

# Talking together about bladder control.

Frequently asked questions about  
urinary incontinence



## The Canadian Continence Foundation

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## Who wants to talk about loss of bladder control?

We do. We want everyone to be comfortable talking about loss of bladder control, which is also called *urinary incontinence*. Some people refer to it as *leaking urine*, or having an *overactive bladder*\*. Many people mistakenly think incontinence just "happens" when you reach a certain age.

### You should know...

Urinary incontinence is very common, can be treated, and is NOT a natural part of aging.

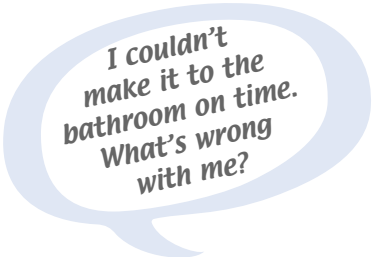
It is important that people are comfortable talking together about urinary incontinence. You can talk with friends or a health care professional, or to a qualified member of a support group, such as The Canadian Continence Foundation (see page 14). Health care professionals that you can talk to include doctors, nurses, pharmacists, physiotherapists, and other specialists.

Talking about urinary incontinence helps you learn about your options for treatment, and how you can continue to enjoy normal activities to maintain your quality of life. You can also find out how to prevent urinary incontinence by adjusting your lifestyle habits.

\*An *overactive bladder* means going to the bathroom very frequently, which is not the same as leaking.

**NOTE:** All terms in **bold** can be found in the glossary on page 13.

This booklet is designed to answer many of the questions people have about urinary incontinence. If you, or someone you love, is experiencing urine leakage, this booklet has information that will help you discuss it with a health care professional. In addition, this booklet contains a Symptom Checklist and Bladder Diary that you can complete and bring to your health care professional.



I couldn't  
make it to the  
bathroom on time.  
What's wrong  
with me?

### What is urinary incontinence?

Not everyone is familiar with the term *urinary incontinence*. Some people are not aware that there is help and treatment available. Many people are reluctant to discuss it, even though it can have a dramatic impact on your life. Incontinence can affect a person's ability to work. It can disrupt normal routines, and can cause people to avoid activities they used to enjoy.

### Urinary incontinence means:

*"losing urine when you don't want to and having to change your lifestyle in order to manage your bladder and urine control".*

### You should know

Urinary incontinence can happen to people of all ages, and it can always be managed, treated, or cured.

Urinary incontinence can be temporary or ongoing, depending on what is causing it. For example, if you recently had a **urinary tract infection**, your incontinence might be temporary. If you have been experiencing urine leakage for a while, you might have ongoing urinary incontinence. In either case, the condition can be treated and/or managed. Your health care provider can help you find the exact cause, and suggest the best treatment.



### Did you know?

- Incontinence affects over 1.5 million Canadians
- It affects one in five Canadians over the age of 65
- It causes feelings of embarrassment and frustration
- Half of those with incontinence do not consult a health care professional



## What causes urinary incontinence?

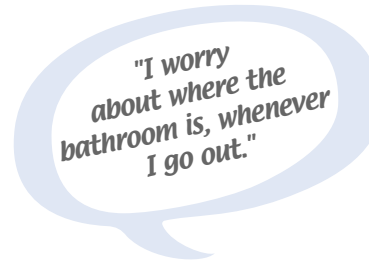
Temporary incontinence can be caused by:

- A **urinary tract infection**
- A **vaginal infection** or irritation
- **Constipation**
- A **hormone imbalance**
- Certain medications\*

Ongoing urinary incontinence can be caused by:

- A weakness of the **pelvic floor muscles**
- A weakness of the **urinary sphincter**
- An overactive bladder muscle
- A blocked urethra
- Mobility problems (difficulty getting around)
- Neurological conditions such as stroke, spinal cord injury, multiple sclerosis or other factors that affect the nervous system

*\* Pills for pain, allergies, blood pressure, and depression can cause or affect your symptoms. Tranquilizers, decongestants and heart medication can do so as well. It is important that you tell your health care professional what medications you are on, so that he or she can best diagnose your condition. If you can, bring your medications with you when you visit your health care professional.*

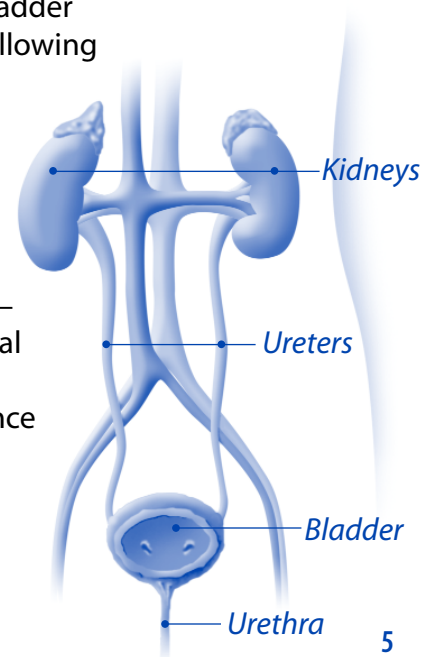


## How does the bladder work?

When you eat and drink, your body absorbs the liquid. The *kidneys* filter the waste products from body fluids by producing urine. Urine travels down two tubes called *ureters*, which connect the kidneys to the *bladder*. The bladder stores the urine. It expands to fill and contracts to empty. When your bladder is full, your brain receives a message. The brain then sends a message to the bladder that it is time to urinate.

The sphincter muscle relaxes and the bladder muscle tightens, allowing you to urinate.

The *urethra* takes the urine out from the bladder. If any part of the system is not working properly – from brain to spinal cord to muscles – urinary incontinence may occur.





"I bent over to pick something up, and I wet my pants!"

### What are the symptoms of urinary incontinence?

There may be different symptoms depending on which type of incontinence you are experiencing, and there are several types of incontinence. The most common three types are: *Urge*, *Stress* and *Overflow*.

#### Urge incontinence is:


- A strong need to go to the bathroom
- Not being able to get to the bathroom quickly enough when you feel the need to go
- Losing urine when you hear or touch running water

#### Stress incontinence is losing urine when you:

- Sneeze, cough or laugh
- Get up from a chair or get out of bed
- Go for a walk
- Climb stairs
- Bend over
- Lift heavy objects
- Have sex

### Overflow incontinence may cause:

- A feeling that your bladder is never completely empty
- Loss of small amounts of urine when you sneeze, cough, laugh, or lift objects
- Getting up often at night to go to the bathroom
- A feeling that you need to urinate, but can't
- Passing a small amount of urine, but still feeling as if your bladder is partly full
- Spending a long time at the toilet, but producing only a dribble of urine



"I don't play sports anymore, I'm too afraid of an accident."

## A Success Story

*"Incontinence is devastating at any age, and I have lived with it for so long! Any move that put the least bit of stress on the bladder caused leakage - it was very hard to live with year after year. In 1999, I saw a doctor who informed me about a new procedure. I decided that even at the age of 71, this was worth trying. It worked! I feel like I have been given a new life. It proves that there is hope for many of us living with incontinence. If a lot more people were helped in their earlier years, there would be a lot less incontinence to deal with later."*

**M. Fletcher**

You can fill out the Symptom Checklist and Bladder Diary on the next few pages, and bring them with you to show your doctor or nurse. If you are filling them out for a family member or spouse, you may not have all the answers. Be as accurate as possible.

## Symptom Checklist

Fill this out and bring it along to discuss with your health care professional. Knowing the symptoms will help him or her decide on your best course of treatment. Sometimes incontinence is the symptom of another condition. Describe your symptoms and how they affect your life. Talk openly about your options.

- 1. Do you lose urine when you don't want to?**  
Yes  No  Not sure
- 2. When you need to urinate, is there an urgency about doing it right away?**  
Yes  No  Not sure
- 3. Does leakage happen when you laugh, cough or sneeze, or lift something heavy?**  
Yes  No  Not sure
- 4. How long have you been losing urine?**  
Weeks  Months  Years  Not sure
- 5. Have you ever been diagnosed with a urinary tract infection or enlarged prostate?**  
Yes  No  Not sure
- 6. Do you experience burning when you urinate?**  
Yes  No  Not sure

7. Do you leak urine on the way to the bathroom or toilet?

Yes  No  Not sure

8. Do you lose urine in your bed at night?

Yes  No  Not sure

9. Do you go to the bathroom frequently to avoid losing urine?

Yes  No  Not sure

10. Do you use disposable pads, adult diapers or anything else to absorb the urine?

Yes  No  Not sure

11. Do you dribble after urinating?

Yes  No  Not sure

12. Do you have difficulty starting to urinate?

Yes  No  Not sure

13. How many times at night do you awaken to go to the bathroom?

0-2 times  More than 2 times  Not sure

14. Is your bowel function normal (i.e. no constipation, diarrhea or pain)?

Yes  No  Not sure

15. Are you taking pills? (Make a list of all your medications or bring your pills to your health care professional)

Yes  No  Not sure

16. Do you avoid activities because of your incontinence (such as shopping, golfing or gardening)?

Yes  No  Not sure

17. Does incontinence affect your willingness or ability to exercise?

Yes  No  Not sure

18. Does urine loss interfere with getting a good night's sleep?

Yes  No  Not sure

19. Has incontinence affected your personal relationships?

Yes  No  Not sure

Try to think of any other information that might help your health care professional properly diagnose and treat your urinary incontinence . . . complete and accurate information is very helpful!

# BLADDER DIARY

Supplied by  
The Canadian Continence Foundation

Complete this two-day diary and bring it to your health care professional to discuss.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Medications: \_\_\_\_\_

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## Bladder Diary DAY 1

Time	Amount Urinated		Did you feel a strong urge to go?	Leakage		How much	Drinks		
	How many times	How much		Yes	No		How many times	How much	Which drink
Sample	3	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	1	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	water	one cup
6-8 am		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
8-10 am		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
10-12 pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
12-2 pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2-4 pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4-6 pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
6-8 pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
8-10 pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
10-12 pm		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
12-2 am		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
2-4 am		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
4-6 am		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

A little    Some    A lot



## Bladder Diary DAY 2

Time	Amount Urinated		Did you feel a strong urge to go?		Leakage		Drinks	
	How many times	How much	Yes	No	How many times	How much	Which drink	How much
Sample	3	<input checked="" type="checkbox"/> A lot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	<input checked="" type="checkbox"/>	water	one cup
6-8 am		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
8-10 am		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
10-12 pm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
12-2 pm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2-4 pm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
4-6 pm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
6-8 pm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
8-10 pm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
10-12 pm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
12-2 am		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
2-4 am		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
4-6 am		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		



## What tests are used to diagnose urinary incontinence?

The most important first step is for you and your health care professional to talk about your symptoms and your medical history. Bring along the Symptom Checklist and Bladder Diary. There are also several tests that your health care professional may recommend, for the following reasons:

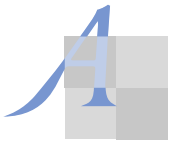
- **Blood tests:** To examine the blood for kidney function.
- **Cystoscopy:** To look for anything abnormal in the bladder and lower urinary tract. A small tube with a tiny light is inserted into the bladder.
- **Post-void residual (PVR) measurement:** To measure how much urine is left in the bladder after urinating. This can be done with ultrasound (sound waves) or by placing a small tube into the bladder.
- **Stress test:** To see if there is any urine loss when stress is put on the bladder muscles, usually by coughing, lifting or with exercise.
- **Urinalysis:** To examine the urine for bacteria, blood or anything abnormal.
- **Urodynamic testing:** To examine the bladder and urethral sphincter pressures. Done by inserting small tubes into the bladder.

"I go to the bathroom, and have to go again five minutes later."

### What are my treatment options?

Once you understand the cause of your incontinence, the choice of what to do is up to you. Many treatments are available, depending on what type of incontinence you have.

You and your health care professional can decide together which is best for you. You may find that something new has been developed which may be appropriate for you.



### Incontinence can be treated with:

- Behavioural techniques, such as bladder training/retraining
- Pelvic floor muscle exercises (PFMEs), also called Kegel exercises
- **Biofeedback**
- Medication
- Surgery
- **Intermittent catheterization**

Behavioural techniques, such as bladder training and **PFMEs**, are simple ways for you to control your own bladder and sphincter muscles. You may be advised to change the amount of liquid that you drink. Bladder training helps people learn different ways to control the urge to urinate.

### Surgery is an important option, as well. Surgery can be used to:

- Reposition the bladder neck (in women)
- Remove tissue that is causing a blockage
- Correct pelvic muscles that have become weak
- Enlarge the bladder to hold more urine

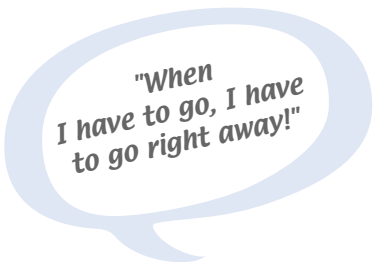
### Remember

*If your health care professional recommends medication to help your condition, follow the instructions and take your medication as prescribed. Be sure to report any side effects and any changes, good or bad.*

### There are also many products available to help you manage your incontinence:

- Re-usable and disposable mattress and chair pads.
- Disposable and re-usable pads, liners and briefs with inserts
- Protective clothing and specially-adapted clothing
- Condoms and **penile clamps** for men
- Urinals and bedpans
- **Vaginal pessaries** for women

Health care professionals and support groups, such as The Canadian Continence Foundation, are here to help. Let's talk about it!



"When I have to go, I have to go right away!"

## HEALTHY BLADDER HABITS

1. Drink non-caffeine fluids, 6 to 8 cups per day, and more if it is hot out or if you are exercising.
2. Do not "push" when urinating; this can put strain on the sphincter muscles.
3. Take time to empty your bladder completely.
4. Cut down on caffeine intake (not more than 2 cups of coffee, colas or tea).
5. Limit your alcohol intake to 1-2 drinks a day.
6. Regulate your urinating to every 3-4 hours and once or twice at night.
7. Maintain a healthy weight.
8. Do not smoke.
9. Avoid constipation.

## Glossary

**biofeedback:** A training technique in which people are taught to control their pelvic floor muscles.

**constipation:** Inability to or difficulty with having bowel movements.

**diarrhea:** Loose, watery stool occurring more than three times in one day.

**hormone imbalance:** An imbalance of progesterone and estrogen levels in a woman's body.

**intermittent catheterization:** Emptying the urine from the bladder several times a day by inserting a catheter through the urethra and into the bladder after you urinate and then removing the catheter.

**pelvic floor muscles:** Muscles that form a sling or hammock across the opening of the pelvis to keep all of the pelvic organs (bladder, uterus, and rectum) in place and functioning correctly.

**penile clamps:** A V-shaped casing with a foam cushion that fits around the penis - when closed, it stops the flow of urine without causing discomfort.

**PFMEs:** Pelvic floor muscle exercises done to strengthen the muscles that support the urethra, bladder, uterus and rectum.

**urinary sphincter:** A ringlike band of muscle that closes the urethra.

**urinary tract infection:** A bacterial infection of the urethra, bladder, ureters or kidneys (part of the urinary tract).

**vaginal infection:** An infection that occurs in the vagina. Often includes vaginal discharge, itching, and an unpleasant odour.

**vaginal pessaries:** Small plastic devices inserted into the vagina to hold the bladder neck in place and help prevent leakage.

About The Canadian Continence Foundation

## The Canadian Continence Foundation

### *Our Mission*

*"To enhance the quality of life for people experiencing incontinence by helping them and/or their caregivers to confidently seek and access cures and treatment options. To this end, The Canadian Continence Foundation will implement and encourage important public and professional education, support, advocacy and research to advance incontinence treatment and/or management."*

The Canadian Continence Foundation provides support for people with urinary incontinence. Among other things, we help increase awareness of this common condition. We also provide information about how incontinence can be treated and managed.

**Our goal is to work with both health care professionals and the general population to:**

- promote open discussions about incontinence;
- make proper care and treatment more accessible;
- improve the quality of life of people who experience incontinence.

The Canadian Continence Foundation (TCCF) web site has a great deal of information, including a list of health care professionals with a specific interest in urinary incontinence. Dozens of helpful books, information sheets, videos and newsletters are also available from TCCF through their web site or by writing to:

## The Canadian Continence Foundation

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*This booklet is part of a 3-year project supported by a financial contribution from the Population Health Fund, Health Canada. To view the new 2001 Clinical Practice Guidelines, Models of Care, and Reactor Panel Reports/Community Consultations, visit our web site.*

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