Physiotherapy Department

Incontinence and Bladder Problems in Women

Patient Information Leaflet
Many women have a bladder problem at some time in their lives. It is a common complaint and is not restricted to any particular age group. Most women, regardless of age, can be treated and all incontinence can be managed.

**Stress Incontinence**
This is the most common type of incontinence and is when urine leaks during activities such as coughing, sneezing, lifting, and during exercise. It can be caused by weakening of the muscles, called the pelvic floor muscles that keep urine stored in the bladder. When these muscles become weak they may be unable to cope with the rise in abdominal pressure that occurs during activity. Weakness of these muscles can happen because of childbirth, chronic constipation, persistent coughing and around the menopause. Being overweight may cause additional strain on the muscles and make the problem worse. Sometimes there is no obvious cause and leakage can occur despite having strong pelvic floor muscles.

**Urgency and Urge Incontinence**
Women who experience these problems may be tempted to empty their bladder at more frequent intervals. However this may make the bladder misbehave. In time the bladder will only hold a small volume of urine, and it has to be emptied often. This is called **frequency**. **Urgency** arises when the bladder needs to be emptied in a great hurry. Sometimes the urge to pass water is so strong that leakage happens before we get to the toilet. This is called **urge incontinence**. All these problems are related to the size of the bladder, how much it holds, and how it is trained to respond.
How does the urinary system work?
Urine is produced continuously, day and night, in the kidneys. It contains waste products from the body, and a steady trickle passes down the ureters, which lead from the kidneys to the bladder (see diagram).

A baby has an automatic bladder that empties and fills at regular intervals. Gradually we learn to control our bladder by recognising the sensation of a full bladder and emptying when a convenient moment to pass water arises.

How often should urine be passed?
This depends on two factors – the amount of urine being produced and the capacity of the bladder to hold it. In general the bladder should be emptied every 3 - 4 hours and perhaps once during the night.

On average about 300mL (1/2 – ¾ pint) of urine is produced by the kidneys every 3 – 4 hours, but this varies depending on how much a person eats and
drinks. The colour of the urine provides a quick check. Strong concentrated urine is deep orange in colour, and can smell strongly; it indicates that you should drink more fluids. At the other extreme, drinking a lot of liquids dilutes the urine, which can become almost colourless. In hot weather less urine is produced because more body fluid is lost through perspiration.

**How much urine can the bladder hold?**

The bladder is a storage tank, which expands on filling, rather like a balloon. As the bladder fills messages are sent along nerves to the brain, to keep us aware how full the bladder is. Some people can hold up to 500mL (1 pint) of urine in their bladders before feeling the need to empty, but much depends on how the bladder has been trained to respond.

**What causes frequency, urgency and leakage?**

A number of things can cause frequency and urgency. Some drinks such as tea, coffee, and cola stimulate the bladder and cause frequency. Urinary tract infections have this effect too and alcohol may do so in some people.

The bladder is very sensitive to our emotional state and frequency and urgency commonly occur when we are anxious or depressed.

Constipation can also cause urgency and frequency, because a loaded bowel can press on the bladder and irritate it.

However the most common cause of urgency is a ‘learned response’ (bad habit). Frequent emptying of the
bladder can become a habit and this stops the bladder from filling to its true capacity. It causes the bladder to become even more irritable, and a vicious circle is established.

**Controlling Frequency and Urgency**

Just as urgency is sometimes a ‘learned response’ it is possible to train your bladder to behave. You must be in control of your bladder, not your bladder in control of you.

Your aims should be to:

- Pass a minimum amount of 300mls of urine each time
- Have a minimum of three hours between emptying your bladder
- Have a maximum of 4 hours between emptying your bladder
- Empty your bladder between 6 and 8 times in 24 hours
- Only get up once at night to empty your bladder

It may be useful in the first place to keep a note of how often you empty your bladder and how much urine is produced. You can do this by passing urine into a measuring jug and recording the amount produced. You could repeat this every so often to see how you are progressing.

The following tips will help you achieve your goals:

- Aim to drink between 3 and 4 pints of fluid a day; water is best
- Eliminate caffeine
- Reduce your tea and coffee intake
- Avoid alcohol
• Never empty your bladder ‘just in case’
• Strengthen your pelvic floor muscles

To retrain your bladder you must learn to hang on when you get the urge to pass water. Try to hang on for 5 minutes, then 10 gradually increasing your holding time. Any of the following techniques may help you:

• Keep calm
• Stand still
• Tighten your pelvic floor muscles and pull your lower tummy muscles in hard, aim to hold for 20 seconds to allow the urgency to pass (see the following page)
• Curl your toes
• Sit on something hard e.g. the arm of a chair or a rolled up towel or apply pressure to the perineum. This technique activates a reflex which calms the bladder contractions
• Cross your legs
• Rub the outside of your thighs
• Distract your mind, count backwards, recite a poem etc.
• If your urgency follows a particular activity or routine e.g. putting the key in the door, or driving into your driveway it may help to change the routine such as using a different door or reversing the car into the drive.

You will have good days and bad but don’t give up. You will succeed.
The Pelvic Floor Muscles
The pelvic floor muscles are firm supportive muscles which stretch like a trampoline across the bottom of the pelvis from the pubic bone at the front to the tail bone at the back. The openings from your bladder (urethra), womb (vagina) and bowel (rectum) pass through your pelvic floor, and the pelvic floor muscles help to hold these structures in place and to close the bladder outlet and the back passage. These muscles are kept slightly tense to stop leakage of urine from the bladder and faeces from the bowel. When you pass water or have a bowel motion the pelvic floor muscles relax. Afterwards they tighten again to restore control. The closing force of the pelvic floor muscles also stops the bladder from contracting, so being able to hold a pelvic floor muscle contraction will control urgency and help prevent leakage. Weak pelvic floor muscles can also mean decreased satisfaction during sexual intercourse for both you and your partner.

The Muscles of the Pelvic Floor

![Diagram of the pelvic floor muscles](image-url)
How Can Pelvic Floor Exercises Help?
Pelvic floor exercises can strengthen these muscles so that they once again give support. The more you use and exercise them, the stronger they will be.

The Basic Exercise
Sit, stand or lie comfortably with your knees slightly apart. Imagine you are trying to stop yourself passing urine or wind and slowly squeeze and lift the muscles, drawing up and closing around the back and then the front passages.
The pelvic floor muscles work closely together with the deep tummy muscles so you may feel some tension around the lower tummy when doing this exercise – this is normal. However you should not:

- squeeze your legs together
- hold your breath
- tighten your buttocks

The Exercise Programme
To improve the function of your pelvic floor muscles it is important to work them hard and regularly. To set your starting programme tighten your pelvic floor muscles and hold the contraction for as many seconds as you can up to 10 seconds.

- How long can you hold the contraction ………. ?
  seconds

Release the contraction and rest for 4 seconds. Repeat the tighten, hold, release at least 7 times and up to 10 times if you can

- How many times can you repeat the contraction ……..?
For example: hold 4 seconds, rest 4 seconds, repeat 7 times. This is your ‘starting block’ and should be repeated 3 to 4 times a day.

This exercise will build the endurance of the muscles. You will gradually be able to work harder and for longer, i.e. increase your ‘hold’ time and your ‘repetitions’.

The pelvic floor muscles must also be capable of reacting quickly e.g. on coughing or sneezing so you must practice quick contractions.

- Tighten the muscles quickly and strongly and relax. Count how many you can do. Aim for 10 repetitions.

Your exercise programme should consist of:

- **Endurance** – slow controlled muscle contractions, your ‘starting block’ followed by
- Quick muscle contractions
- Aim for 3 to 4 sessions a day

The most difficult part of the programme is remembering to do the exercises. The following advice may help trigger your memory:

- Coloured stationary dots put in places that will catch your eye e.g. on the fridge, the kettle or your watch.
- Exercise after you have emptied your bladder
- Set an alarm on your watch
- Every time you answer the phone etc.

It takes time and effort, usually from 3 to 6 months, to gain improvement. Persevere, it will be worth it.
Advice

- **Avoid being overweight** – extra weight means the muscles have more work to do. Keeping at your correct weight can make a considerable difference to your symptoms.
- **Avoid constipation** – straining to open your bowels stretches the pelvic floor muscles making them weaker. It is important to drink plenty of fluids and you may need to adjust your diet.
- **Avoid heavy lifting** – lifting increases the pressure in your abdomen and lifting excessive weights puts extra strain on the pelvic floor. Remember to tighten your pelvic floor muscles before lifting, and hold tight until you release the load.
- **Exercise to avoid** – double leg lifts and sit-ups should be avoided as they put severe pressure on the pelvic floor. Avoid high impact exercises e.g. anything involving both feet off the ground at the same time such as jumping.
- **Sudden movements** – try to tighten your pelvic floor muscles before coughing, sneezing etc. This will help to prevent leakage.
- **Bladder emptying** – it is important to empty the bladder completely each time you go to the toilet. If you think your bladder may not be completely empty try rocking your pelvis forwards and backwards, it may help to empty a little more.
- **“Gadgets”** – you are advised NOT to buy any of the gadgets and devices that are advertised to treat incontinence without first seeking medical advice.

If problems continue you may need to seek further medical advice.
Equality Statement
At South Warwickshire NHS Foundation Trust we are fully committed to quality and diversity, both as an employer and as a service provider. We have a policy statement in our Equality Strategy that clearly outlines our commitment to equality for service users, patients and staff:

- You and your family have the right to be treated fairly and be routinely involved in decisions about your treatment and care. You can expect to be treated with dignity and respect. You will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

- You have a responsibility to treat other service users, patients and or staff with dignity and respect.

Our information for patients can also be made available in other languages, Braille, audio tape, disc or in large print.

PALS
We offer a Patient Advice Liaison Service (PALS). This is a confidential service for families to help with any questions or concerns about local health services. You can contact the service by the direct telephone line on 01926 600054, by email: Pals@swft.nhs.uk or by calling in person to the PALS office which is located in the Lakin Road entrance to the hospital.

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