

Treating Incontinence

Care Together

There are various ways to manage incontinence and minimising its effect on your lifestyle. These will depend on the type of incontinence you have. It is important that you have a continence assessment by a continence professional so that an appropriate continence management plan can be developed.

Completing a urine bladder diary or bowel diary before visiting the continence professional will ensure they can make an accurate assessment and diagnosis. Usually, a continence management plan will include some of the following options:

- drinking enough fluid every day (6-8 glasses)
- eating plenty of high-fibre foods to prevent constipation
- pelvic floor muscle exercises
- learning how to sit on the toilet properly
- bladder training program
- medication
- Incontinence aids such as absorbent products, catheters or condom drainage.

STRESS INCONTINENCE

Urinary stress incontinence is the leakage of small amounts of urine during activities that increase pressure inside the abdomen and push down on the bladder. This can include things such as coughing, sneezing, laughing, walking, lifting, or playing sport. If you leak urine during these activities, the best initial treatment may be pelvic floor muscles exercises. In some instances, these exercises have also been effective in reducing incontinence even in men.

URGE INCONTINENCE

Urinary urge incontinence is a sudden and strong need to urinate. You may suddenly need the toilet and perhaps leak some urine before you get there. The aim in managing urge incontinence is to improve control of your bladder by:

- reducing the degree of urgency and accidental leakage of urine
- gradually increasing the storage capacity or size of your bladder, and
- increasing the period of time between visits to the toilet.

A bladder training program can help improve your bladder control. Bladder training aims to increase the amount of urine the bladder can hold without urgently needing the toilet or leaking urine. Learning to 'hold on' to urine can be difficult to start with, but for many it becomes easier with practice. There are several tricks to doing this and these are best learned under the supervision of a physiotherapist or continence advisor. In addition, there are specific prescription medicines which relax the bladder muscle and may improve the success of a bladder training program.

Before bladder training begins, you need to keep an accurate bladder diary or record for three days of how often you pass urine. This bladder diary will help to identify your pattern of passing urine and when accidental leakage is likely to occur.

OVERFLOW INCONTINENCE

Urinary overflow incontinence is when the bladder is unable to empty properly and frequent leakage of small amounts of urine occurs as a result. When urine continues to fill a bladder which is not properly empty you may experience an 'overflow' of urine with little sensation

or warning. Overflow incontinence can cause serious damage to the bladder and kidneys and should always be treated and monitored by a continence professional. The bladder will need regular artificial emptying to prevent damage to the bladder or kidneys resulting in the backflow of urine. If you feel you are experiencing symptoms of overflow incontinence, it is important to immediately see your doctor who can organise tests to diagnose the problem.

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FUNCTIONAL INCONTINENCE

Functional incontinence is when a person does not recognise the need to go to the toilet or does not recognise where the toilet is. People experiencing functional incontinence often have someone caring for them or may be in residential care. Functional incontinence can be managed by ensuring easy access to a toilet, clear signage, good lighting and a pleasant environment. Clothing that is easy to remove will also help the person to be able to access the toilet more easily.

It is also important that caregivers monitor the person's toilet routine and ensure assistance is available to them at their usual toileting time.

CONSTIPATION

Drink at least 6-8 glasses of fluid a day and increase your fibre intake from a wide variety of foods, such as wheat bran, wholegrain breads, cereals, fruits, vegetables and legumes. If you increase the fibre in your diet, be sure to also increase the fluids.

MEDICINES FOR CONSTIPATION

It is best to get professional advice on laxatives as there are various types. The correct choice of medicine for your needs is very important and a continence nurse advisor or your doctor can help you select the one that is appropriate for you. Do not try to work out dosages yourself as the problem may get worse.

Take action if you have been constipated for 2-3 days or if outside of normal bowel habits. Always consult your doctor if constipation persists and make sure your doctor prescribes you with a long-term management plan if you get constipated regularly.

DIARRHOEA

If you experience ongoing diarrhoea it is strongly recommended that you seek professional advice from a doctor. Bowel conditions such as Crohn's disease can cause diarrhoea and require close medical management to keep the condition and your health stable.

Diarrhoea, or loose bowel actions, can be more difficult to control than formed motions. There are foods that trigger diarrhoea and others that help to settle down the bowel so changing your diet may help. Sometimes a specific type of fibre supplement can help. See your doctor or a dietician for more advice about these. It may be necessary to increase your fluid intake to replace fluids lost in bowel motions.

Your doctor may prescribe medicine to slow down the bowel and for abdominal cramps and nausea.

OTHER BOWEL PROBLEMS

Excess wind, faecal urgency and soiling may also be helped by altering your diet. Reducing your intake of insoluble fibre and increasing your intake of soluble fibre may be helpful. Alcohol, caffeine and smoking can all irritate the bowel.

For more information on continence care, a free sample or help selecting the most suitable DEPEND® or POISE® product,



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