

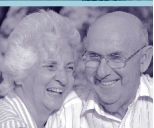


NAFC

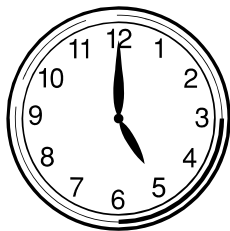
National Association For Continence



Bladder Retraining



A six-week
program



Promoting Quality
Continence Care through

Consumer Education

Always consult your doctor before trying anything recommended in this or any other publication that speaks to general health issues. NAFC does not endorse any products and services of third parties through this publication or otherwise.

A publication by
National Association For Continence

www.nafc.org

Bladder Retraining

A six-week program

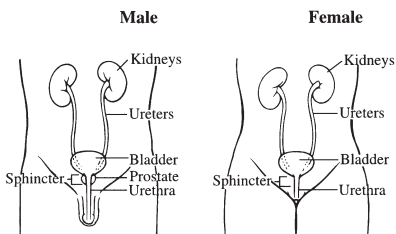


Urine is made by the kidneys and flows into the bladder

where it is stored. As the bladder fills and stretches, a message goes to the brain that

it is time to urinate. In the absence of a medical problem, the brain normally sends a message down to the sphincter muscle (the ring of muscles that stops the flow of urine) whether or not it is a good time and place to go. The sphincter's tension releases and the bladder muscle contracts to empty itself of urine through the urethra to the body's outlet. See Figure 1.

Content provided by:
Katherine F. Jeter, EdD
NAFC Founder



Urinary Systems - Male and Female

Controlling the bladder and sphincter muscle is hard to do and may get more difficult as we get older. But there is good news! Many studies over the years have supported the success of bladder retraining programs for both women and men experiencing symptoms of urge incontinence and urgency associated with overactive bladder (OAB).

To help determine if bladder retraining could be helpful for you, see if these symptoms are like yours:

- Urge Incontinence is the urgent need to pass urine without warning and the inability to

get to the toilet in time. “When I have to go...I have to go...” The frequency of this occurrence determines the severity of the problem.

- Overactive Bladder (OAB) is represented by urgency, frequency exceeding eight times in 24 hours, and awakened at night two or more times in order to urinate. Individuals can have OAB with or without urinary incontinence.

Men may experience urgency and frequency of urination because of an enlarged prostate that blocks the flow of urine and prevents the bladder from fully emptying. Sometimes this condition accompanies an OAB, requiring both the prostate and the bladder to be treated.

Older women, particularly postmenopausal women, are likely to have both stress urinary incontinence (SUI) and urge incontinence or OAB. SUI is leakage that occurs when laughing, sneezing, lifting heavy objects, or exerting other pressure on the bladder. SUI often results from obstetrical trauma in childbirth.

In either gender, there may also be neurological causes of urge incontinence or OAB. When the normal bladder is full, it sends the brain signals alerting it that it needs to be emptied. Nerve damage caused by diseases such as diabetes, Parkinson’s disease, multiple sclerosis, or strokes can cause interruptions of normal signals or even send erroneous signals – incorrect messages - between the bladder and the brain.

If you think that you have urge incontinence, stress urinary incontinence, symptoms of both, or OAB, make an appointment with your doctor. It is important to prepare for this appointment

in order to give your doctor the most accurate information about your symptoms to obtain a complete diagnosis, as each set of symptoms is treated somewhat differently. For at least two days before your doctor's appointment, complete a "Uro-Log" (Voiding Diary). This records every time you eat or drink something and every time you use the toilet to urinate or have an accident and accidentally lose urine. Take the completed forms and this Bladder Retraining pamphlet to your appointment to find out if the doctor thinks you will be helped by bladder retraining. The bladder retraining program is specifically designed to address symptoms of urge incontinence and OAB. It may be helpful for people with some neurological disorders but not necessarily everyone. If you have already been diagnosed and just learned about bladder retraining as a behavioral tool, ask your healthcare specialist if you can begin the program. Always consult your healthcare provider before trying anything recommended in this or any other publication that speaks to general health issues. The goal of bladder retraining is to slowly increase the time between voids and thereby decrease the number of trips you make to the bathroom in a 24-hour period. It also aims to reduce the number of accidents of losing urine before safely reaching the toilet.

A Six-Week Program to Retrain Your Bladder

You will need:

- The "NAFC Continence Chart," inserted on pages X and X. Make six copies because this program spans six weeks, and you need a chart for each week. You should see great improvement in just six weeks.
- A pencil or pen
- A clock

- A kitchen or pocket timer
- Determination to stick with it

Week One

(Use the Contenance Chart included and mark it Week One.)

Urinate when you first get up in the morning. If you have a hard time making it to the toilet when you get up, squeeze the muscle that holds back your urine before you get out of bed and count slowly to five. Then stand up and walk slowly to the toilet.

Empty your bladder as completely as you can and put a check (✓) in the gray column beside the hour you used the toilet. Now set your timer for one hour.

When the timer sounds, go to the toilet, even if you do not feel the need to empty your bladder. If you urinate, put a check (✓) in the gray column. If not, leave it blank. Then set the timer for one hour.

When the timer sounds, go to the toilet, even if you do not feel the need to empty your bladder. If you urinate, put a check (✓) in the gray column. Set the timer again for one hour. Continue this through the day until you go to bed.

Learning to control the urge:

When you feel the urge to urinate before the timer sounds, try to distract yourself.

1. Think about a very complex task:
 - a. Balancing your checkbook
 - b. Naming the streets through your city to a mall on the other side of town
 - c. Remembering all the words to a favorite song, nursery rhyme, or hymn
 - d. Listing the birthdays of ten friends

2. Think about something especially fun:
 - a. Vacationing on an exotic island
 - b. Lying in a hammock in the shade
 - c. Watching the sunset over the ocean

The feeling that you need to go should pass and you may be able to wait until the timer sounds. If you cannot wait, go ahead and use the toilet. Make a check (✓) in the gray column corresponding to the hour that this urge occurred and you urinated. Resume your hourly scheduled toileting.

Whenever you leak urine, put a check (✓) in the white column corresponding to the hour it happens. Write “D” for damp or “W” for wet beside the check in the white column corresponding to the hour this occurs. Change the damp or wet pad to a dry one.

You are ready to progress when, for a one week period, you are able to urinate every hour without leakage in between and when you are able to control the urge in between.

Week Two

(Use the Continenence Chart included and mark it Week Two.)

Urinate when you first get out of bed in the morning. If you feel like you may not make it to the toilet, squeeze the muscle that holds back urine before you get up and count to ten. Then get out of bed and walk slowly to the toilet. Put a check (✓) in the gray column beside the time you used the toilet. Now set a timer or clock for 1½ hours. When the timer sounds, go to the toilet. If you urinate, put a check (✓) in the gray column beside the time. If not, leave it blank.

Set your timer or alarm clock for 1½ hours. When the timer sounds, go to the toilet. If you

urinate, put a check (✓) in the gray column. Continue this all day.

In Week Two, just as in Week One, you will record any leakage you have in the white column by the hour in which it happened. Be sure to discard wet pads and put on a dry one.

When you feel the need to urinate before the timer has sounded, practice the distraction or relaxation techniques to control the urge until it passes. If you get uncomfortable and still have the urge to go, you may use the toilet. Do not be discouraged if this happens; it is normal. Your bladder problems did not happen overnight and they will not be cured overnight — or even in a week or two.

If you feel the need to urinate before the timer sounds when set at 1½ hours, you may opt to set the time for one hour and 15 minutes during Week Two. Then you can add increments of 15 minutes in the weeks that follow (Three through Six). Personalize our six-week program as needed.

Week Three Through Week Six

(Begin each week with a new Continence Chart.)

In weeks three through six, you will increase the time between urination to one hour 45 minutes in week three, two hours in week four, two hours and 15 minutes in week five, and anywhere between 2½ and three hours in week six, depending on individual progress. Compare continence charts each week to review improvement.

Tips for Success

1. Believe that you will be successful, and follow program directions to the letter.
2. Give bladder retraining a full six to eight

weeks, and do not give up if your progress stops for several days or if you have a setback. This program has helped many people.

3. If you find that complex mental tasks or relaxing thoughts do not make the urge to urinate go away, you may try the following:
 - Squeeze the muscles that hold back a bowel movement and hold back urine until the urge passes — then relax.
 - Roll up a bath towel and keep it on a firm chair. Sit on this roll when you have a strong urge to urinate.
 - Place a rolled towel between your legs and push it up against your body

Don't be discouraged by setbacks. Your bladder control problems may be worse:

- When you are tired.
- When you have your mind on many things.
- When you feel tense and nervous.
- When you have a cold or stomach flu.
- On cold, rainy, windy days.
- Right before a menstrual period (for women).

More ideas for Success

1. Avoid alcoholic beverages, coffee and tea. Drink plain water as much as possible.
2. Drink normal amounts of fluid evenly throughout the day. Six to eight glasses of water or non-citrus juices is plenty of fluid for one day.
3. Establish regular bowel habits. If you are constipated, add fiber to your diet, or use a laxative. Discuss this with your health professional.
4. Avoid going to the toilet “just in case.” This may turn into a bad habit, and lead to frequent urination.

5. Studies show that medication for overactive bladder (OAB) may be used in conjunction with behavioral modifications to improve bladder control.
6. Nerve stimulation is another treatment option. It uses mild electric pulses to stimulate a sacral nerve in the lower back. This nerve influences the bladder and surrounding muscles that control urinary function.

Want to learn more?

For further information on products and devices mentioned in this publication or to find an expert, contact the National Association For Continence (NAFC) by calling 1.800.BLADDER (252-3337) or on the web at www.nafc.org

Continance Chart for Bladder Re

Week beginning _____

Please put a check (✓) in GRAY cells

Place a check (✓) in WHITE cells

Add "D" for damp or "W" for wet

	Monday	Tuesday	Wednesday	Thursday
6:00 am				
7:00 am				
8:00 am				
9:00 am				
10:00 am				
11:00 am				
12:00 pm				
1:00 pm				
2:00 pm				
3:00 pm				
4:00 pm				
5:00 pm				
6:00 pm				
7:00 pm				
8:00 pm				
9:00 pm				
10:00 pm				
11:00 pm				
12:00 am				
1:00 am				
2:00 am				
3:00 am				
4:00 am				
5:00 am				

National Association For Continence is a national, private, non-profit 501(c)(3) organization dedicated to a threefold mission: 1) To educate the public about the causes, diagnosis categories, treatment options, and management alternatives for incontinence, nocturnal enuresis, voiding dysfunction and related pelvic floor disorders, 2) To network with other organizations and agencies to elevate the visibility and priority given to these health concerns, and 3) To advocate on behalf of consumers who suffer from such symptoms as a result of disease or other illness, obstetrical, surgical or other trauma, or deterioration due to the aging process itself.

This publication is supported by an independent educational grant from



©Copyright 2011. All rights reserved.
WP 10/11 5000

A publication by
NAFC
National Association For Continence

P.O. Box 1019 • Charleston, SC 29402

1.800.BLADDER

www.nafc.org