Bladder and Bowel Weakness

Managing incontinence

Advice for older people

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If you would like this leaflet in another format, such as large print or audio tape, please contact the Information Resources Team on 020 7278 1114.
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If you have accidental leakage of urine or bowel motion, this leaflet may help you to understand why, and give you some ideas on how to tackle the problem. These conditions are called 'incontinence' and affect more than six million people in the United Kingdom today. Many people don't talk about their problem or seek any help, because they are embarrassed or think that nothing can be done. This is not generally true.

In many cases incontinence can be improved, and it can often be cured. Even when the problem does not clear up completely, there are many ways of managing incontinence so that it does not interfere with your everyday life.

**How the bladder works**

The bladder is a balloon-shaped bag, surrounded by muscle in the lower part of your body. Urine is made in the kidneys and stored in the bladder until you are ready to pass water. When you go to the toilet the bladder contracts, the bladder outlet (the urethra) relaxes, and urine empties out. Your brain controls your bladder, sending messages telling it when to hold on and when to empty.

A normal bladder:
- empties four to seven times each day (every three to four hours)
- can hold up to three-quarters of a pint of urine, but usually feels quite full at about half this amount
- may wake you up once or twice at night to pass water
- tells you when it is full but gives you enough time to find a toilet
- empties completely each time you pass urine
- does not leak urine.

How the bowel works

The bowel takes the nourishment the body needs from food and gets rid of the waste it can't use. This waste travels along the large bowel where it is formed into bowel motions (faeces). When a bowel motion arrives in the rectum it creates a feeling of fullness. When you go to the toilet, the rectum squeezes the bowel motion out through the back passage, or anus.

Normal bowel motions:
- are soft and easy to pass
- may come several times a day, or only once every two to three days (either can be normal)
- don't need you to strain.
What causes urine incontinence?

There are many different types of incontinence – these are the most common:

**Stress incontinence** means leakage of urine when you cough, sneeze or exercise – even gentle exercise like walking can cause leakage if you have stress incontinence. It is most usual in women and is caused by a weak bladder outlet and pelvic floor muscles.

In women the bladder outlet is very close to the vagina. The pelvic floor muscles, which support the bladder outlet, can be stretched and weakened during childbirth. After the menopause the body stops producing the hormones which help keep the vagina and bladder outlet healthy. Being overweight can put added strain on the muscles.

Men may develop stress incontinence after a prostate operation.

**Urge incontinence** means having a sudden urgent need to pass urine, but not being able to reach the toilet in time. You may also need to pass urine more often than usual (this is known as 'frequency') and you may be woken several times at night.

Urge incontinence is often caused by an overactive or 'unstable' bladder. Many people find that the bladder becomes more unpredictable, gives less warning and needs emptying more often as they get older. This is normal, until it becomes a problem or starts to cause incontinence. Then is the time to seek help.

The cause of an overactive bladder is often unknown. Sometimes it happens following a stroke or other disease of the nervous system, when the brain is no longer able to tell the bladder to 'hold on' until you get to a toilet.

**Overflow incontinence** happens when the bladder does not empty completely. Urine builds up and in the end may overflow,
often as a frequent dribbling leakage. The bladder may not empty completely for a number of reasons.

- There may be an obstruction, such as an enlarged prostate gland in men.
- Severe constipation may block the bladder outlet.
- Diabetes may affect the ability of the bladder to squeeze effectively.
- Conditions such as multiple sclerosis, stroke or Parkinson's disease may make the bladder less efficient at emptying.
- It may be a problem related to ageing.

If you have overflow incontinence you may have difficulty starting to pass urine and feel that your bladder does not empty completely. The stream may be slower than before.

**Practical difficulties** can also lead to incontinence. For example, if you have walking difficulties you may find it difficult to reach the toilet in time. If your fingers are stiff it can be tricky to get clothes out of the way. Some people find it difficult or uncomfortable to get on and off a low toilet. A shortage of public toilets can also lead to problems when you're out. If there is also an urgent need to pass urine, incontinence may result from any of these problems.

**Other problems** may make incontinence worse.

- A urine infection may cause pain or a burning feeling, with smelly urine and a frequent need to pass water.
- Constipation irritates the bladder.
- Some medicines disturb the bladder. For example, water tablets (diuretics) make it fill more often.
• Not drinking enough makes urine very strong and concentrated. The bladder then becomes used to holding very little.
• Some drinks upset the bladder. Fizzy drinks and alcoholic drinks can cause problems, and so can drinks containing caffeine such as tea, coffee, chocolate drinks and cola.
• Drinking too much fluid causes a problem for some people.

**What causes bowel incontinence?**

**Constipation** is the most usual cause of bowel leakage. Hard bowel motions become difficult to pass. Small pieces may be passed without warning, or liquid mucus may be lost. This looks like diarrhoea, but it isn’t. Constipation may be caused by:
• not eating enough fibre (that is roughage, found in wholemeal bread and cereal, fruit and vegetables);
• not drinking enough (you should drink at least six to eight cups a day);
• not moving around enough;
• some medicines (such as some painkillers);
• not being able to get to a toilet or putting off going (in the end the feeling that you need to empty your bowel goes away); or
• some nerve and bowel diseases.

**Diarrhoea** causes frequent, urgent bowel motions. If you can’t find a toilet in time you could have an accident. Diarrhoea has many possible causes including the overuse of laxatives, an upset stomach, an irritable bowel or other bowel diseases.

Bowel incontinence can also be caused by muscle weakness (for example after childbirth) and nerve diseases. **Bowel**
incontinence, any change in bowel habits and any bleeding should always be reported to your doctor.

**What can I do to help myself?**

- Try to drink normally. Cutting down on liquids will make things worse, not better. Try to drink at least six to eight cups of liquid each day.
- Try cutting down on caffeine (tea and coffee); use brands without caffeine or drink water or soft drinks.
- Try to avoid constipation by eating plenty of fibre.
- Try to keep as active and mobile as you can. If you find walking painful, a visit to the chiropodist may help. For more information see our free advice leaflets *Keeping Mobile* and *Fitter Feet*.

**Stress incontinence**

The best treatment for stress incontinence is **pelvic floor exercises**. Losing weight may also help control stress incontinence, and if you smoke, try to stop – coughing may make you leak more often.

**Urge incontinence**

The best treatment for urge incontinence is **bladder training**. Also, make sure the toilet is easy to get to and that clothes are easy to remove.

**Overflow incontinence**

This is not an easy problem to deal with yourself. Try not to spend long periods straining at the toilet. See ‘Who can help?’ on pages 12–13 for information about the professional help available.