



The Canadian
Continence
Foundation

The CANADIAN CONTINENCE FOUNDATION

16th EDITION

April 1998

Informers

Bladder Control Tips

by Autumn Trumbull RN, BA
In collaboration with Dr. I Reid, MD,
FRCS, The Polyclinic, Charlottetown, P.E.I.



You may be experiencing loss of bladder control and trying to put together the pieces of the puzzle. The first step is to consult a health care professional who has a particular interest and expertise in urinary incontinence. There are some simple things you can do which may improve things as you wait to consult someone, or even as an addition to other treatments you are receiving.

DO NOT cut back on fluids

Cutting back on fluids may make the situation worse. Your body needs a certain amount of fluid to work properly. If you are not drinking this amount, your body will conserve fluid and you will produce less urine. The urine may become very concentrated with a dark colour and a strong odour. This can irritate the bladder and support the growth of bacteria which may cause bladder infections. You need to drink 6 to 8 eight ounce servings of fluid daily. It is best to take fluids periodically throughout the day. Taking large amounts (over 8 - 10 ounces) of fluid at one time can overwhelm the bladder and make it more difficult to hold on to the urine.

DO cut back on caffeine

It is best to avoid caffeine drinks such as coffee, tea, colas and cocoa. Caffeine causes the body to increase the production of urine so that your bladder fills more quickly and you have to urinate more frequently. Caffeine may also irritate the bladder. Alcohol, whether beer, wine or harder liquors, will do the same thing. For some people, avoiding citrus juices and fruits and tomato products may also be helpful.

DO drink bladder friendly fluids

The fluids that are most friendly to your bladder are water, apple juice and grape juice. Cranberry juice may be effective for people who have repeated bladder infections. It will not cure an infection but it may help prevent one. Remember, however, that it must be a cranberry juice rather than some of the cranberry drinks which have very little cranberry content. Please note that since cranberries are quite tart, there is usually a lot of sugar added to the juice.



This may be a concern if you are diabetic or on a weight reducing diet. Some juices are made with a sugar substitute. Also, if you experience urgency (the feeling of having to rush

continued on page 2

Our New Editor

The Canadian Continence Foundation is pleased to welcome **Autumn Trumbull, RN**, as the new editor of *The Informer*. Autumn has spent many years as a nurse at St. Joseph's Health Center, Toronto, helping individuals who experience incontinence in the community and in institutions. She has also been an incredibly dedicated volunteer for The Foundation in helping to raise both public and professional awareness about incontinence over the past two years. We are thrilled to have her aboard!

And Autumn responds: Many thanks for the welcome. During the last two years I have been greatly impressed by the dynamic growth of The Canadian Continence Foundation and by the commitment of the people who have made it happen. I am very pleased to be taking on this new position and hope that I will be able to provide you with a publication that is thought provoking and meets your education and information needs. In order to do this I look forward to your comments and suggestions as our readers.

Inside Information

You Asked Us	p. 2
Noteworthy	p. 4
Literature & Resource Review	p. 5
Order Form	p. 6

Governing Board Members

- Ms. Anita Saltmarche, R.N., MHSc, President
- Ms. Cheryl Gartley
- Dr. Sender Herschorn, MD, FRCS
- Ms. Elaine McCallum, LLB
- Mr. Tony McLean, Secretary/Treasurer
- Dr. Luc Valiquette, MD, FRCS
- Mr. Ted Wise, Industry Representative

Professional Advisory Panel

- Dr. Darius Bagli, MD
- Dr. Michael Borrie, MD, FRCP
- Dr. Susan Bowles, Pharm.D
- Ms. Claudia Brown, PT
- Dr. Jacques Corcos, MD
- Dr. Harold Drutz, MD, FRCS
- Dr. Catherine Flood, MD, FRCS
- Dr. Jerzy Gajewski, MD, FRCS
- Dr. Katherine Moore, RN, MN, PhD
- Dr. Sidney Radomski, MD, FRCS
- Ms. Carole Riback, M.Ed

Executive Director

- Ms. Malvina Klag

P.O. Box 30

Victoria Branch

Westmount, Quebec

H3Z 2V4

Tel.: (514) 488-8379

Fax: (514) 488-1379

www.continence-fdn.ca



Q. Can you provide some tips for the person with Parkinson's disease who experiences urinary incontinence?

A. Many persons with Parkinson's disease also experience urinary incontinence. Changes that take place in many areas of the nervous system may affect the bladder's ability to store and empty urine. It is important that the individual find a health care provider who will review the entire situation, rather than merely focusing on the bladder, since the incontinence may not be simply due to the Parkinson's disease. For example, an older man with Parkinson's disease may experience incontinence because he suffers from severe constipation or from an enlarged prostate gland. Also, problems with coordination may prevent him from reaching the bathroom and from removing his garments on time. In many older individuals, sophisticated diagnostic tests for incontinence are not necessarily helpful. However, bladder problems caused by Parkinson's disease can imitate symptoms of other kinds of bladder problems. For this reason, it is important for these individuals to have specialized (urodynamic) testing of bladder function to discover the cause of the symptoms. A team of health care providers, ideally at a specialized incontinence center, may provide the individual with the most accurate diagnosis and complete treatment plan. It is important that the physician have an interest and expertise in the area of continence care and is able to provide specialized diagnostic testing. A physician with experience with Parkinson's disease will be best able to prescribe the most appropriate anti-Parkinsonian and bladder relaxing medications and he/she will understand the impact of the disease related to treatment options. For example, the man with Parkinson's disease is more likely to have a poor outcome following surgery for an enlarged prostate. A physiotherapist can provide a walking assessment and gait training which could be of considerable benefit. An occupational therapist may be able to assess for aides that would be helpful such as properly placed grab bars, modified toilets or commodes and easy access clothing. A nurse may assist the patient with behavioural therapies, such as those outlined in the article "Bladder Control Tips", and provide guidance in finding management strategies. You may find participation in a Parkinson's disease support group helpful.

*You
Asked Us*

2

*Dr. George Kuchel, MD, FRCP,
Montreal General Hospital*

Bladder Control

to get to the bathroom on time) or frequency (a frequent need to urinate), the problem may in fact worsen with cranberry juice.

Other fluid considerations

If frequent trips to the bathroom at night are a problem, it may be helpful to concentrate on taking fluids earlier in the day and then to limit the amount of fluid you take for 2 to 3 hours before bedtime. This may also help if you have difficulty getting to the bathroom in time in the morning.

If you are taking diuretics (water pills), work with your health care professional to find the best time to take them. Take note of how long it takes for the medication to start working, i.e., how long is it between the time you take your pill and the time you have to start going to the bathroom more frequently. Once you know this, you may be able to start taking your medication when it causes you the least inconvenience.

Put your feet up

If you have heart problems or swelling in your feet, ankles, and/or legs, you may experience urinary incontinence at night associated with a need to go to the bathroom more frequently. This is because your heart is able to work more efficiently when you are lying down and is better able to pull the fluid away from your feet, ankles and legs. This fluid then passes through the kidneys and you produce more urine. You may also notice that if you lie down during the day you have to get up very soon to go to the bathroom.

To help this problem, elevate your legs when you are sitting, particularly in the evening, and avoid crossing your legs or ankles. Exercise, including walking and simple leg exercises can help to improve your circulation so that you do not build as much fluid in your lower limbs. Ask your family doctor about elastic stockings which may also help your circulation. Some people find it helpful to lie down to read a book or watch TV for a while before they actually want to sleep. This allows your body some time to get rid of some of the fluid before you settle for the night.

Quote for the day:

Science may have found a cure for most evils;
but it has found no remedy for the worst of them all –
the apathy of human beings.

Helen Keller

Tips continued from page 1

Avoid the "just in case" trap

If you experience sudden strong urges to go to the bathroom and are unable to make it in time, you may find yourself managing the situation by going to the bathroom more frequently, sometimes "just in case." Often these feelings of urgency have nothing to do with the amount of urine in your bladder. This means that you could go to the bathroom now, "just in case," and have a sudden and strong urge to go again within a few minutes.

Going to the bathroom too frequently can actually cause some problems. Your bladder is a muscle and like any muscle needs exercise to stay in shape. Stretching as it fills and contracting as it empties is the bladder's way of getting exercise. If you are continually going to the bathroom you are not allowing your bladder to fill and it is not getting the proper exercise. The muscle will get out of shape and your bladder will not be able to hold as much urine.



Try bladder retraining and urge suppression

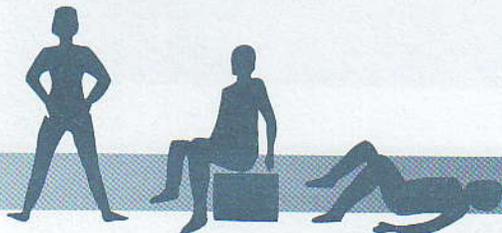
Bladder retraining and urge suppression, on the other hand, may be very helpful for those sudden strong urges. With bladder retraining you are gradually increasing the amount of time between visits to the bathroom. By using urge suppression exercises, you can try to put off the urge to urinate.

More about timing

Having said all of this, it is also important to note that putting off going to the bathroom for long periods of time can also create a problem. Doing this can cause your bladder muscle to stretch out of shape. Also if you have a problem with losing urine when you laugh, sneeze, cough or strain, then your bladder will have more difficulty holding on if it becomes too full. The lesson here, like in so many other areas of life, is moderation.

And of course, pelvic muscle exercises

A consistent program of pelvic muscle exercises may be helpful for stress and/or urge incontinence. In women these should be maintained throughout life to combat the effects of child bearing and aging changes. An instruction sheet for pelvic muscle exercises is available through the Canadian Continence Foundation. Please see the back page of this newsletter for ordering details. Your health care professional may also be able to help you further.



The "How To" of bladder retraining and urge suppression

- Keep a record of when you are getting an urge to pass urine for a period of about 3 days.
- Determine the average amount of time between the urges.
- Start going to the bathroom on a schedule 15 minutes longer than the average, i.e., if you found you were going to the bathroom every hour on average then start a schedule of one hour and fifteen minutes.
- Keep to this schedule even if you do not feel the need to pass urine (remember you are retraining your bladder to obey your time table).
- If you get an urge to go to the bathroom before your scheduled time do not run to the bathroom. The physical activity will only further excite your bladder. It may be helpful to sit down.
- Do some urge suppression exercises as described below:
 - if you know how to do pelvic muscle (Kegel) exercises properly then contract your muscle and hold it for 10 seconds. This signals your bladder muscle to relax so that the urge to urinate will pass. (Please note that if you are losing urine when you tighten your pelvic muscle you are probably also tightening your abdominal (tummy) muscle. This will put pressure on your bladder and squeeze urine out.)
 - diversion can be used on its own or along with pelvic muscle exercises. You can divert your attention to decrease the messages going from your brain to your bladder. Concentrate on counting backwards from one hundred or on doing deep breathing exercises, or repeating a word or a phrase.
- Once you get rid of the urge to go to the bathroom, try to wait until your next scheduled visit. If the urge returns try to get rid of it once again. Then, when the urge has passed, go to the bathroom.
- When you are able to maintain the schedule without accidents in between, then try to increase the schedule by another 15 minutes. (Note that some people are able to increase the schedule by 30 minutes instead of 15. Try both and see what works for you.)



Bladder Control Tips

continued from page 3

And a few other things...

If you are overweight then loss of weight may greatly improve the incontinence problem. Seek the assistance of a dietician who can help you with a well balanced diet. Fad diets rarely lead to sustained weight loss and may cause other health problems that could worsen the situation with your urine loss.

If you have constipation this can add to your bladder problems as well. For one thing, frequent straining to pass stool puts pressure on the pelvic muscle and can contribute to weakening of the muscle. Also, when the bowel is full of stool it puts pressure on the bladder. The bladder then cannot hold as much urine and you may have to pass urine more frequently. If the constipation is very bad, it may prevent you from emptying your bladder properly. Making sure that you are taking enough fluids and getting enough fibre in your diet can help to avoid constipation.

4

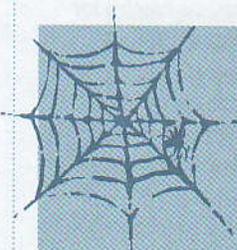
And now...ACTION!

Now you have the means of having some control over your situation. Remember that these measures do not take the place of a visit with a qualified and interested health care professional.

If you are having difficulty finding a health care professional the Canadian Continence Foundation may be able to help. A resource list of professionals working in the area of urinary incontinence by city has recently been developed.

*Burgio, K.I., Pearce, K.L., Lucco, A.J. **Staying Dry: A Practical Guide to Bladder Control.** The John Hopkins University Press, Baltimore, 1989*

*Norton, C. **Nursing for Continence.** Beaconsfield Publishers Ltd., Bucks, UK, 1996*



Web Presence

Please visit the Canadian Continence Foundation on the Internet.

www.continence-fdn.ca