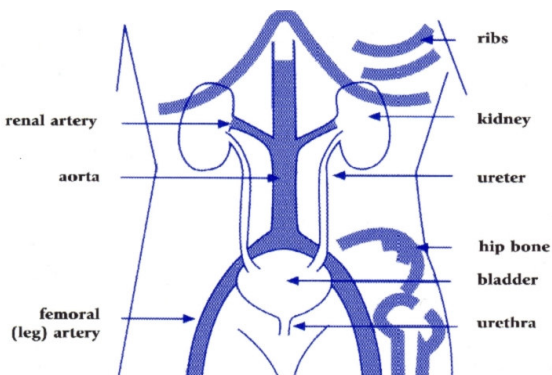


URINARY INCONTINENCE

HOW DOES THE URINARY SYSTEM WORK?



Your urinary system is made up of the kidneys, ureters, bladder and urethra.

Narrow tubes called ureters carry urine from the kidneys to the bladder. Urine is stored in your bladder and emptied through the urethra. The urethra is the tube draining the bladder.

Location of Kidney & Bladder

Your bladder is muscular and takes the shape of a balloon as it fills. It sits behind the pubic bone in the pelvis. In adults it holds about 350 - 500 mls of urine. As your bladder muscles relax, it expands and fills with urine. The neck of the bladder is supported by your pelvic floor muscles. Bladder muscles contract and at the same time the bladder neck and the urethra relax allowing urine to pass out of your body.

WHAT IS URINARY INCONTINENCE?

Urinary incontinence is uncontrolled leakage of urine from the bladder. It is often called 'poor bladder control' or a 'weak bladder'.

HOW COMMON IS IT?

Many Australians over 10 years of age have a problem with urinary incontinence. It is more common in women and older people. However the need to urinate more than twice a night affects almost 1 in 5 men over 40 years old. This is most often linked to an enlarged non-cancerous prostate.

WHAT CAUSES IT?

There are two main causes of urinary incontinence:

1. An illness or the development of a chronic medical problem or condition.
2. Problems with the bladder or the bladder outlet, including:

- **Stress Incontinence**

This is leakage of any amount of urine under force, eg when you cough, sneeze, laugh, stand or walk. It is the most common reason of urinary incontinence in women. Common causes include:

- Pregnancy and vaginal childbirth
- Hormonal changes occurring with breastfeeding and after menopause

- Prolapse, a condition where organs slip out of place. The bladder or uterus can be affected.
- Major surgery for prostate cancer in men
- **Urge Incontinence**

This is an urgent need to pass urine and failure to 'hold on'. It can result in problems with keeping a steady stream of urine, eg it is common to have stops and starts. This urge is caused by over active contractions of the bladder. Common causes of over activity include:

 - Ageing process, the most common cause in older people
 - Urinary tract infections
 - Long history of poor bladder habits, eg holding on for too long.
 - Conditions such as a stroke, multiple sclerosis, Parkinson's disease, enlarged prostate
 - Constipation
 - Emotional upsets
- **Overflow Incontinence**

This is when the bladder does not empty after urine is passed. It may be due to a blockage or weakened bladder muscle. It can cause frequent passing of small amounts of urine, eg over eight times per day in small amounts. Common causes include:

 - Enlarged prostate
 - Narrowing of the urethra
 - Spinal condition or injury.
- **Functional Incontinence**

This is the leakage of urine caused when someone is unable to get to or use the toilet in time. Common causes include:

 - Loss of memory
 - Poor mobility
- **Bedwetting** (nocturnal enuresis), which usually affects children

WHAT CAN YOU DO IF YOU HAVE A PROBLEM?

Bladder problems can be cured, improved or managed. Here are some self-help tips to assist you to manage this problem:

- Drink at least 1.5 litres (6-8 cups) of fluid per day unless your doctor says not to. Try drinking more during meals and have small amounts between meals to reach your goal. Some people with incontinence limit their fluid intake. This is not a good idea as it may reduce bladder storage and irritate the bladder making the problem worse.
- Limit the amount of alcohol and caffeine you drink, eg. coffee, cola, tea. Caffeine drinks may cause some irritation to the bladder.
- Take time to make sure that you empty your bladder completely. For females, make sure you are properly seated when using the toilet.
- Only go to the toilet when you feel the urge and your bladder is full. Don't go 'just in case' as this may cause smaller bladder storage. Some form of diversion often helps to reduce anxiety, eg hum a tune.
- Keep bowels regular and avoid constipation. Drink well, eat foods high in fibre and exercise regularly eg walking. Continual straining when using your bowels may weaken muscles around the bladder.
- Regular pelvic floor exercises help keep the pelvic floor muscles strong.

- Stay at a healthy weight, this puts less of a load on pelvic floor muscles.
- Wear clothing that is easy to undo when going to the toilet. Pads and special briefs can help with small spillages.

Remember urinary incontinence is not something you have to tolerate. If you are troubled, you can get help from your doctor who may offer treatment, refer you to a specialist or a continence nurse. They can advise you about things that make it easier to manage this condition, including:

- Medication
- Treatment for chronic diseases
- Bedpans, urinals and commodes
- Raised toilet seats, grab bars and good lighting

WHAT IS A BLADDER DIARY?

You may like to keep a bladder diary for three to five days to help you to keep a check on you incontinence. Your health care team can use this information when helping you to develop a management plan. This is one example.

Date	Time	Amount of urine passed	Urine leakage (Sml, Med,Lge)	Activity at time of leakage	Urge present?	Fluid intake (type, amount)
	6:00 am	100 mls	S	Getting up	yes	None
	7:00 am					

Extra information you may want to add can include:

- Type of absorbent pad used and when
- Number of each type of pad per day
- Bowel movements

For more information about kidneys health or this topic, please contact Kidney Health Australia:

Kidney Information Line (freecall) on 1800 682 531 or visit website www.kidney.org.au

Or contact the **National Continence Helpline** (freecall) 1800 330 066
Continence Foundation of Australia www.confound.org.au

This is intended as a general introduction to this topic and is not meant to substitute for your doctor's or Health Professional's advice. All care is taken to ensure that the information is relevant to the reader and applicable to each state in Australia. It should be noted that Kidney Health Australia recognises that each person's experience is individual and that variations do occur in treatment and management due to personal circumstances, the health professional and the state one lives in. Should you require further information always consult your doctor or health professional.

Kidney Health Australia gratefully acknowledges the valuable contribution of the National Renal Resource Centre and KHA Kidney and Urinary Advisory Group in the development of this material. Further information is available from the RRC on 1800 257 189
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