sure you drink plenty of water (50 to 72 ounces per day is recommended). Many people with incontinence make the mistake of trying to cut back on fluid intake, thinking that it will relieve their incontinence. Reducing

fluid intake can lead to constipation, which can contribute to incontinence problems. There are certain beverage and food items you should avoid, however, because they may make bladder problems worse by irritating the bladder. These include grapefruit and other acidic fruit juices, caffeinated beverages (coffee, tea and sodas), tomatoes, milk products, artificial sweeteners, spicy foods, and alcohol.

You should also watch your weight. People generally feel better when they are not overweight. Plus, there is evidence that extra weight can contribute to incontinence.

## Use Disposable Absorbent Products Designed Specially for Incontinence

You and your doctor or nurse should come to an agreement on the best treatment plan for you. Bladder control products will help you participate in the activities you find enjoyable during the time it takes for treatment to become effective or if your condition is not completely curable. Depend® and Poise® have many products available, including pads designed especially for your needs. You can ask your doctor or pharmacist to recommend the products that meet your specific needs.

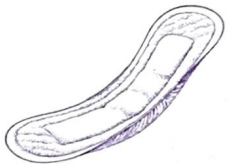


## Selection Guide

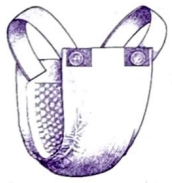
Make your product selection based on your absorbency needs. Depend® and Poise® Products have a variety of styles and absorbencies to choose from. Ask your doctor, pharmacist or call Depend® and Poise® Products weekdays, 8 a.m. to 4 p.m. CT at 1-800-558-6423 to assist you with selecting a product.

Heavy to Moderate to Light

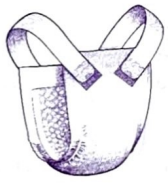
***Poise® Pads***



***Depend® Undergarments Button Strap***

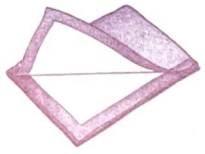


***Depend® EasyFit Undergarments With Adjustable Strap Tabs By Velcro USA Inc.***



***Depend® Fitted Briefs***

***Depend® Underpads***



## Take Charge of Your Bladder

A bladder control problem doesn't have to change your lifestyle. By taking the first step to contact your doctor about your condition, you're well on your way to regaining continence. Remember to prepare for your doctor's appointment by following the steps outlined in this brochure. And don't be afraid to ask questions. The more you tell your doctor, the better the evaluation of your condition will be. Keep a positive attitude and remember that you're in control, not your bladder.

## Resources

The books, brochures, self-help groups and support organizations listed below can also be helpful in understanding and coping with incontinence.

### Suggested Reading

*The Urinary Incontinence SourceBook* by Diane Newman, R.N.C., M.S.N., C.R.N.P., F.A.A.N., from Lowell House Publishers. This book is written in an easy-to-read format for people that are affected by incontinence. It covers information on incontinence and suggested preventive measures. It also discusses treatment options including absorbent products, pelvic muscle exercises, bladder retraining, medications, and surgery. The book can be ordered directly by calling 1-800-552-7551.

*Overcoming Bladder Disorders* by Rebecca Chalker and Kristene Whitmore, M.D. Compassionate, authoritative medical and self-help solutions for incontinence and other bladder disorders are included in this book. It can be ordered from Harper Collins Direct at 1-800-331-3761.



*Staying Dry* by Kathryn L. Burgio, PhD, K. Lynette Pearce, R.N., and Angelo J. Lucco, M.D., presents a program developed in conjunction with the National Institute on Aging and Johns Hopkins University School of Medicine. This program has helped 90% of the people who have tried it. It can be ordered directly from Johns Hopkins University Press at 1-800-537-5487.

*Answers to Your Questions About Urinary Incontinence* from the Bladder Health Council of the American Foundation for Urologic Disease. This brochure contains information about who is affected with incontinence and why; facts, causes, types of incontinence, and available tests and treatments. To receive a copy call 1-800-242-2383.

*Urinary Incontinence in Adults: A Patient's Guide* (Publication number AHCPR 96-0684) from the Agency for Health Care Policy and Research (AHCPR), U.S. Dept. of Health and Human Services. A booklet containing information on the evaluation of and treatment options for urinary incontinence. For a free copy, call or write:

AHCPR Clearinghouse
Urinary Incontinence Guidelines
Publication #96-0684
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