

# BLADDER AND BOWEL PROBLEMS



Produced by

## Incontact

[www.incontact.org](http://www.incontact.org)

Registered Charity Number 1002571

### Who can I contact for more information?

**Incontact** provides information and support for people affected by bladder and bowel problems. Our address is *Incontact*, Freepost Lon 12119, London N7 9BR. Phone 020 7700 7035

**The Continence Foundation** produces a range of leaflets on various topics. Their address is 307 Hatton Square, 16 Baldwins Gardens, London EC1N 7RJ.

**The Continence Foundation Helpline** is staffed by nurses who can help with your questions. The number is 020 7831 9831. The line is open Monday to Friday, 9.30 a.m. to 4.30 p.m.

**ERIC** is a charity that provides information on bowel and bladder problems for children, young people and their parents. Their address is 34 Old School House, Britannia Road, Kingswood Bristol BS15 8DB. Phone 0117 960 3060

**PromoCon2001** offers advice and information on products that can help manage bladder and bowel problems. Their address is Disabled Living, Redbank House, St Chad's Street, Cheetham, Manchester M8 8QA. Phone 0161 834 2001.

**RADAR** has information about keys for disabled toilet facilities, as well as information about holiday accommodation that caters for people with continence problems. Their address is 12 City Forum, 250 City Road, London EC1Y 8AF. Phone 020 7250 3222.

**IBS Network** provides information and support for people with irritable bowel syndrome. Their address is Northern General Hospital, Sheffield S5 7AU. Phone 0114 261 1531.

**Prostate Help Association** provides information and advice on prostate conditions. Their address is Langword, Lincoln LN3 5DF.

**The National Association for Colitis and Crohn's Disease (NACC)** provides support and information for patients and their families who are living with these conditions. Their address is 4 Beaumont House, Sutton Road, St Albans, Herts AL1 5HH. Phone 01727 844296.

## Introduction

- Many people have an accidental leak from their bladder or bowel. It can happen to anyone. You are not alone.
- Sometimes the leak is small. Sometimes a lot can leak out.
- It is normal for bladder and bowel problems to cause embarrassment and fear.
- Often these problems can be helped. Many people can be completely cured of bladder and bowel problems.
- This book contains some simple information about these problems, and what can be done to help. If you still have any questions do not be afraid to ask your doctor or nurse. You could also phone the Continence Foundation Helpline - see the back page for details.

## YOU ARE NOT ALONE!



“ I believed that I was the only person who felt like this. You think you are the only one with a problem, and try to convince yourself that you can cope. ”

## About Incontact

Incontact is an organisation of people affected by continence problems and their carers. We provide information and support, and work to ensure that this taboo subject is not ignored. We campaign for better services.

Incontact produces a quarterly newsletter with news and views about bladder and bowel problems. We help set up local groups so that people with the same problems can help each other - and we can put you in touch with any groups that are operating in your area.

If you would like more information about Incontact just fill out the form at the end of this booklet. We look forward to hearing from you.

“ They sent me a whole range of information and made me realise that I can still lead a normal life. ”



“ It is important to talk to someone who understands. My local group meets once a month - it is good to share experiences and tips on how to cope. ”

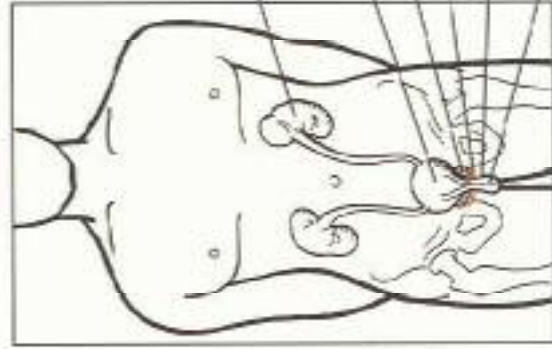
### How the bladder works

Urine is collected and stored in the bladder. The bladder is a muscle, shaped like a balloon. In between visits to the loo the bladder relaxes and fills up. When you go to the loo the bladder squeezes and the pelvic floor muscles relax - urine comes out through a tube called the urethra.

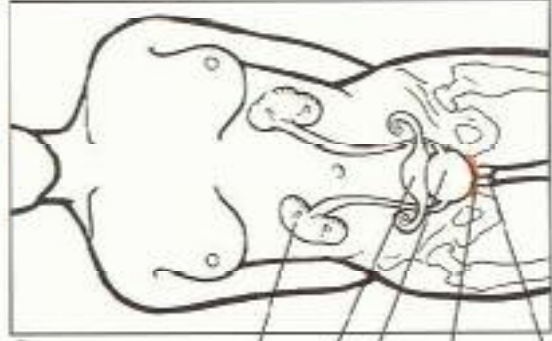
### How the pelvic floor works

Both men and women have a pelvic floor. This is made of layers of muscles which hold the bladder and bowel in place. The pelvic floor muscles also help to stop leaks from the bladder and bowels.

MALE



FEMALE



### What can go wrong with the bladder?

There are many reasons why a bladder may leak or be hard to control.

#### Stress incontinence

Some people leak when they cough, sneeze or laugh. This is called stress incontinence. Usually this happens because the pelvic floor muscles are weak or damaged.

In women these muscles can be damaged or weakened during childbirth. That is why many women suffer from stress incontinence after they have given birth. Some women develop stress incontinence after the menopause or change in life.

Men can develop stress incontinence after a prostate operation.

Stress incontinence can often be helped by exercises to strengthen the pelvic floor muscles - see page 12. There are weights that women can use to help with these exercises, as well as electrical stimulation of the pelvic floor (for men and women). Your doctor, nurse or physiotherapist can advise you whether any of these would be suitable.

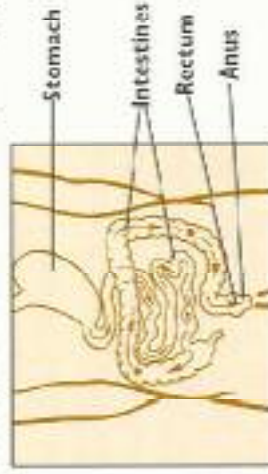


The problem grew over several years.

Initially it was just an annoyance and a bit inconvenient. I did nothing about it. It gradually became much worse and really started affecting my whole life. My advice is if you think you have a problem, go and ask for help. There is a better chance of effective treatment if you start early.

## How the bowel works

The bowel is the tube that carries food from the stomach to the anus. Food is digested as it travels along the bowel, and nutrients are absorbed through the bowel wall. Waste that is left at the end of the journey is called faeces or stool, and this leaves the body through the anus.



## What can go wrong with the bowel?

### Constipation

People who have bowel movements less than 3 times a week may have constipation (for some people it may be normal to have fewer bowel movements). Faeces (bowel movements) can become hard inside the bowel so they are difficult to push out. Some people who have constipation also leak from their bottom - this looks like diarrhoea but it is not. Constipation can be caused by:

- Not eating enough fibre or roughage.
- A sudden change in the food you eat.
- Not drinking enough.
- Sitting or lying down the whole day.
- Ignoring the feeling that you want to go to the lavatory.
- Some medicines e.g. some painkillers.
- Following stress or illness.

See your doctor or nurse if you notice a change in your bowel habit, or if you feel uncomfortable.

### Diarrhoea

Another common problem is diarrhoea. This is when bowel motions are loose and watery. Diarrhoea can cause some people to have frequent and urgent desires to go to the loo. Sometimes they cannot reach a loo in time and there is a leak. There are many causes of diarrhoea including:

- Eating too much fibre.
- Using too many laxatives.
- Some medicines e.g. antibiotics.
- An upset tummy.
- Some other illnesses e.g. irritable bowel syndrome.

### Irritable bowel syndrome

Irritable bowel syndrome, or IBS, is a combination of pain in the abdomen and irregular bowel habits. Pain may last days, weeks or even months. There may be other signs like feeling bloated, passing runny mucus instead of faeces, or pain when going to the toilet. IBS can be caused by stress and anxiety, so try to relax more. IBS can be helped if you eat plenty of food high in fibre - fruit and vegetables, wholemeal bread and brown rice. The IBS Network can provide more information about this condition - their address is on the back page.



I am now undergoing treatment and I hope to take a more active role in the community, helping others with similar problems.

### What can be done about bowel and bladder problems?

Most people with bowel and bladder problems can be helped. Many people with these problems can be completely cured.

The first thing is to talk about your problem with a doctor or nurse. You may prefer to talk to a specialist nurse called a continence advisor or continence nurse specialist. You can get their phone number from your doctor or the Continence Foundation Helpline - see the back page.

Your doctor or nurse will ask you questions to find out what is causing your problems. Perhaps he/she will want you to have some special tests too, or refer you to see a specialist like a urologist, gynaecologist or continence advisor.

The doctor or nurse may ask you:-

- How often do you go to the loo?
- How often do you get up at night?
- How often do you leak or have an accident?
- Do you have to run to the loo to avoid accidents?
- When do you leak or have accidents?
- What medicines do you take?
- What do you normally eat and drink?
- Is it painful or uncomfortable when you go to the toilet?

My GP referred me to the local specialist. He was most reassuring and confident that all would soon be back to normal. I still have a problem but it is controlled by the medicine I take.



### Tests

Here are some tests that your doctor or nurse may recommend. Ask him or her to explain what any test involves and how it can help.

**Urinalysis.** This test just needs a sample of urine to find out if there is any infection.

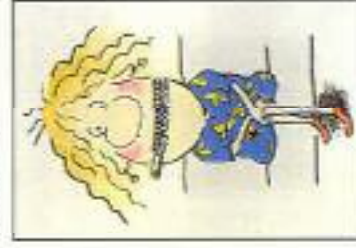
**Internal investigations.** The doctor or nurse puts their fingers inside the vagina (for women) or back passage. This can show how strong the pelvic floor muscles are. For men this can detect if the prostate gland is enlarged.

**Residual urine.** This is to find out if there is any urine left in your bladder after you have gone to the loo. The doctor or nurse will insert a catheter into the bladder through the urethra. This can be a little uncomfortable. Another way to check residual urine is by using an ultrasound machine to take a bladder scan.

**Urodynamics.** This test can help find out the cause of bladder problems. It involves putting a catheter into the bladder through the urethra, and another into the rectum through the anus. This can be quite uncomfortable, but the information found can often be helpful. This test is only carried out in special hospital units.

Once you know what is causing your problem, you will be able to discuss possible treatments with your doctor or nurse. They will explain what the problem is and how the different treatments can help. They will explain any side effects too - these are extra problems that can be caused by the treatment. Together you can decide which treatment is the most suitable.

The following pages give some information on treatments you may be offered, as well as ways of helping yourself.



## Treatments

**Pelvic floor exercises.** These can help strengthen the muscles in the pelvic floor, giving you more control over your bladder and bowel.

It is important to learn to do the exercises in the right way.

Imagine that you are trying to stop yourself passing wind. To do this you must squeeze the muscle around the back passage. You should be able to feel the muscle move. This is the back part of the pelvic floor.

Now imagine that you are about to pass urine - picture yourself trying to stop the stream of urine. This is the front part of the pelvic floor.

Here is how to exercise your pelvic floor muscles. Slowly tighten and pull up the pelvic floor muscles as hard as you can - this is a slow pull-up. Count how many seconds you can hold on for, and then relax. Repeat as many times as you can.

Now pull the muscles up quickly and tightly, then relax immediately - these are fast pull-ups. Count how many times you can do this without resting.

You need to practise your pelvic floor exercises regularly to make them stronger. Do these two exercises - slow and fast - at least 10 times every day. Each time you do slow pull-ups, try and hold on a little longer. Try and do more fast pull-ups each time too.

Try and get into the habit of doing your exercises with things you do regularly - every time you touch water if you are at home, every time you answer the phone if you are at the office... whatever you do often, even standing in a queue somewhere.

You may not notice any improvement for several weeks, even months, so it is important that you keep practising. It may help to talk to a doctor, nurse or physiotherapist before you start doing these exercises. They can check that you are doing the exercises correctly and give other advice.

**Bladder retraining.** This helps you get more control of your bladder so that you don't have to go to the loo as often.

Keep a diary or record of how often you pass urine and leak - like the example below. Keep a record for at least three days. See how often you usually go to the loo. Now gradually increase the time in between visits to the toilet. For example, if you normally go to the loo every hour, try and hold on a little bit longer.

When you get the urge to pass water, hold on for a bit - just a minute or two to start with. Try to hold on a little bit longer each time you feel the urge to go. The urge often stops if you hold on when you feel the first urge to go. Try not to think about going to the toilet - distract yourself by doing or thinking about something.

By stretching the bladder muscle you can make it less irritable, so you won't have so many urges. Some people find bladder retraining easy and can do it quickly. Others find it harder and it can take longer. Usually it will get easier to overcome the urge to pass water, until you realise that you have forgotten all about the toilet for several hours.

Keeping a chart or record throughout training will help you to see your progress. Bladder training like this can help to control urgency (rushing to pass water) as well as frequency (going very often).

It is important to drink enough liquid for bladder retraining to work - see the section about food and drink on page 14. Some medicines (called anti-cholinergic) can help reduce the urge to go when you are doing bladder retraining - ask your doctor or nurse about these.

EXAMPLE OF A CHART TO RECORD BLADDER HABITS

TIME	COMMENT	DRINKS
5am	woke up to have a pee	
7.30am	leaked before I got to the loo	cup of tea
9.15am	made it to the loo in time	

**What you eat and drink.** This is very important for improving bowel and bladder problems.

It is important to drink enough each day. Try to drink at least six cups or glasses of fluid each day. If you drink a lot less than this, then increase the amount you drink gradually.

It is best not to drink too much tea, coffee or fizzy drinks - these can irritate the bladder and make your problems worse.

Alcoholic drinks can irritate the bladder too. Drink plain water, fruit juices or cordials, fruit or herbal tea. If you pay attention to what you drink you will notice which drinks cause problems.

**Do not cut down the amount you drink - this makes your urine even more concentrated and can make bladder problems worse.**

Eating a balanced diet is important. Make sure you eat some food that contains fibre every day - this will help to keep your bowels healthy. Foods like fruit and vegetables, wholemeal bread and brown rice are rich in fibre.

Being overweight can put extra pressure on the bladder too - so avoid too many foods that contain lots of fat or sugar.

**Exercise.** Try to take regular exercise and keep as active and mobile as you can. Swimming is an excellent form of exercise for many people.

**Medicine.** There are some medicines that can help improve bowel and bladder problems. Your doctor will explain the effects of the drug or medicine he/she is giving you. There may also be unwanted side effects - your doctor will also explain these. If side effects become troublesome you should go back to see the doctor.

**Surgery.** Some problems can be helped by surgery, but sometimes surgery can make things worse. Your doctor will discuss with you what any operation involves, and what are the likely outcomes. Always ask if you are unsure about anything.

## Management of bladder and bowel problems

There are aids and appliances which can help manage bladder and bowel problems.

Some continence problems are caused because people cannot reach a toilet in time. Modern commodes, bedpans and portable urinals can help in these situations. It is also worth thinking about trousers or skirts that are easy to undo - perhaps using an elasticated waist or Velcro instead of fiddly buttons. For more information about products that can help, contact PromoCon2001 - their address is on the back page.

**Catheters.** These are thin tubes that help to empty the bladder. Some catheters you use on your own when you need to - they don't have to stay in place the whole time. This is called 'self-catheterisation'.

Some catheters are held in the bladder by a small balloon. The catheter is attached to a drainage bag which collects urine. These are 'indwelling' catheters.

**Sheaths.** These are for men who leak or dribble. A sheath fits over the penis and urine is drained into a waterproof bag.

**Pads and pants.** These absorb leaks from the bladder or bowel - either at day or night. Some you dispose of once used, others can be washed and re-used.

Both pads and pants come in many sizes and styles. Most pants have to be purchased privately, but pads should be available through your local health authority.



I thought that wearing sanitary pads would help, but these are simply not designed to cope with urine.

## Travelling with Confidence

Continence problems need not stop you from going out, visiting friends or going on holiday. All you need to do is plan ahead!

### What to pack

Take a supply of all the products you use - pads or pants, wipes and flannels. If you need bed protection, check that a mattress cover can be supplied where you are staying, as it will be the right size for the mattress and will save extra weight and space in your luggage. If this is not possible, check the size of the mattress in advance and take the right size of cover or sheet - take a larger cover if you are in doubt.

Find out about disposal arrangements and take your own nappy sacks or bin liners. If you are unable to have your own washing facilities, check how often and at what times baths or showers are available.

Find out what the laundry arrangements are - sometimes an extra charge is made for this service. If you intend to do your own laundry, find out where you can wash and dry items in privacy if necessary. A folding coat hanger, a portable washing line and a few pegs can be a help.

### The journey

If you are going on a long journey you may need to alter your way of managing your incontinence. If you are unlikely to have access to a toilet you might use a larger pad like an all-in-one diaper style for the trip. There is a range of devices for collecting urine available. A chair pad can give extra confidence and comfort when sitting for long periods.

If you are flying, remember to take a small supply of the things you are likely to need in your hand luggage. If you have difficulty reaching the toilet in time, arrange in advance to have an aisle seat near the toilet. You should drink plenty of fluids when flying to avoid the risk of dehydration.

### Getting there

Changes in temperature can affect the amount of urine you pass. In hot weather you can easily dehydrate - this produces dark concentrated urine which may irritate your bladder. You should drink a lot more water in a hot climate. In cold or windy weather more urine is produced and you may need to go to the loo more often. It is best to be prepared for this too.

Changes in the food you eat can lead to constipation or diarrhoea, which affect both bowel and bladder conditions. Take extra care when choosing the food you eat and drink plenty of fluids. If you are concerned about the quality of tap water, then it may be worth buying bottled water.

### Checklist for travelling

- Plan ahead - check what facilities are available.
- Take enough supplies with you - have some extras just in case.
- Plan how you will do your laundry and dispose of used items.
- Have a small bag of essentials that you can carry with you.
- Take tissues, toilet roll, moist wipe and a hand towel.



I have a large shoulder bag which goes everywhere with me. It contains spare pants and pads, baby wipes, bags for wet clothes and used pads, toilet paper and a small hand towel. I usually carry some spare clothes too.



### The words we use

**Incontinence:** when a person cannot control the bladder or bowel so that urine or faeces leaks out. Incontinence can be either a small or a large leak. Some people say - problems down below, trouble with the water works, have a leak, wet yourself, have an accident, bladder problems.

**Faeces:** bodily waste that passes out of the anus.  
Some people say - bowel motions or movement, stool, poo.

**Urine:** liquid waste from the body that is stored in the bladder.  
Some people say - wee, pee.

**Urinate / micturate:** the process of expelling urine from the bladder. Some people say - pass water, go to the loo, have a pee, spend a penny.

**Defaecate:** the process of expelling faeces from the body.  
Some people say - pass a motion, have a poo, pass a stool.

**Anus:** the opening of the bowel, where faeces pass out.  
Some people say - bottom, rear end, back side.

**Rectum:** the end of the bowel, before it reaches the anus.  
Some people say - back passage.

**Urethra:** urine leaves the bladder through this tube.

**Prostate:** a gland that men have. It sits around the urethra.

**Urgency:** a strong and sudden desire to go to the loo.

**Frequency:** going to the loo very often, more than 7 times in 24 hours.

If you have any questions, note them down on the next page. You can ask your doctor or nurse, or get in touch with one of the organisations listed on the back page.

There is lots of information about continence problems on the internet - you could start by looking at the Incontact site.

Our address is [www.incontact.org](http://www.incontact.org)



**FREEPOST LON 12119**  
**London N7 9BR**

No Stamp Needed

**YOU ARE  
NOT ALONE!**