

Female Bladder Control Problems

You feel embarrassed, frustrated, exhausted, isolated and being left out. You are afraid to socialize. Joys and benefits of physical activity are out of your reach and you want to live a normal full life.

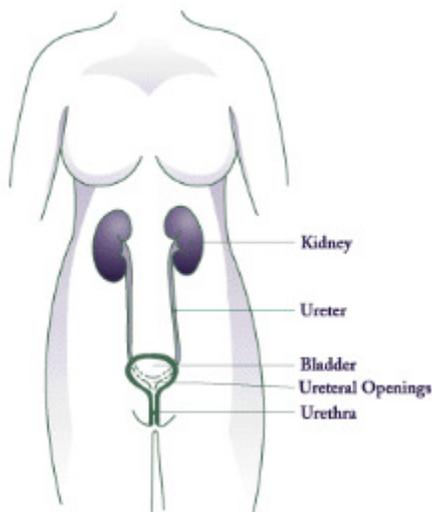
If you have any of these due to bladder control problems, you are not alone. You are one of ten million Americans of all ages suffering from this problem. Amazingly only one out of 12 people seek help. Most people are too embarrassed to talk about it and do not realize that this problem can be treated and even cured.

Urine Production

When you eat and drink, your body absorbs the liquid. The kidneys filter out waste products from the body fluids and produce urine. Urine travels down tubes called ureters into a muscular sac called the urinary bladder, which stores the urine. When you are ready to go to the bathroom, your brain tells your system to relax.

Urine travels out of your bladder through a tube called the urethra. You release urine by relaxing the urethral sphincter and contracting the bladder muscles. The urethral sphincter is a group of muscles that tightens to hold urine in and loosens to let it out.

Many people lose urine when they don't want to. When this happens enough to be a problem, it is called urinary incontinence.



Urinary Incontinence

Urinary Incontinence is very common. But, some people are too embarrassed to get help. Prevalence of urinary incontinence among women in the United States between 15 and 64 years of age ranges from 10 to 30 percent. The good news is that millions of patients are being successfully treated and cured. Many women with urinary incontinence withdraw from social life and try to hide the problem from their families, friends and even from their doctors.

It is important to tell your health care provider (such as a doctor or nurse) about the problem. You may even want to bring this booklet with you to help you talk about your incontinence.

Urinary incontinence is not a natural part of aging. It can happen at any age, and can be caused by many physical conditions. Many causes of incontinence are temporary and can be managed with simple treatment. Some causes of temporary incontinence are:

- Urinary tract infection
- Vaginal infection or irritation
- Constipation
- Effects of medicine

Incontinence can be caused by other conditions that are not temporary. Other causes of incontinence are:

- Weakness of muscles that hold the bladder in place
- Weakness of the bladder itself
- Weakness of the urethral sphincter muscles
- Overactive bladder muscles
- Blocked urethra
- Hormone imbalance in women
- Neurologic disorders
- Immobility (not being able to move around)

In almost every case, these conditions can be treated. Your health care provider will help to find the exact cause of your incontinence.

Types of Incontinence

There are also many different types of incontinence. Some people have more than one type of incontinence. You should be able to identify the type of incontinence by comparing it to the list below.

Urge incontinence

People with urge incontinence lose urine as soon as they feel a strong need to go to the bathroom.

If you have urge incontinence you may leak urine:

- When you can't get to the bathroom quickly enough
- When you drink even a small amount of liquid, or when you hear or touch running Water.

You may go to the bathroom very often; for example, every two hours during the day and night. You may even wet the bed.

Stress incontinence

People with stress incontinence lose urine when they exercise or move in a certain way. If you have stress incontinence, you may leak urine:

You may also leak urine...

- When you sneeze, cough, or laugh
- When you get up from a chair or out of bed
- When you walk or do other exercise

You may also go to the bathroom often during the day to avoid accidents.

Overflow incontinence

People with overflow incontinence may feel that they never completely empty their bladder. If you have overflow incontinence, you may:

- Often lose small amounts of urine during the day and night
- Get up often during the night to go to the bathroom
- Often feel as if you have to empty your bladder but can't
- Pass only a small amount of urine but feel as if your bladder is still partly full
- Spend a long time at the toilet, but produce only a weak, dribbling stream of urine

Some people with overflow incontinence do not have the feeling of fullness, but they lose urine day and night.

Causes of Urinary Incontinence

Once you tell your health care provider about the problem, finding the cause of your urinary incontinence is the next step.

Your health care provider will talk with you about your medical history and urinary habits. You probably will have a physical examination and urine tests. You may have other tests as well. These tests will help find the exact cause of your incontinence and the best treatment for you.

Treatment

Once the type and cause of your urinary incontinence is known, treatment can begin. Following are some of the treatment options for urinary incontinence. Your physician may choose one or more of the following options.

Behavioral Techniques

Behavioral techniques teach you ways to control your own bladder and sphincter muscles. They are very simple, low risk and cost effective. They work well for certain types of urinary incontinence and in most instances are considered first line of treatment.

Two types of behavioral techniques are commonly used; bladder training also called Bladder Drill and pelvic muscle exercises known as Kegel Exercises. Bladder training corrects faulty habit patterns of frequent urination, improving the ability to control bladder. Kegel Exercises help to strengthen weak muscles around the bladder. Bladder training is used for urge incontinence. Kegel exercises are used for stress incontinence.

You may also be asked to change the amount of liquid that you drink and make some changes in your dietary habits. You may as well be asked to avoid alcohol, smoking and caffeine containing beverages like coffee, tea and soda which can irritate the bladder.

Biofeedback

Biofeedback - instruments record minuscule amounts of muscle activity given off from specific skeletal muscles during a contraction. These micro-volt levels of muscle activity are then amplified, filtered and converted into audio and visual signals. Then, the patient is provided with this instantaneous, performance-contingent audio and visual feedback regarding the activity level of specific muscles. The patient can use this information to better activate weak muscles, relax overly tense muscles or better coordinate muscle activity between muscle groups. Associated with many types of urinary incontinence is profound pelvic muscle weakness. Simple pelvic muscle strengthening exercises, now called Kegel exercises, significantly reduce the severity of incontinence. Unfortunately, most patients are unaware that these muscles even exist and find the Kegel exercises difficult to perform correctly. One study found that 51% of women performed Kegel exercises incorrectly when given verbal or written instructions only. Biofeedback is used to record muscle activity from the pelvic floor and abdominal muscle groups. The patient uses the audio and visual information as an indicator of correct muscle performance during the Kegel exercises.

What does Biofeedback therapy provide for Patients with urinary incontinence?

- Helps visualize and identify the appropriate muscles
- Differentiates muscle activity between muscle groups
- Reinforces efforts to perform Kegel exercises correctly
- Teaches how to contract the muscles "on demand"
- Motivates patient to "take control" of their problem
- Objectively documents the patient's progress

Electrical Stimulation

Electrical Stimulation of pelvic floor muscles has been shown to increase urethral resistance, strengthen pelvic floor muscles and inhibit abnormal bladder contractility.

Supportive Interventions

Supportive Interventions include use of absorbent pads, pessary which is a rubber device inserted into the vagina to support pelvic organs and intermittent catheterization for overflow incontinence.

Medication

Some people need to take medication to treat conditions that cause urinary incontinence. The most common types of medicine treat infection, replace hormones, stop abnormal muscle contractions, or tighten sphincter muscles. You will be told if you need medication and how and when to take it.

Surgery

Surgery is sometimes needed to help treat incontinence. Surgery can be used to:

- Return the bladder neck to its proper position in women with stress incontinence
- Correct the blockage
- Replace or support severely weakened pelvic muscles

There are many different surgical procedures that may be used to treat incontinence. The type of operation you may need depends on the type and cause of your incontinence. Your doctor will discuss the specific procedure you might need.

While you are being treated, be sure to:

- Ask questions
- Follow instructions
- Take all of your medicine
- Report side effects of your medicine, if any
- Report any changes, good and bad, to your health care provider

Bladder Drill

Bladder drill is the most common form of bladder training and is effective in treating urgency and frequency with success rates of up to 85 percent. The goal of this training is to allow you to re-establish the control over your bladder and break the cycle of urgency and frequency. Since your brain controls your bladder, urinary continence is a learned behavior.

Each time you feel urinary urgency, try to stop the feeling by contracting the pelvic floor muscles and try to hold your urine a little longer each time, gradually increasing the time between voids. Start from emptying your bladder every hour when you are awake throughout the day. It is important to void at schedule whether you need to go or not. For example if you are scheduled to void next time at 10 AM and at 10 AM you do not feel the urge to urinate, you should go to the toilet and urinate anyway. The idea is not to get your bladder to do what you want it to do and not to let your bladder run your life. You can as well engage in distracting activities such as watching television, conversation or your hobbies.

Maintain the time interval during voids for a week and increase it by an hour on a weekly basis until you are voiding at intervals of approximately 3 hours. You can adjust your schedule according to your working hours. At night you void before you go to sleep and after you wake up.

Remember motivation and gradual increase in interval during voids is your key to success. You should notice improvement in about 2-3 weeks.

Kegel Exercises

These exercises were developed by a doctor name Arnold Kegel for women with bladder control problems. Kegel Exercises are designed to strengthen and give you voluntary control of pelvic floor muscles. They work in mild cases of stress incontinence because incontinence is often related to weak pelvic floor muscles. Since these inner muscles are under our voluntary control, you can exercise them to build up their strength and bulk. These muscles keep the bladder and bladder neck lifted and help them stay in right position. When pelvic floor muscles weaken, pelvic organs drop down contributing towards stress urinary incontinence.

To do Kegel exercises, you should sit on the toilet and start to urinate. During urination try to stop the flow of urine midstream by contracting (tightening) your pelvic floor muscles. These are the same muscles used to stop a bowel movement. You should repeat this several times, until you are sure of the action and sensation of consciously contracting these muscles.

Repeat the exercise five times a day, each time in sets of ten contractions holding each contraction for a count of four. You do not have to be in any certain position to do these exercises. You can do them during your daily activities. In a week or two you should begin to notice improvement.

They must be performed daily for at least 2-3 months to be effective.

Some Tips

Information is your best bet in management of urinary incontinence.

Talk about it to your friends with similar problems and share ideas.

Be assertive and gather as much information as possible. Data shows that some promising new therapies are underutilized.

Be persistent in seeking a referral to a physician who is knowledgeable about urinary incontinence.

Talk to your ob/gyn and discuss alternative approach if one approach fails.

Write down your questions on a paper before your visit to doctor's office.

Take the available literature with you, this will help you in discussion with your health care provider.

Find and know the location of bathroom as soon as you arrive in a public place or in an office.

In public transport try to get a seat with easy access to exit or a bathroom.

Do not give up and do not let your bladder dictate your life style.

Be motivated and persistent in seeking right help.

DIETARY IRRITANTS TO THE URINARY TRACT **These may aggravate Bladder Control Problems**

All alcoholic beverages
Apples, apple juice
Apricots
Avocados
BBQ Sauce
Bananas
Beer
Beets
Cabbage
Caffeine
Cantaloupes
Carbonated drinks
Cheese (except American, cottage, ricotta, cream)
Chicken livers
Chilies/spicy foods
Chocolate
Citrus fruits
Coffee (except no-acid type)
Cocktail Sauce
Cola
Corned beef
Cranberries
Cranberry juice and sauce

Grapefruit, grapefruit juice
Grapes, grape juice
Green Pepper
Guava
Honey
Hot Sauce
Jalapeno
Ketchup
Lemons, lemon juice
Lentils
Lima beans
Limes, lime juice
Mustard
Mayonnaise
NutraSweet
Nuts (almonds, peanuts and pine nuts are tolerable)
Onions
Oranges, orange juice
Peaches
Pickles (vinegar)
Pickled herring
Pineapple and pineapple juice
Pizza with tomato sauce
Plums
Prunes
Raisins
Red pepper
Relish
Rhubarb
Rye bread
Salad dressing
Salsa
Saccharine
Sauerkraut
Soda pop
Sour cream
Soy sauce
Spaghetti sauce
Steak Sauce
Strawberries
Sweet/Sour sauce
Tea
Tobacco
Tomatoes (except low-acid types)
Tomato juice, sauce and soup
Vinegar

Vitamins buffered with aspartate
Vitamin C and B complex
Watermelon
Yogurt

Don't wait! CALL NOW
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