Urinary Incontinence Self Care Strategies
The goal of this presentation is to help you manage urinary incontinence.
You will learn about:
• how the urinary system works
• the different kinds of incontinence and self care strategies to manage your problem
• how to perform Kegel exercises so that they actually work to help your problem
# Myths and Facts About Incontinence

<table>
<thead>
<tr>
<th>Myths</th>
<th>Facts</th>
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<tbody>
<tr>
<td>No one else has this problem.</td>
<td>15-25 million Americans have problems with incontinence.</td>
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<td>Only old people have incontinence.</td>
<td>26% of women age 30-59 have problems with incontinence.</td>
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<td>There is nothing you can do to help yourself.</td>
<td>Research has shown that pelvic floor exercise, dietary and behavioral modification can help or cure incontinence.</td>
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How the Bladder Works-

Urine is made in the kidneys and flows into the bladder at about 15 drops per minute. The bladder is a hollow organ that stores urine. As the bladder fills, the muscle over the bladder stretches. When your bladder is full, it signals you that it is time to void. The bladder normally holds about 2 cups of urine.
The Voiding Reflex

When you urinate, the muscle over the bladder contracts while the pelvic floor muscles relax.

When you contract your pelvic floor muscles, the bladder is signaled to relax and stop emptying.
Types of Incontinence

- Stress Incontinence
- Urge Incontinence
- Mixed Incontinence
- Overactive Bladder
- Functional Incontinence
Stress Incontinence

Definition: involuntary loss of urine with increased intra-abdominal pressure

Symptoms: loss of a small amount of urine with exertion (cough, sneeze, lift)

Cause: pelvic floor weakness or loss of support for the bladder

Other names: stress urinary incontinence (old name: genuine stress incontinence – GSI)
How Could this Happen to Me?

Stress Incontinence:
Weak/damaged pelvic floor muscles associated with things such as difficult vaginal childbirth, chronic constipation, history of heavy lifting or high impact sports.
Urge Incontinence

Definition: involuntary loss of urine with a strong urge to urinate

Symptoms: loss of a large amount of urine associated with an irritant or trigger (running water, walking by the bathroom, putting the key in the lock, nervousness, leaking on the way to the bathroom)

Causes: uninhibited bladder contractions
Overactive Bladder

Definition: Urinating more than 7 times within 24 hours.

Symptoms: A strong urge to urinate without leakage; associated with frequency.

Cause: Going to the bathroom just in case, high intake of bladder irritants, worry or anxiety regarding leaking.
How Could Urge Incontinence or An Overactive Bladder Happen to Me?

- Going to the bathroom “just in case”
  This disrupts your normal voiding pattern.

- Drinking excessive amounts of caffeinated, carbonated or acidic beverages.
  These drinks can be bladder irritants.

- Not drinking enough water.
  Concentrated urine is a bladder irritant.

- Could be associated with declining estrogen levels with menopause.
Mixed Incontinence

Definition: both urge and stress incontinence symptoms.

Symptoms: frequency, urgency, loss of urine with activities that increase intra-abdominal pressure.

Causes: pelvic floor muscles weakness and uninhibited bladder contractions.
Mixed incontinence may be a progression of both stress and urge incontinence. Ignoring the “little leaks” may lead to a bigger and more complex problem.
Comparison of Urge and Stress Incontinence

<table>
<thead>
<tr>
<th>Incontinence Symptoms</th>
<th>Urge</th>
<th>Stress</th>
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<tbody>
<tr>
<td>Urgency (strong, sudden desire to void)</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Frequency with urge (voiding more than every 3-4 hours)</td>
<td>yes</td>
<td>no</td>
</tr>
<tr>
<td>Leaking during physical activity (i.e. coughing, sneezing lifting)</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Ability to reach the toilet without leaking</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Waking up at night to urinate</td>
<td>often</td>
<td>seldom</td>
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Functional Incontinence

Definition: loss of urine due to deceased mobility and an inability to reach the toilet in a timely manner.

Symptoms: walking slowly, difficulty with moving from sit-to-stand, inability to remove clothing quickly.

Causes: design of the home which makes it difficult to reach the toilet easily, specific muscle weakness and physical disability, general deconditioning.
How Did This Happen to Me?

Changes in your physical abilities:
• Arthritic changes to joints
• Decreased bladder awareness
• Decreased strength
• Decreased balance
• Impaired vision
• Physical barriers in your environment.
Factors that Can Affect Continence Other than Pelvic Floor Strength

Dietary factors
Medications
Smoking - bladder irritant
Alcohol - bladder irritant
Constipation - straining to pass stool
Excess body weight - increase pressure on the pelvic floor and organs
Dietary factors

Avoid Bladder Irritants

- Caffeinated beverages
  - coffee (limit decaf as well), tea, cocoa, chocolate, soft drinks
- Carbonated drinks
- Alcohol
- Acidic foods
  - Citrus fruit and juices (orange, lemon, grapefruit)
  - Cranberry juice
  - Tomatoes
- Spicy foods
- Artificial sweeteners
Constipation

Prevent constipation

- Drink adequate amounts of water
  - How much water should I drink?
    - Most people need 48 ounces of water per day
    - Your urine should be the color of pale straw without a strong odor.
- Increase fiber
- Increase aerobic exercise
  - Walking, swimming, biking
Fiber Basic Guidelines

High fiber foods can help relieve constipation. A diet rich in fiber can provide long-term health benefits.

Gradually adding fiber to your diet will help to prevent bloating, cramping or gas.

It's important to drink more fluids when you increase the amount of fiber in your diet. Drink 8 glasses of water per day when increasing the fiber in your diet.

Aim for 25-30 grams of fiber in your diet every day.

Food package labels list the amount of fiber per serving.

If you still suffer from constipation, talk to your health care provider.
Fresh fruits and vegetables are high in fiber. Below are high fiber foods:

- Apples
- Oranges
- Broccoli
- Cauliflower
- Berries
- Brussels sprouts
- Green peas
- Fig
- Prunes
- Carrots
- Beans
- Pears

Cooked fiber is just as effective as raw fiber, so incorporate high-fiber foods in your cooking.

Eat more whole-grain breads, cereals and brown rice.
Medications That Can Cause or Worsen Urinary Incontinence

- Blood pressure medications
- Cardiac medications
- Diuretics
- Opioids
- Antidepressants
- Antipsychotics
- Over the counter medications containing caffeine
Medications commonly used to treat incontinence at Kaiser:

- Oxybutynin (Ditropan) (DitropanXL)
- Tolterodine tartarte (Detrol)
- Imipramine (Tofranil)
Tools for Regaining Continence

• Pelvic floor muscle strengthening
• Bladder retraining, specific training for urge incontinence
• Specific training for stress incontinence
• Functional training
The pelvic floor muscles are found between the tailbone and pubic bone.
The muscles lift up and in with contraction or tightening.
How to do a Kegel or Pelvic Floor Contraction Correctly

Contract the muscles around the vagina and rectum as if to hold in urine and gas.
As the muscles contract they will close the openings of the vagina and rectum and lift upward.
Your abdominal muscles may draw inward during a Kegel. They should not bulge outward.

DO NOT HOLD YOUR BREATH!!!!!!!
The Pelvic Floor Muscles—how to strengthen

Holding contractions

- Tighten the pelvic floor muscles by drawing in the muscles around the vagina and urethra as if to stop urinating or stop gas.
- You may feel your abdomen draw in or flatten.
- Try to hold this contraction for 3-5 seconds while maintaining normal breathing.
- Increase to 10 second holds as you improve. Rest and let the muscles completely relax for 10 seconds. Repeat the cycle of contract and relax 8-12 times.
Quick Contractions:

• Contract the pelvic floor muscles, then maintaining this tension try to quickly contract the muscles in short bursts adding to the contraction. (Do 3-4 quick contractions on top of each contraction.)

• Rest and let the muscles completely relax for 10 seconds. Repeat this 8-12 times.
The Pelvic Floor Muscles—how to strengthen

- Do 2 sets of the holding and quick exercises, once in the a.m. and once in the p.m. while lying on your back with knees bent.
- As you get stronger, you can do these in sitting.
- Work up to doing these while standing. Gradually try to increase how long you hold each contraction up to 10 seconds.
Use Your Pelvic Floor Muscles In Your Daily Activities

- It is not enough to “to just do the exercises”.
- Incorporate these muscles into daily activities.
- Along with abdominal muscles, pelvic floor muscles are part of “core strength”. Contracting these muscles to stabilize the pelvis during normal daily activities is important for core stability.
Before you stand from a sitting position, lift an object or push/pull something you should:

• Take in a breath
• Contract your pelvic floor muscles
• Draw your abdominal muscles inward
• And exhale as you perform the activity.
Pelvic Floor Muscles In Daily Life

To lift, push or pull an object:
Bring the object close to you, bend your knees if necessary, take in a breath, contract your pelvic floor muscles, draw your abdominal muscles inward and exhale as you lift, push or pull.

To stand from sitting
Scoot to the edge of the chair, place your feet underneath you, lean forward, take in a breath, contract your pelvic floor muscles, draw your abdominal muscles inward and exhale as you stand.

To get out of bed
Roll to your side, drop your legs off the side of the bed, take in a breath, contract your pelvic floor muscles, draw your abdominal muscles inward, and exhale as you push up to sitting.
Sit at the edge of the bed, lean forward, take in a breath, contract your pelvic floor muscles, draw your abdominal muscles inward and exhale as you stand up.
Specific Tips for Stress Incontinence

Determine an activity that causes loss of urine—i.e. coughing, sneezing, lifting, standing from sitting, jumping, swinging a golf club.

Practice contracting the pelvic floor muscles BEFORE the aggravating activity.

For example, contract your pelvic floor muscles before you cough, lift or sneeze.
Rushing to the bathroom makes urgency worse. The tools below will help you get to the bathroom without leaking:

Diaphragmatic breathing helps to calm the bladder

Pelvic floor contractions
- 6 quick contractions of the pelvic floor muscles

Distraction
- For example: count backwards, sing, visualization

Once the urge has passed walk calmly to the bathroom.
Acupressure Technique to Calm Your Bladder

Acupressure Point (spleen 6)
- Find the point, 4 finger widths above the inside ankle bone.
- Apply even pressure at this point to reduce the feeling of urinary urgency when needed.
Bladder Retraining-A Tool to Decrease Urinary Frequency

Bladder retraining is a program of scheduled voiding used to slowly increase the time between voiding. Begin by determining how often you urinate during the day without leakage.

- Using that interval, create a schedule in which you urinate on a planned, timed basis.
- For example, if you void every hour without leakage, you would now go to the bathroom every hour and 30 minutes. It is important that you urinate on this schedule. If it is your scheduled time to urinate, it is important to do so even if you don’t feel as if you have to urinate. When you can do follow this schedule without leakage for 3 days, advance to voiding every 2 hours.
- Use urge tips to help you delay urinating to the next scheduled void.
- As you progress, increase your intervals by 30 minutes
- It is normal to urinate every 3-4 hours during the day. Do not follow a schedule at night.
Putting It All Together-
Key Elements to Regaining Bladder Control

Dietary Changes

Pelvic Floor Exercise

Specific Urge and Stress Tips

Bladder Retraining
For Additional Help

• Speak to your health care provider about your symptoms

• See Self Care tips on this website

• Call 925-295-5162, to schedule your appointment for the Continence Class