

Bladder & Bowel Management

Information Pack for Women.

Introduction

You will have been given this pack because you have been referred to a healthcare professional because you have bladder and/or bowel problems, want to prevent problems in the future or maybe you just want to be better informed.

This pack is designed to help you manage these problems and compliment the advice and treatment your healthcare professional is giving you.

If there is any information in the pack that does not make sense to you or that you want to know more about please ask the health professional working with you or check out the helpful list of contacts and websites at the back of this leaflet.

There is good news in that help is readily available - Bladder problems can affect people of all ages at any time. It is not necessarily an age related problem and it is good to remember that if we are willing to make a few changes we can often help improve our symptoms or in some cases get rid of them completely.

We hope you find this guide useful.

If you are experiencing bladder and/or bowel problems it is important that you know you are not alone.

A common misconception is that bladder and/or bowel problems are just part of getting older.

We know that 70% of incontinence can be cured or greatly improved in suitable cases given the right information or treatment plan

Having a bladder and/or bowel problem can greatly affect your quality of life. It impacts on all aspects of life, leading to emotional, as well as physical issues.

A lot of people think it's "just one of those things" and they can't do much about it. However, we hope to show you that you can make changes that help.

Contact Details for the Health Professional attending to your care

Name

Department

Base of Work

Contact telephone number

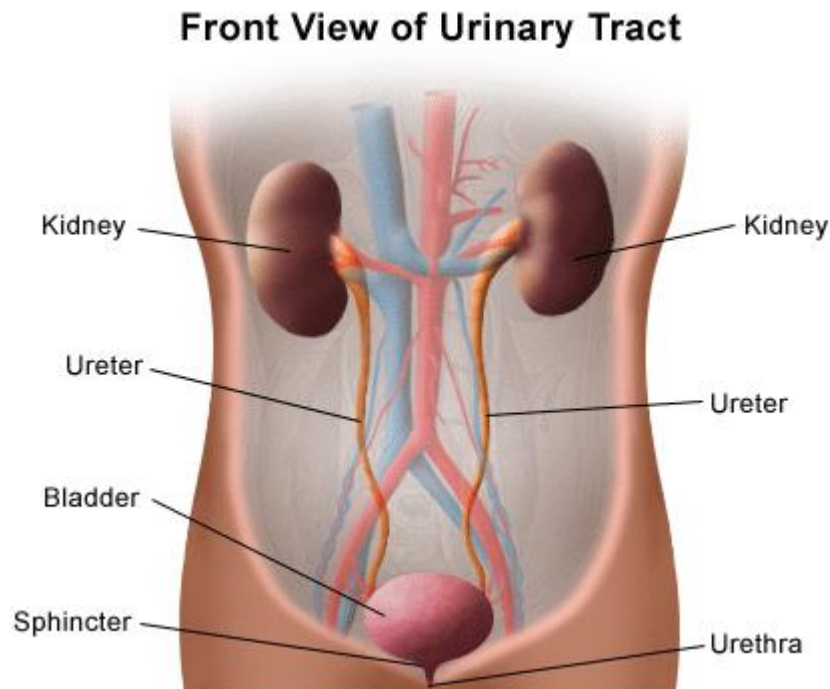
Email:

www.nhshighland.scot.nhs.uk

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Your bladder and how it works



- Urine is produced in the kidneys and then transported to the bladder via tubes called ureters.
- The bladder is a muscular organ and expands upwards as it fills with urine. When it is approximately half full it will send messages to the brain to let us know we will need to find a toilet. Our brain then continually sends messages back to the bladder to say it is not convenient (you may be shopping, driving, sitting on a bus). These messages generally happen without being conscious of what is happening – it is only as the bladder continues to fill with urine and these messages become particularly strong that we start looking for a toilet.
- The tube that allows the urine to flow from the bladder is called the urethra and this is kept closed until we are ready to go to the toilet by a ring of muscle called a sphincter. This sphincter is backed up by muscles of the pelvic floor.
- In women the urethra is relatively short: 2 - 4cm in length
- When we are ready to go to the toilet the bladder contracts to push the urine out and at the same time the sphincter and pelvic floor muscles relax.
- Once we have emptied the bladder the whole process will start over again.

What can go wrong?

Because this process is fairly complicated and involves the nervous system there is quite a lot that can go wrong and cause problems.

Such as –

- The bladder muscle can be irritated by an infection, concentrated urine (not drinking enough) and drinking fluids that are irritative to the bladder.
- Any medical condition that affects the nervous system may interrupt the messages sent between the bladder and brain
- Any pressure against the pelvic floor muscles that may make them sag and be less supportive – pregnancy, childbirth, constipation, having a chronic cough, being overweight.
- A risk factor for women is infection, as the urethra is relatively short and in close proximity to both the vaginal and anal openings.
- Prolapse symptoms depend on the organ (uterus, bladder or bowel) that has been affected, but prolapse commonly causes a sensation of something coming down or out of the vagina, an uncomfortable feeling of fullness, difficulty having sex or leakage of small amounts of urine on exertion. Prolapse can be associated with being overweight and with having a persistent cough
- Functional issues such as poor mobility, limited dexterity, forgetfulness, depression, poor environment can affect how we manage getting to the toilet.

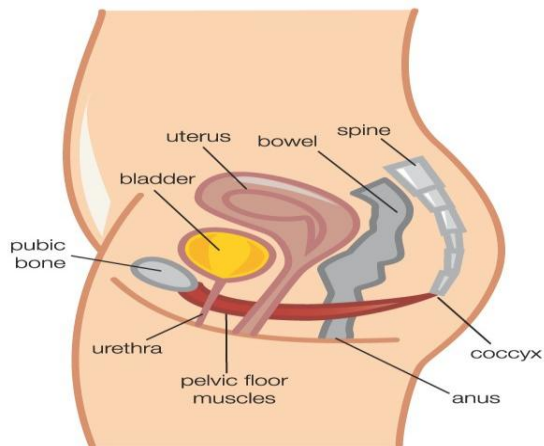
When to seek help

If you notice any of the following it is advisable to get yourself checked with your GP (This is not an exhaustive list and if you have any concerns please arrange to see your nurse or GP).

- If you notice **any blood in your urine** or you have any discharge
- If you notice any bleeding from your back passage – this is usually due to haemorrhoids but it should be checked
- For women – if you notice any bleeding after the menopause
- If you have any bladder or pelvic pain
- Unable to pass urine
- Not feeling as if the bladder is emptied
- Needing to pass urine more often at night
- Unexplained weight loss



Your bladder and pelvic floor



(female side view)

Your pelvis is a ring of bone that helps protect and house your pelvic floor organs (bladder, bowel and uterus).

At the bottom of this structure there is a sling of muscles called the pelvic floor which helps keep everything contained within your pelvis.

Pelvic floor muscles have a very important function in how these organs work and are supported.

Like any other muscle in the body if you don't work it regularly or if it gets damaged it will not function properly.

For women these muscles can commonly be damaged through childbirth (especially if your babies were big, your labour was long, you needed help with forceps etc or you had any tearing). Sometimes, menopausal changes also cause problems for the pelvic floor.

Constipation, especially if you have to strain a lot can also cause pelvic floor damage.

Keeping our pelvic floor fit and healthy through specific pelvic floor exercises can really help reduce the symptoms of damage or prevent it happening. Anyone, at any age should hopefully still be able to make improvement with a little perseverance.

Ask your health care professional for the additional pelvic floor exercise booklet

Common Issues

Urinary incontinence is the complaint of “involuntary leakage of urine”.

The most common kind is ***Stress Urinary Incontinence***, which is leakage of urine on effort or exertion or coughing etc.

Urge Urinary Incontinence is leakage associated with a sudden urge or compelling desire to go to the toilet which is difficult to defer.

Overactive Bladder is the same as above with leakage of urine, frequency and urgency.

Many people have a mixture of both stress and urge incontinence – this is called ***Mixed Urinary Incontinence***.

Other symptoms include:-

Frequency – Where people feel they need to pass urine too often during the day. Usually more than 7 times and can be much more than this.

Nocturia – Where people have to get up more than once at night. As we get older the bladder muscle does not always work as well and we often produce more urine overnight so it can be normal to go to the toilet 2-3 times a night depending on age.

Nocturnal Enuresis – Where people pass urine while asleep.

Voiding Symptoms such as hesitancy, poor stream, straining to pass urine, feeling of incomplete bladder emptying, continual urinary leakage/dribbling may be present with pelvic mass, constipation, or in neurological disease.

Prolapse – in women, an awareness of discomfort around the genital area, feelings of fullness around the pelvis and pain in the groin or lower back. Sometimes it makes passing urine or emptying their bowels more difficult.

General advice & lifestyle tips

Fluid Advice –

Health benefits of water - water is your body's principal chemical component and makes up about 60 percent of your body weight. Every system in your body depends on water. Lack of water can lead to dehydration, a condition that occurs when you don't have enough water in your body to carry out normal functions. Even mild dehydration can drain your energy and make you tired.

Drink normal amounts – this is usually **1.5 – 2 litres (6-8 drinks per day)**. This is for guidance as some people with certain health conditions such as breastfeeding mums and people exercising will require a higher fluid intake. It may seem sensible to cut back on what you drink so you don't pass as much urine, but if you are not drinking enough, your urine will become concentrated and irritate the bladder which can lead

to frequency, urgency and infection. Checking the colour of your urine is the best way to tell if you are well hydrated. It should usually be straw coloured, but may be a bit darker first thing in the morning. For some people it may mean cutting back on the amount that you drink to normalise your fluid intake.

Some drinks may also irritate the bladder – these tend to be caffeinated drinks (tea/green tea/coffee/hot chocolate/energy drinks). Fizzy drinks (may contain caffeine or chemicals/preservatives/artificial sweeteners) and alcohol, tomatoes and acidic fruits may also irritate the bladder. You should try to reduce your intake of these to see if your bladder and/or bowel problems improve. Caffeine and alcohol reduction can significantly help reduce the symptoms of urgency, frequency and incontinence.

It is recommended you reduce your caffeine intake gradually - reduction by about 50 mg a day is about right. That's about one fizzy drink, one weak instant coffee or a medium strength tea. This way you will reduce withdrawal headaches and lethargy. It will also allow you to monitor the effects of caffeine reduction.

Caffeine is a substance that can make the body produce more urine. If you have a weak pelvic floor and an overactive bladder this can cause significant symptoms of urgency, frequency and getting up more at night.

Caffeine can be found in other things too such as chocolate and some pain killing tablets.

Some examples of the caffeine content of products are shown below.

COFFEE 200mls mug	caffeine mg	Tea 200mls mug	caffeine mg
Weak instant	45	Bags/leaves weak	20
Strong instant	90	Strong	70
Percolated coffee	100		
Drip method	140		
Cappuccino	80		
SOFT DRINKS	caffeine mg	CHOCOLATE PRODUCTS	caffeine mg
Pepsi	33	Cocoa 1 tspn	6
Pepsi Max	40	Cooking chocolate 50 mg	40
Coca Cola/ diet coke	44		
Irn Bru	33		
Red Bull	93		
Over the counter Medicines	caffeine mg		
Travel calm	200		
No-Doz plus	100		
Paracetamol plus	60		

Examples of drinks that don't irritate the bladder.



Ask your health care professional for the additional fluid advice leaflets

Smoking –

There is increasing evidence that smoking can further irritate a misbehaving bladder. Smoking can increase your risk of serious bladder conditions such as bladder cancer.

Coughing associated with smoking can also put extra strain on your pelvic floor, worsening incontinence.

If you smoke and want some help stopping, you can get further advice from:
Smoke line 0800 848484
<https://www.nhs.uk/smokefree/help-and-advice/support>
Chest heart and stroke Scotland tel: 0808 801 0899 webmaster@chss.org.uk

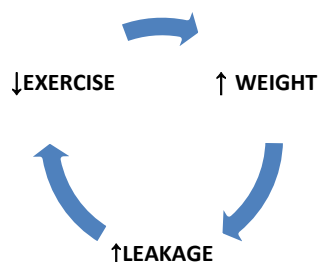
Healthy Diet and Exercise –

Following a healthy diet means you are less likely to become constipated. It is also important that you try to keep your weight down as being overweight means you are more likely to have problems controlling your bladder and/or bowels or for women it may increase your risk of having a prolapse, especially if your pelvic floor muscles are weak. This is because there is more downward pressure on the supporting tissues.

Although losing weight can be hard for many people, research has shown that losing weight (especially abdominal weight) can improve symptoms.

Many people feel they can't exercise because they leak urine and it can become a vicious circle. It may be that until your pelvic floor is stronger you have to concentrate on low- impact exercises such as walking, cycling or yoga. Remember, your pelvic floor needs to be working well to help you keep control of your bladder and bowel.

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Your body works more efficiently if you adopt good posture when sitting, standing or being active. This helps the muscles to be more efficient and can help in your ability to re-activate your pelvic floor. Generally keeping fit can help keep your weight down and improve the way your organs work. Keeping active also helps reduce symptoms of constipation.

Remember as well as improving your general health keeping your weight within healthy limits can really improve your bladder and bowel problems.

More dietary advice can be found at: www.bda.uk.com

Avoiding Constipation –

Being constipated can put additional strain on your pelvic organs and pelvic floor muscles. For women it can also increase the risk of prolapse.

For most people constipation can be prevented or helped by being well hydrated, dietary changes and exercise. Other useful tips are ensuring you adopt the correct position for emptying your bowels and work with the body's natural rhythm by going to the toilet 20-30mins after a meal and hot drink. You can find information about constipation here <https://www.nhs.uk/conditions/constipation/>

Ask your health care professional for the additional constipation leaflet

Stress and Anxiety -

Feeling low, depressed or anxious are common problems. Stress and anxiety are well known for making bladder and bowel symptoms worse.

Our brain allows us to control when we go to the toilet. Sometimes if we are anxious about leaking or making it to the toilet on time our bladders over-contract, giving us the sensation of needing the toilet (even if fairly empty).

There are plenty of things you can do to help yourself with these issues. For more information ask your health professional or use some of the advice resources at the end of this leaflet.

Medications –

Some prescribed medications may affect the bladder and/or bowel. Sometimes they may cause an increase in the amount of times you need to go to the toilet or they can contribute to constipation. If you think this may be happening to you mention it to your GP as they may be able to offer an alternative. With some medications, if they cannot be changed, an additional medicine to counteract these side effects may be required.

Bladder Retraining –

Most adults will pass urine on average 6 to 7 times in 24 hours.

Normally the volumes of urine passed are between 300 – 500ml.

Those people who have bladder overactivity and/or suffer with urge urinary leakage may benefit from retraining the bladder.

Keeping a bladder record will help to identify how many times you are passing urine and if you are able to measure your output, it can identify the volumes of urine passed

The aim of bladder retraining is to increase the amount of urine the bladder can hold whilst increasing the time between each visit to the toilet. This will help the bladder muscle to become less irritable. It may take at least 6 weeks to see some improvement but can also take considerably longer – so don't give up!

Ask your health care professional for the additional bladder retraining leaflet

Urinary Tract Infection -

Urinary tract infections are very common. They can be painful and uncomfortable, but they usually pass within a few days or can be easily treated with a course of antibiotics.

Symptoms of a lower UTI include:

- Cloudy urine
- Needing to pass urine more often, accompanied with urgency
- Pain or discomfort when passing urine
- Urine that smells unusually unpleasant
- Blood in your urine
- Pain in your abdomen/ a feeling of tenderness around your pelvis
- Back pain
- A general sense of feeling unwell

When to see your GP?

You may find that your urinary infection symptoms are mild and pass within a few days. However, if you are finding your symptoms very uncomfortable or if they last for more than five days go to see your GP

Also see your GP if you have an infection and

- You develop a high temperature
- Your symptoms suddenly get worse
- You are pregnant
- You have diabetes or multiple sclerosis

You can help yourself (Self Managing) by ensuring you drink extra fluids, as this will help to relieve any symptoms of fever and prevent dehydration.

What Is Self Management?

Tips, techniques and support to encourage people with long term conditions to live their life to full potential.

The person knows their condition best.

Self management can give you the confidence to;

- Take control of lifestyle.
- Communicate effectively with health professionals, colleagues, family & friends.
- Work with people who can provide you the right support.

Setting Goals –

Now you have read about some of the choices you can make to help with your bladder/bowel problem you may want to write them down and set some goals, in order to help to improve your symptoms. Start with small things you would like to achieve and as your confidence grows you can move to bigger goals.

Goal Setting

Week 1

(Example – I will drink 1 cup of coffee less for 5 days/ I will try to leave 20 minutes before going to the toilet)

How confident am I, on a scale of 1-10?
How did I get on?

Week 2

How confident am I, on a scale of 1-10?
How did I get on?

Week 3

How confident am I, on a scale of 1-10?

How did I get on?

Week 4

How confident am I, on a scale of 1-10?
How did I get on?

Week 5

How confident am I, on a scale of 1-10?
How did I get on?

Notes

Use this section to write any notes/reminders

Useful information

Here are some websites you may find helpful if you require more information:

1. www.bladderandbowelfoundation.org
2. www.nhs.uk
3. www.patient.co.uk
4. www.takelifeon.co.uk
5. www.livinglifetothefull.com

Practical advice –

‘Just Can’t Wait’ toilet cards have been produced to show in shops, etc. Although the card does not guarantee access to a toilet, most places will be willing to help. These may be available from your health professional but are also available from bladder & bowel foundation (£5).

Also available is a **Radar key**- which is part of the National Key Scheme. This key offers independent access to locked public toilets around the country. Visit www.radarkeys.org for more information. Your health professional may also be able to help you with this.