If you have accidental leakage of urine or bowel motion, reading this leaflet may help you to understand why, and give you some ideas on ways of tackling the problem. These conditions are called ‘incontinence’ and affect over 3 million adults in Britain today. Many people do not talk about their incontinence 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 coping with incontinence, using aids, equipment and services, so that it does not interfere with your everyday life.

This leaflet will help you to understand how your bladder and bowel work, which type of incontinence you have, how to help yourself, and who else can help. The last section gives some other sources of information, if you need more advice.

**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 are at the toilet the bladder contracts, the bladder outlet (known as 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 4-7 times each day (every 3-4 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 cannot use. This waste travels along the large bowel where it is formed into bowel motions (known as faeces). When a bowel motion arrives in the rectum it creates a feeling of fullness. If you find a toilet, the rectum will squeeze the faeces 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 2-3 days (either can be normal)
- do not need you to strain

If you are not able to get to a toilet or ignore the feeling of fullness, you may become constipated.
What causes urine incontinence?

There are many different types of incontinence. These are the most common:

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

For women the bladder outlet is very close to the vagina (birth canal). The pelvic floor muscles, which support the bladder outlet, can be stretched and weakened during childbirth. After the menopause (or change of life) 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 send messages properly to make the bladder ‘hold on’ until the toilet is reached.
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.
- Nerve diseases, 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.

There may also be practical difficulties that can lead to incontinence. Many people find it increasingly difficult to use the toilet as they get older. This could be for a number of reasons.

For example, you may become slower at walking and simply find it more difficult to reach the toilet in time. In the same way, your hands may be less nimble at removing clothes. Another problem for a lot of people is that it becomes uncomfortable to sit down on a low toilet.

If your eyesight is poor, it may be difficult to find a toilet in strange surroundings. Stairs may become difficult to manage, and many toilets are upstairs. Finally, there is a shortage of public toilets in many places, which can lead to problems when you're out and about.

If there is also an urgent need to pass urine, incontinence may result from any of these problems.
Other problems may make incontinence worse.

- Urine infection may cause pain or burning, with smelly urine and frequent passing of urine.
- Constipation will irritate 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 can upset the bladder, especially those containing caffeine such as tea, coffee and cola, and alcoholic drinks.
- Drinking too much fluid causes a problem for some people.

### What causes bowel incontinence?

**Constipation** is by far 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 is not. 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 6-8 cups a day)
- not moving around enough
- some medicines (such as some painkillers)
- ignoring a full rectum for too long - in the end the feeling that you need to empty your bowel goes away
- some nerve and bowel diseases

**Diarrhoea** causes frequent, urgent bowel motions. If you cannot find a toilet in time, leakage may result. Diarrhoea has many possible causes including the use 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?**

Here are some general points that may help you.

- Try to drink normally. Cutting down will make things worse, not better. Try to drink at least 6-8 cups of liquid each day.
- Try cutting down on caffeine (tea and coffee); try brands without caffeine or a variety of soft drinks.
- Try to avoid constipation. Eat plenty of fibre. Visit the dentist if you cannot chew properly.
- Try to keep as active and mobile as you can. If you find walking painful, a visit to the chiropodist may help.

**Stress incontinence**

The best treatment for stress incontinence is pelvic floor exercises. These exercises are explained in the next section. 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, which is explained on page 9. Make sure the toilet is easy to get to and that clothes are easy to remove (see page 12).

**Overflow incontinence**

This is not an easy problem to deal with yourself. Try not to spend long periods straining at the toilet. See page 10 for information about the professional help available.