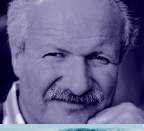




# NAFC

National Association For Continence



## What Every Woman Should Know

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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](http://www.nafc.org)

## How to Find a Healthcare Provider

- Call NAFC at 1-800-BLADDER for the name of a urologist or urogynecologist, or visit the NAFC website, [www.nafc.org](http://www.nafc.org), to “Find An Expert” by using your zip code. You can also search other professional databases for additional specialists by clicking on “Other Search Engines” on the NAFC homepage.
- If you cannot find a nearby healthcare professional using the NAFC Web site, look in your local yellow pages directory or call your local hospital and ask if the hospital has a continence clinic. Your medical insurance company will also have a list of specialty providers.
- Confide in a friend. Often friends will tell you where they had their treatment and if they were satisfied.

## About NAFC

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NAFC is the world’s largest and most prolific consumer advocacy organization dedicated to public education and awareness about bladder and bowel control problems, voiding dysfunction including retention, nocturia and bedwetting, and related pelvic floor disorders such as prolapse.

This material is based on professional advice, published experience and research, and expert opinion. It does not represent individual therapeutic recommendations or prescription. For specific medical advice, consult your personal physician or other knowledgeable healthcare provider. For further information, visit [www.nafc.org](http://www.nafc.org) or call us at 1-800-BLADDER (1-800-252-3337).

# Urinary Incontinence

## What Every Woman Should Know

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Urinary Incontinence is a condition affecting millions of adults of all ages in the United States. The majority suffers in silence, believing there's no remedy for this medical condition and that there's nothing for them to do except put up with it and adapt their lifestyles around their limitations.

Among women, there are many who resign themselves to the idea that incontinence is an untreatable consequence of having had children or a result of aging. Those suffering from this condition not only have to bear the physical symptoms; they have to bear a great deal of emotional suffering as well. Often they isolate themselves, they feel ashamed and they stop participating in many social activities because they feel embarrassed, which results in a loss of self-esteem.

If you or a loved one are affected by urinary incontinence, you should know that you are not alone. Approximately 25 million people nationwide are affected. It is estimated that between 75-80% are women. Women are between four to five times more likely than men to have urinary incontinence problems, in great part because of the trauma the body experiences during pregnancy and childbirth. Indeed, decisions made during pregnancy and childbirth can impact bladder and pelvic function for years to come. A few areas of a female's body are particularly important:

- The perineum lies between the vaginal and anal openings, the area cut with an episiotomy. Injuries, including from the episiotomy itself, may create muscle

weakness or bowel problems.

- Levator (pelvic floor) muscles provide key support for the pelvic organs – helping to maintain control over bladder and bowels. After childbirth, muscle strength is usually reduced.
- Pelvic nerves maintain strong and healthy levator (pelvic) muscles. Nerve injuries, especially common after a long or difficult delivery, are associated with incontinence.
- Connective tissues help to secure the pelvic organs in place. During childbirth they routinely stretch, tear and weaken.

## For Women in Their Childbearing Years:

### Preparing Your Pelvic Floor for Delivery

It's easy to overlook, as your due date approaches, one of the most important issues: your body.

**Start early.** Prevention should begin with your first baby, since this one appears to carry the greatest risk of injury.

**Kegel exercises** can decrease incontinence, and your first pregnancy is one of the best times to learn about them. Not only because the need is so great – up to 70% of women have some leakage during or after pregnancy – but also because the muscles are still at their greatest potential.

**Perineal massage** involves gentle stretching of the vaginal opening and may decrease the risk of birth injury and pain afterwards.

Weight gain and fitness may influence the risk of incontinence. Learn about an appropriate diet, exercise routine, and tips for posture and lifting of heavy objects.

Unrelated to childbirth, women can also experience spasms of the bladder due to unknown causes, what is known as an overactive bladder (OAB). This affects approximately 33 to 34 million adults in the U.S. (men as well as women). Among them, about nine million have accidents because they cannot reach the toilet before losing bladder control, the large majority of whom are women.

Women also have a greater probability of experiencing fecal incontinence, or bowel control problems. There is a variety of causes for these different types of incontinence, and it is possible to have multiple problems at the same time. You should seek treatment when you are not able to control your bladder or bowel as you once did or when the frequency or urgency to urinate is interfering with the quality of your life. In the great majority of cases, symptoms can be controlled or at least significantly improved with an accurate diagnosis and the appropriate treatment. These are medical problems, and not something to accept as part of having had children or growing older.

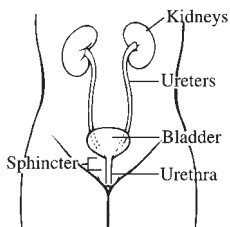
Actually, problems with control of the bladder and the bowels are not in themselves a disease; they are symptoms that can have many causes. It is important to understand that there's no reason to accept incontinence as if it were something that had no remedy. The first step is to become educated, in order to be able to understand your condition and decide with your healthcare provider the best way to treat and manage it.

## **How the Bladder Works**

In order to understand the causes of urinary incontinence, it is necessary to learn a little bit

about how the bladder works.

Normally, the bladder has two functions. One is to store urine produced by the kidneys. The second is to contract and push out the urine when it is convenient and socially acceptable to empty the bladder.



Female Urinary System

There is a sphincter muscle surrounding the exit to the bladder, or bladder neck, at its connection with the urethra (this is the tube that carries the urine to the outside of the body). The urethra extends from the neck of the bladder to the outlet located near the cervix in the vagina.

There are many conditions, such as menopause or obesity, which can interfere with the normal function of the bladder and sphincter.

There can also be neurological causes of incontinence. 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 due to high blood pressure, can cause interruptions of the signals between the bladder and the brain.

The condition of the pelvic floor muscles, located at the base of the pelvis, has much to do with urinary incontinence. The pelvic organs (the bladder, the vagina, the uterus and the

rectum) are supported by a complex “hammock” that includes different types of muscles and tissues. The pelvic floor muscles help to support the sphincter muscle that keeps the bladder closed while it fills with urine.

## Types of Bladder and Bowel Control Problems

- **Stress incontinence:** leakage that occurs when laughing, sneezing, coughing, lifting heavy objects, or exerting other pressure on the bladder. Often the result of pregnancy and childbirth.
- **Urge Incontinence:** loss of urine due to the inability to reach the toilet after the sudden or frequent urge to urinate. Most often caused by overactive bladder (OAB). Frequent bladder spasms resulting in urinary frequency, sudden urges to go to the bathroom, and having to get up at night to go to the bathroom are symptoms of OAB.
- **Mixed Incontinence:** a combination of stress and urge incontinence.
- **Fecal incontinence:** the inability to control liquid or solid feces resulting in seepage or staining of underwear. More likely to occur in women who have suffered physical trauma and nerve damage during childbirth, have stress incontinence, or prolapse of the rectum.

**Pelvic organ prolapse** refers to a weakening or rupture of the structural support of the pelvic organs allowing one or more organs to drop into the vaginal canal. Weakened muscles can allow the bladder or uterus to drop or the rectum to bulge or protrude. Prolapse can cause urinary incontinence from its early stages and interfere with sexual relations. Sometimes women with a “dropped” (prolapsed) bladder have difficulty

emptying their bladder due to blockage of the pathway. This can cause them to feel the sensation that they need to go to the bathroom often, but the problem is prolapse, not an overactive bladder.

They may also feel pressure in the perineum, the area between the vagina and the anus. They may even experience back pain. Especially after having given birth, part of the rectum may collapse and start protruding from the anal opening. Having given birth vaginally to three or more babies greatly increases the risk of prolapse. In this case, age is not a contributing factor.

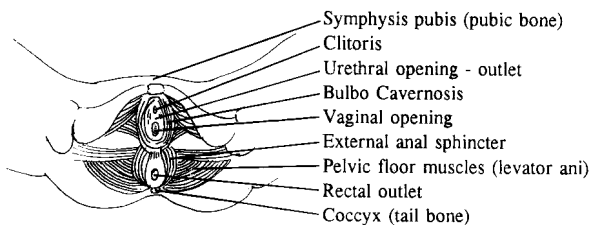
**Constipation** can worsen an overactive bladder because the brain could be sending signals to cause a more frequent urge to urinate; ironically, medications for overactive bladder could have the effect of causing constipation. Prolapse of the pelvic organs is also worsened by constipation because pelvic muscles can be further weakened by the strain or pushing to have a bowel movement.

## Treatment and Management Options

*Non-surgical management and treatment options:*

- **Weight loss** can greatly reduce the severity of stress incontinence, as obesity contributes significantly to stress incontinence and the weakening of muscle support.
- **Dietary changes** aimed at eliminating caffeine, alcohol, and artificial sweeteners may decrease irritation of the bladder wall and symptoms of OAB. A high fiber diet, regular physical exercise, and hydration help, especially with constipation.

- With the professional instruction of a specialized nurse or physical therapist, **bladder retraining** can help control OAB.
- **Routine pelvic muscle exercises** (PMEs), also known as Kegels, are considered essential for strengthening the support of the pelvic organs, controlling leakage from stress incontinence, and managing sudden urges. PME's are also important in maintaining sexual vitality. Women who have difficulty performing PME's on their own may find that biofeedback therapy or electrical stimulation can help them rehabilitate their pelvic floor muscles.



## Female Anatomy

- **Biofeedback therapy** uses small sensors close to the muscles of the pelvic floor to detect and record pelvic floor muscle activity. The goal of biofeedback is to ensure proper practice of PME's and to establish an exercise routine.
- **Pelvic floor stimulation** involves the controlled delivery of small amounts of stimulation to the nerves and muscles of the pelvic floor and bladder. This stimulation helps the muscles contract, thereby strengthening the pelvic floor and support of the bladder. Over time, it is believed that electrical stimulation helps relax the bladder muscle, so it also can be helpful for women with overactive bladder or urge incontinence. Biofeedback and electrical stimulation are available from a physical therapist or nurse.

## **Pelvic Muscle Exercises**

The muscles of the pelvic floor are located in the base of the pelvis between the pubic bone and tailbone. These muscles have three main functions: (1) they help support the abdominal and pelvic contents from below, (2) they help control bladder and bowel function, and (3) they are involved in sexual response. Like other muscles of the body, if they get weak they are no longer efficient at doing their job.

## **Identification of the Pelvic Floor**

It can be difficult to find the pelvic floor muscles. They are the ones used to hold back gas or stop a urine stream. It is important to isolate the contraction of these muscles and avoid tightening the buttocks or abdomen.

## **Quick Contractions and Slow Contractions**

PMEs can be performed anywhere, anytime, and in a variety of positions (sitting, standing, lying down, etc.) There are two types of exercises used to strengthen the pelvic floor. The first exercise is called a quick contraction, and it works the muscles that quickly shut off the flow of urine to prevent leakage. The muscles are quickly tightened, lifted up, and then released. The second exercise works on the holding ability of the muscles and is referred to as a long contraction. The muscles are slowly tightened, lifted up, and held up to the goal of 10 seconds.

## **Exercise Schedule**

To improve muscle function, PME's must be done regularly. It is advisable to start with three sets of 10 quick and 10 slow contractions, twice a day. Ultimately, the number of repetitions and sets can progress to three sets of 15 quick and 15 slow contractions, three times a day.

- **Topical (vaginal) estrogen**, low-dose vaginal estrogen tablets ( Vagifem) and vaginal estrogen devices, such as Estring, not to be confused with hormone replacement therapy, can help menopausal women who experience stress incontinence due to the inability to effectively close their urethral sphincter. This is because a woman's estrogen levels decline during menopause and can contribute to weakening and dryness of the vagina.
- A **pessary** is a small device placed in the vagina that supports the muscles and helps to hold the pelvic organs in place. It does not contain any medication.
- **Medications** that work to relax the bladder muscle can be prescribed for overactive bladder. Currently, there are no medications for treating leakage from stress incontinence. When medication is not satisfactory or effective for treating urge incontinence, women may consider an in-office procedure that involves electrical stimulation of nerves in their legs.
- **Injection therapy** is a nonsurgical injection of "bulking" material into the tissues around the urethra. Bulking agents can improve closure of the sphincter without obstructing it and, therefore, protect against incontinence by increasing the resistance to the outflow of urine. In most cases, injections are performed under local anesthesia, which allows the procedure to be performed in a hospital outpatient setting, or in the physician's office. The FDA has cleared the use of bulking agents for SUI due to intrinsic sphincter deficiency (ISD) only.
- For individuals with urgency incontinence, there's an in-office nonsurgical treatment that involves the delivery of electrical stimulation

to the sacral nerve via the tibial nerve, **percutaneous tibial nerve stimulation** (PTNS).

### *Surgical treatment options:*

In more severe cases of urge incontinence, a minimally invasive, surgical procedure can be performed to implanting a device that delivers mild electric pulses to the lower back, much like a heart pacemaker. This same system is FDA approved as a promising option treatment for fecal incontinence.

- In less severe cases of stress incontinence, a synthetic mesh can be vaginally inserted in same-day surgery at the hospital. In more severe cases of stress incontinence or in cases of multiple problems, surgery could be of a reconstructive nature, with or without requiring graft material to strengthen and rebuild the tissues for support.

## **Odor Control**

### ***What causes urine to smell bad?***

You can prevent your urine from having an unpleasant odor by drinking six to eight glasses of water per day. Infection is also a cause of foul smelling urine. If a strong or foul-smelling odor exists, contact your healthcare provider for diagnosis and treatment of a possible urinary tract infection.

There are other causes of odor in the urine. Some foods, beverages, and medications affect the smell of urine. This also depends on each person's body chemistry.

### ***What can I do about it?***

Internal deodorant tablets such as Devrom® or Nullo® have proven useful to many incontinent people. It takes time (2 to 14 days) to get

satisfactory results. Vitamin C is another effective urine deodorizer.

### ***How do I control odors?***

The best way to control odors is a combination of good hygiene and the use of commercially prepared cleansers and deodorants. Keeping skin, appliances, and pads clean and frequently washed or changed is the best guarantee against odor.

### ***What if I wear incontinence products?***

When you buy disposable absorbent products, read the package to see if there is an odor-reducing material in the pad or garment. This should not be a perfume. The urine and stool must be contained, and adult briefs and pads should be worn close to the body.

### ***How can I get rid of odor?***

Baking soda or white vinegar added to the wash water may eliminate odor in clothes and linens. Use one or the other, not a combination of the two. Use an air freshener that neutralizes odors, not one that leaves a strong smell of perfume.

- While seeking treatment, you may opt for managing urine loss by means of absorbent products or other management devices. Look for the appropriate size and fit. Change the product at least once a day for good hygiene and protection against fungus and skin irritations. Call NAFC for mail-order sources of absorbent products, recommendations on skin care, and information about other management products.

## **Types of Healthcare Providers**

Generally, start with your primary care provider (PCP) when seeking treatment of problems

with bladder or bowel control. This may be a physician, nurse practitioner, or physician's assistant. If a PCP does not have a special interest in diagnosing and treating incontinence or symptoms persist, you may ask to be referred to a urologist or urogynecologist.

A urologist is a surgeon who specializes in the urinary conditions of men and women. A gynecologist is a doctor specializing in the reproductive health of women. Some have special interest and training in urinary incontinence and pelvic organ prolapse. If they have advanced training in this area, they may become urogynecologists and no longer deliver babies. A geriatrician is a doctor who specializes in treating older people. A gastroenterologist is a doctor who specializes in problems of the intestinal system. If you have diarrhea, constipation, or fecal incontinence, you may be referred to a gastroenterologist. Some specialize in surgery and are known as colorectal surgeons. Nurse specialists, physical therapists, and occupational therapists may have training that qualifies them to offer electrical stimulation and biofeedback therapy as a means of treatment.

## **What to Expect During An Appointment**

When first seeking treatment, expect your healthcare provider to be concerned about your complaint and to be attentive to the information you bring. Be prepared to give a complete history, have a physical examination, and give a urine specimen with testing afterwards to see if there is still urine in the bladder. Sometimes this is done by passing a small thin tube (catheter) into the bladder. Other times it is done with a small sensor that is rubbed over the lower

abdomen. This is called an ultrasound. Your healthcare provider may begin treatment immediately or do some other tests called urodynamics. These tests show how well the bladder fills and empties. The reason for all tests should be explained. Ask when and how you will get the results.

Once your provider has made a diagnosis of the bladder or bowel problem, make sure you understand your diagnosis. Have the treatment choices explained, with the risks, benefits, and estimated cost of each option. Ask about your doctor's experience with each option. Consider a second opinion before electing to have surgery.

And finally, expect to participate in your own care to get the best results. Treatment will be most successful when you help to choose the solution and are engaged. Of course, report any side effects of medicines or treatments and discuss any concerns with your healthcare provider.

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.

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