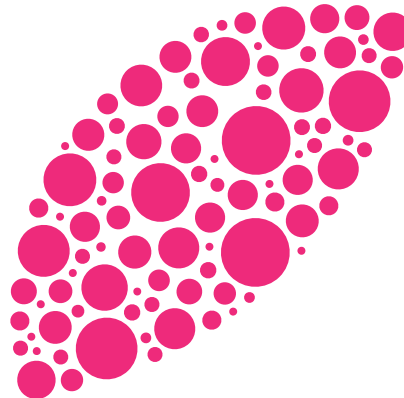
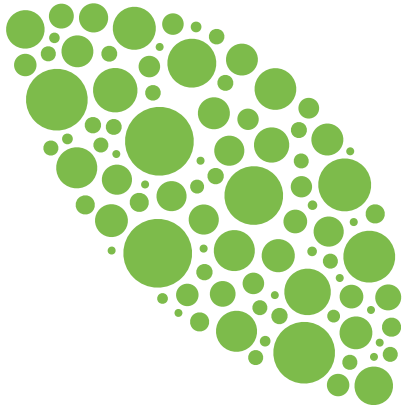


A WOMAN'S HEALTH ISSUE: HELPING TO MANAGE INCONTINENCE



# Coming Out of the Water Closet: To Be Continent



A Woman's Health Issue

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Burnaby Partners in Seniors Wellness (2001)  
Teresa Thorsen, English Teacher, (2001, 2014)  
Paula Eyles, St. Joseph's Healthcare Hamilton,  
Editor: 2006  
Canadian Nurse Continence Advisor Association (2014)

## Some sections are adapted with permission from:

Vancouver Hospital, Vancouver, British Columbia  
Consumer Health Information Services, Toronto, Ontario  
St. Joseph's Healthcare Hamilton, Hamilton, Ontario  
Self-Efficacy Questionnaire; Cara Tannenbaum, MD, MSc (2008)

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## Introduction

This book has been written out of concern for all women that quietly suffer from urinary and/or bowel incontinence (uncontrolled loss of urine or feces). Thirty to sixty per cent of middle aged women suffer from urinary incontinence. Up to 10% of all adults are affected by fecal (bowel) incontinence.

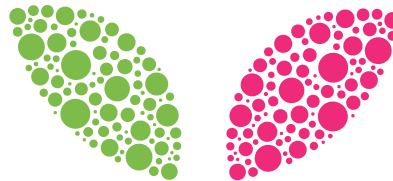
Incontinence is an issue that many people do not talk about. Children are praised and rewarded when they gain control of their bladder and bowels. As adults, many hide behind bathroom doors because they are ashamed of the loss of control. They may use special products and home made

remedies to catch urine/feces to try to cover up incontinence accidents.

Incontinence can affect a person's social, mental and physical health. It is important to get help from a health care provider who knows about incontinence. If you have this problem, please have a complete health assessment with your family doctor/nurse practitioner and hopefully a continence expert. This can take time and work on your part to regain your continence. It is worth doing.

**No one needs to suffer in silence.**

**Take back your control over your bladder/bowels and feel healthy.**

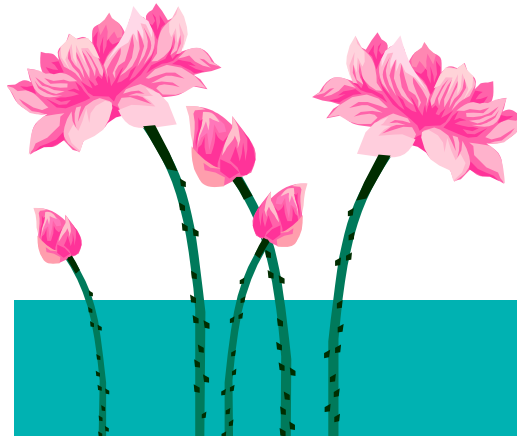




# Urinary Continence



**Taking back control over your bladder**



## Can I stop losing my urine/pee?

If you leak urine while you are doing one of these activities, *check the box on next page.*  
If you check any of the boxes, read on to find out why and what you can do.





Exercise?



Are constipated?



Walk?



Sneeze?



Cough?

Do you leak urine when you...

Lift?

Are pregnant?



Laugh?



Have intercourse?



## Self Efficacy Questionnaire

A first step in taking charge of your bladder is to look for the possible reasons you may be losing urine so that you know what you could try to do to gain control again. It is helpful to see how confident you feel about your bladder control in order to identify those areas that need to be improved. The following questionnaire, called the **Self Efficacy Questionnaire** (self-efficacy means your degree of confidence) for retaining your urine should be completed now. It should then be completed again in twelve weeks time after trying the different management actions in this booklet. This will help you to see how well you are progressing in gaining control over your bladder. To fill out the questionnaire, read each question carefully and check off where your confidence level is for holding in your urine under the different sets of examples mentioned in each question.

# Self Efficacy Questionnaire



For questions 1 to 8, rate how confident you are that you can hold in your urine\*. Indicate your level of confidence using this scale from 0 to 10, where 0 means that you are not confident at all and 10 means that you are extremely confident that you will have no urine leakage. We define urine leakage as any involuntary loss of urine whether in a pad or in your clothes.

\*with a full bladder.

**How confident are you that you can hold your urine...**

**1...long enough to get to the bathroom in time when you are at home?**

**Not at all confident**    0    1    2    3    4    5    6    7    8    9    10    **Extremely confident**

**Moderately confident**

---

## How confident are you that you can hold your urine...

2...long enough to get to the bathroom in time when you are away from home?



3...long enough to get to the bathroom in time during the night?



4...for at least 20 minutes when you feel the urge to urinate?





## How confident are you that you can hold your urine...

5...when coughing?

Not at all confident 0 1 2 3 4 5 6 7 8 9 10 Extremely confident

Moderately confident

---

6...when sneezing?

Not at all confident 0 1 2 3 4 5 6 7 8 9 10 Extremely confident

Moderately confident

---

7...when laughing?

Not at all confident 0 1 2 3 4 5 6 7 8 9 10 Extremely confident

Moderately confident

---

**How confident are you that you can hold your urine...**

**8...when you are nervous?**

**Not at all confident** 0 1 2 3 4 5 6 7 8 9 10 **Extremely confident**

**Moderately confident**

Does not apply to me.

**For questions 9 to 12,** rate how confident you feel under various situations in regards to urine loss. Indicate your level of confidence using the scale from 0 to 10, where 0 means that you are not confident at all and 10 means that you are extremely confident that you can do these things.

**How confident are you that you can ...**

**9...visit places where you may have difficulty locating the washroom?**

**Not at all confident** 0 1 2 3 4 5 6 7 8 9 10 **Extremely confident**

**Moderately confident**





**How confident are you that you can ...**

**10...go on social outings without worrying about urine loss?**



**Question 11 - Instructions:**

“Do you always wear a pad when you are at home?” Yes  or No   
If the answer is yes “How confident are you that you can prevent urine loss without relying on pads or protection when you are at home?” Circle your answer on the scale. If no, ask the question 11 below.

**How confident are you that you can ...**

**11...prevent urine loss without relying on pads or protection when you are at home?**



**Question 12 - Instructions:**

“Do you always wear a pad when you are away from home?” Yes  or No

If the answer is yes “How confident are you that you can prevent urine loss without relying on pads or protection when you are away from home?”

Circle your answer on the scale. If no, ask the question 12 below.

**How confident are you that you can ...**

**12...prevent urine loss without relying on pads or protection when you are away from home?**

**Not at all confident**    0    1    2    3    4    5    6    7    8    9    10    **Extremely confident**

**Moderately confident**

---

**To score:**

**Add up all the questions (min 0, max 120). If there are missing responses, add the scores then recalibrate so the final score is out of 120.**

**An increase in 14 points from before treatment to after treatment is considered to be clinically important and indicates an improvement.**

**Alternatively, you can look at the individual items with your healthcare provider to select where an increase in confidence is most required.**

## What is Urinary Incontinence?



Urinary incontinence is when you lose urine when you do not want to (accidental or involuntary loss). It is called UI for short.



UI happens when you cannot control or stop urine from coming out of your body.



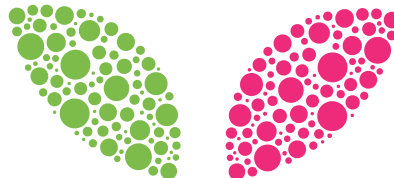
Words used to describe urine coming out of your body are voiding, passing water and peeing.



This book uses the word voiding.



UI is a problem with your bladder having trouble storing or emptying urine when you want to.



# Types of Urinary Incontinence

**The 5 types are:**

## **Urge incontinence:**

This is when you have the feeling that you need to void but cannot get to the bathroom in time. This can also happen when you drink small amounts of liquid or when you hear or touch running water. These can make you want to void but you cannot get to the toilet fast enough.

## **Stress incontinence:**

This is when you lose urine because muscles and organs inside your body put pressure or “stress” on the bladder when you do activities such as sneeze, laugh, cough, lift, jump, exercise or run. This type can also happen when you are pregnant or constipated.

## **Overflow incontinence:**

This happens when you are not able to empty your bladder completely. When you void, only some urine comes out and your bladder still has a lot of urine still in it. The urine that comes out is called overflow urine. You may leak or dribble urine. You may feel that your bladder is always full.

## **Functional incontinence:**

This is when you have normal bladder function but you cannot sit on or get to a toilet in time. For example, this can happen if you have trouble walking, use a wheelchair or have problems pulling your clothing down.

## **Mixed incontinence:**

Some people have both urge and stress incontinence. This is called mixed incontinence.



## Health Care Providers Who Can Help



**Here is a list of experts in health care and how they may help. This book uses the terms “health care provider” and “continence expert”.**

### **Nurse Continence Advisor or NCA:**

This is a Registered Nurse who has special knowledge and skills in the management of urinary and fecal incontinence. The NCA has received a NCA Certificate from the Nurse Continence Advisor Program from McMaster University in Hamilton Ontario Canada. This is an intense one year program of study with supervised clinical practice.

### **Urologist:**

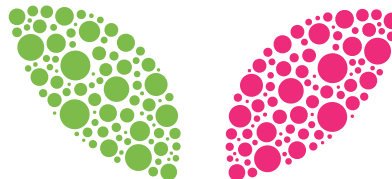
A Urologist is a Medical Doctor who has completed a Certified Specialization in disorders and diseases of the male and female urinary system.

### **Urogynecologist:**

A Urogynecologist is a Medical Doctor who has completed Certified Specialization in disorders and diseases of the female urinary and reproductive systems.

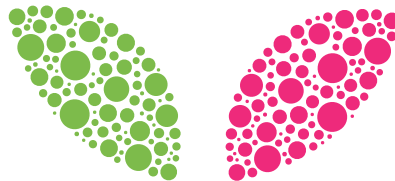
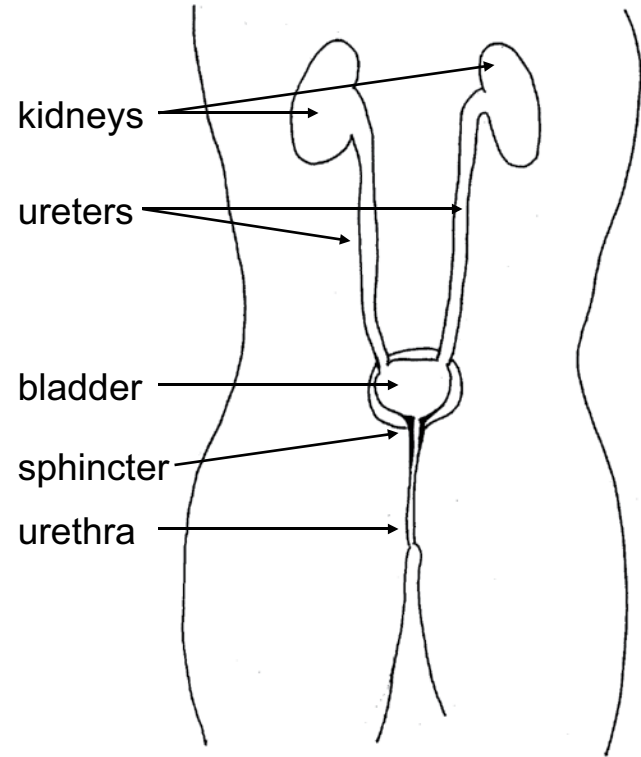
### **Urophysiotherapist:**

A Physiotherapist who has special knowledge and skills in the management of urinary and fecal incontinence as it relates to the muscles that affect continence such as the pelvic floor muscles. The Urophysiotherapist has taken special courses and or programs in this area.



## What Happens When You Void?

- Blood goes around your body and passes through the kidneys. The kidneys take waste out of the blood and make urine.
- Urine flows from the kidneys through the ureters into the bladder. The bladder is a muscle that is like a balloon.
- As your bladder fills with urine, it sends a message to your brain and nervous system when it is full or needing to be emptied.
- When you void the bladder muscle squeezes (contracts) to help the urine go out. Urine comes out a thin tube called the urethra.
- The sphincter muscle acts like a faucet. When closed it helps prevent urine from leaking. When open the urine can pass out of your body.
- The brain, nervous system and bladder work together to signal you to store or empty your bladder.

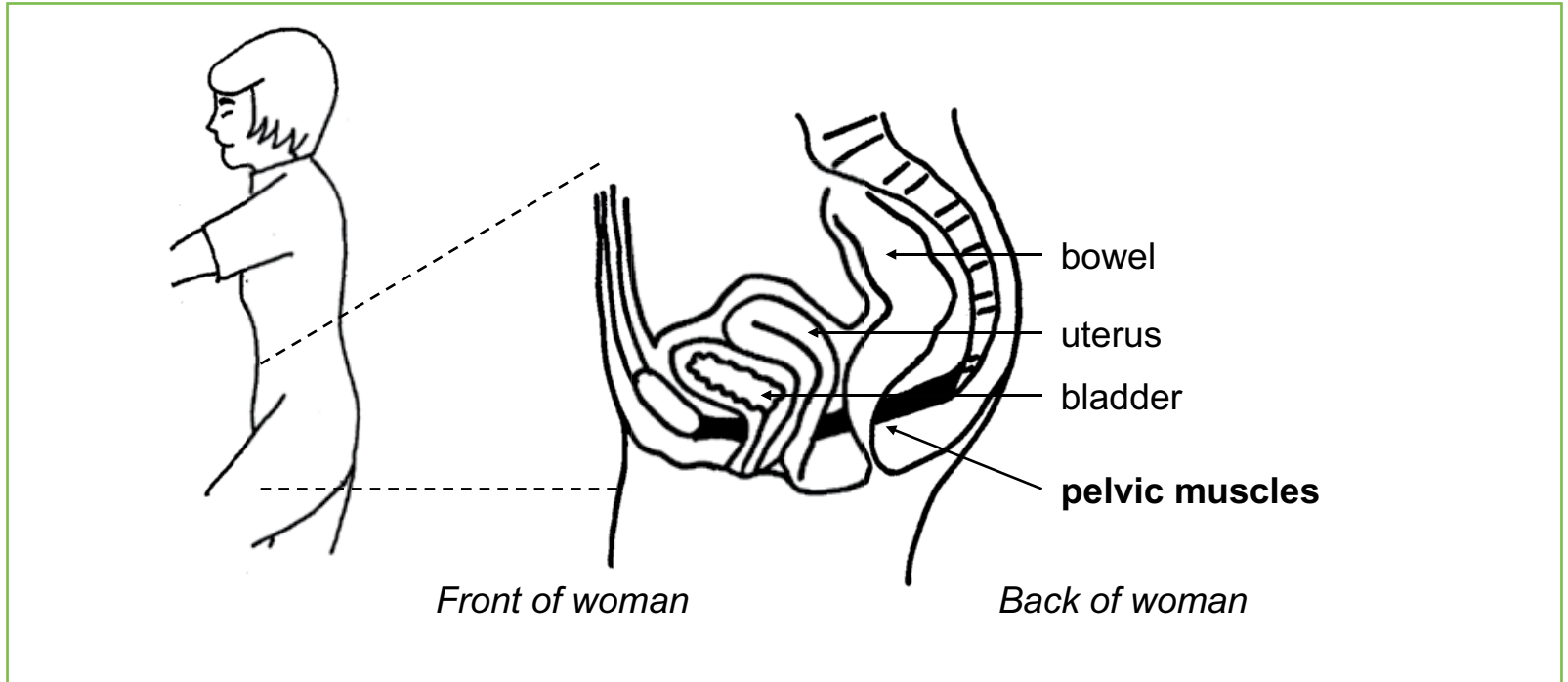


## A Look Inside Your Body



In this picture you can see where your uterus, bladder and bowel are found in your body.

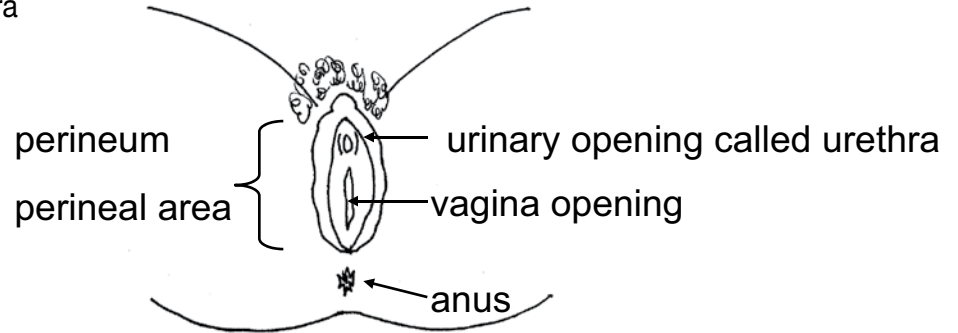
Pelvic muscles hold your bladder, uterus and bowel in place. These are the muscles you tighten to stop rectal gas or urine flow. The dark band in the picture show where these muscles are in a side view.



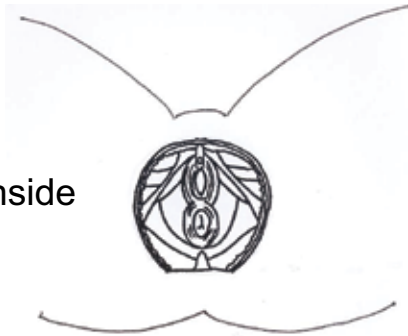
The next page will show you another look outside and inside your body →

The area in between the top of your legs is called the perineum or perineal area. This is where the urethra opens, the vagina opens and the rectum opens at the anus.

Here is a picture



pelvic muscles inside



Inside your body, you have a group of muscles called pelvic muscles. These hold the bladder, uterus and bowels in place. Here is a picture inside to show you these muscles. These are also called pelvic floor muscles as they cover the whole area and act like a floor to hold things up.



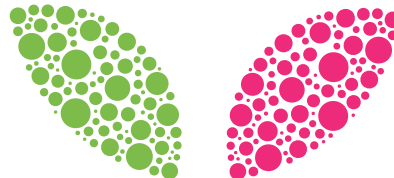


On the next page, you will find a True or False Quiz. This will help you learn more about risk factors that may lead to urinary incontinence.

You can then read the page that helps you identify your own risk factors.

**Completing this page will help you learn more about:**

- **Having urinary incontinence in the future**
- **Reasons why you may have it now**



## True or False?






	Statement	True	False
1	Incontinence can happen at any age.		
2	Incontinence during pregnancy is normal.		
3	Women have urinary incontinence more than men.		
4	One cause of urinary incontinence is urinary tract infections.		
5	The loss of the muscle tone in the pelvic muscles holding up the bladder can cause urinary incontinence.		
6	Drinking more fluids leads to urinary incontinence.		
7	Surgery is the main way to cure urinary incontinence.		

### Answers:

1. True 2. False 3. True 4. True 5. True 6. False 7. False






## Risk Factors

Check any box that applies to you:

	 <b>Continent</b>	 <b>Low Risk</b>	 <b>Moderate</b>	 <b>High Risk</b>	 <b>Read</b>
1) Have you had a baby?	<input type="checkbox"/> No	<input type="checkbox"/> 1 baby	<input type="checkbox"/> 2 babies	<input type="checkbox"/> 3 or more babies	<input type="checkbox"/> Page 21
2) Do you drink caffeine such as tea, coffee, hot chocolate, cola?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Page 22
3) Are you constipated?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Page 24
4) Do you have infections in your bladder or vagina or urethra?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Page 25,26
5) Do you regularly hold your urine for a long time?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Always	<input type="checkbox"/> Page 27
6) Do you drink alcohol?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> A lot	<input type="checkbox"/> Page 28
7) How many glasses of water do you drink in a day?	<input type="checkbox"/> No	<input type="checkbox"/> 4-5	<input type="checkbox"/> 2-3	<input type="checkbox"/> 0-1	<input type="checkbox"/> Page 29
8) How many times in the day you void?	<input type="checkbox"/> No	<input type="checkbox"/> Every 3 hours	<input type="checkbox"/> Every hour	<input type="checkbox"/> Under 1 hour	<input type="checkbox"/> Page 30

## Risk Factors

Check any box that applies to you:

	 <b>Continent</b>	 <b>Low Risk</b>	 <b>Moderate</b>	 <b>High Risk</b>	 <b>Read</b>
9) How often do you void during the night?	<input type="checkbox"/> No Time	<input type="checkbox"/> 1 Time	<input type="checkbox"/> 2 Times	<input type="checkbox"/> 3 or more	<input type="checkbox"/> Page 31
10) Can you easily get to a toilet in time when needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> Most times	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	<input type="checkbox"/> Page 35
11) Have you had any surgery in the abdomen?	<input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3+	<input type="checkbox"/> Page 36
12) Have you had any surgery in the perineum?	<input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3+	<input type="checkbox"/> Page 22,36
13) Do you take any prescription or over-the-counter medications?	<input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3+	<input type="checkbox"/> Page 37
14) Do you smoke?	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> Page 38
15) Are you overweight?	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> Page 34
16) Are you having hormone changes such as peri-menopause or menopause?	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> Page 32

## Risk Factor: Pregnancy and Childbirth



### How does this cause incontinence?

Pregnancy and vaginal childbirth can cause damage to the pelvic floor muscles by weakening the strength and tone of the muscles holding up the bladder, uterus and rectum.

The more babies you have increases the risk for incontinence if you have not done pelvic floor exercises.

Vaginal birth with an episiotomy or tear in the perineum increases the chance of incontinence. An episiotomy is when the doctor makes a cut in the perineum by the vagina to make the opening bigger for the baby to come out. During birth, a tear in the tissue may happen as the baby comes out. After birth, an episiotomy or tear is stitched closed. This area may then be weakened to hold up the uterus or bladder.



### What You Can Do...

- Talk to your doctor, midwife or health care provider about exercises to prevent an episiotomy or tear.
- Ask to see an expert in continence care if you have incontinence after having the baby.
- Do pelvic muscle exercises to help the muscles get and stay stronger. You can read how to do these on page 65.
- Do exercises that help abdominal (“tummy”) muscles get stronger. You can ask to speak to a physiotherapist or talk to an exercise expert.
- Maintain a healthy weight. You may want to talk to a registered dietitian to get some help.



## Risk Factor: Caffeine

### How does this cause incontinence?

Caffeine causes the kidneys to pull fluid from your body. This makes you void more often.

Caffeine irritates the bladder muscle. This causes the bladder to squeeze or contract more and you void more often.

The more your bladder contracts, the more you have the urge to void.

### What You Can Do...

- Slowly cut down on the amount of caffeine you drink until you reach 1 or less cups a day. 1 cup = 250 ml.
- Slowly change to drinks without caffeine such as decaffeinated tea and coffee and water. For example, you can start with mixing  $\frac{1}{2}$  decaffeinated coffee with  $\frac{1}{2}$  caffeinated coffee. Slowly increase the amount of decaffeinated coffee and decrease the one with caffeine. Water-processed decaffeination is best.
- Read labels closely. For example, green tea contains caffeine unless it says decaffeinated on the label.
- For every cup of caffeinated drink, you need to drink 2 cups of non-caffeinated fluid to replace the fluid lost.
- To slow down the strong urge to void so that you can reach a toilet; stop and do urge suppression (see page 68). This will give you time to get to the bathroom.



## Some Foods and Drinks That Make the Bladder Contract More Often...



- Alcohol
- Artificial sweetener
- Carbonated beverages (with or without caffeine)
- Chocolate
- Citrus juice and fruits such as oranges, grapefruits, lemons
- Coffee
- Corn syrup
- Highly spiced foods
- Honey
- Medications that contain caffeine (check the label)
- Sugar
- Tea
- Tomatoes and tomato products

## Risk Factor: Constipation

### How does this cause incontinence?

Constipation is a problem with emptying the bowel. It can be caused by many things such as not drinking enough fluid, not eating enough fibre and a lack of exercise.

You can get constipated if you do not take time to go to the bathroom when you get the urge to have a bowel movement.

Pushing too hard and too often when having a bowel movement can weaken pelvic floor muscles.

Stool that is hard or stuck in the rectum can cause urinary incontinence as the urine has to squeeze by the full rectum.

A smear or stain of stool on underwear may be caused by constipation. It may also be caused by a problem called a rectocele. A rectocele is a bulge in the wall of the rectum where stool gets trapped.



### What You Can Do...

- Take the time to stay “regular”.
- Sit and relax on the toilet. Make sure both feet are flat on the floor. Use a step stool under your feet if you are short.
- Try walking 20 minutes after eating.
- Drink 6-8 cups of water daily. Drinking warm water with your meal may stimulate the bowel.
- Eat foods high in fibre such as bran, oatmeal, whole wheat products and green leafy vegetables. Try the Bowel or Cookie recipes on page 74.
- Talk to your health care provider if you are often constipated or have diarrhea.
- Avoid using medications and products that help empty the bowel on a regular basis.
- Senna helps stimulate the bowels to move. Do not use senna on a regular basis unless your health care professional instructs you to do so. There is senna tea and senna tablets.
- Keep a Voiding / Bowel Diary to show your health care provider. There is one on page 61 through 64.
- More on bowels on page 40.





## Risk Factor: Infection in the Bladder or Urethra



### How does this cause incontinence?

- Germs getting into the urethra or bladder is called a urinary tract infection or UTI. This can be caused by:
  - wiping yourself from your back (anus) to front (urethra) instead of front to back after you toilet.
  - wearing tight underwear that does not breathe such as synthetic material.
  - using sanitary napkins rather than incontinence products. Sanitary napkins are not made to contain urine correctly.
  - not changing or misusing incontinence products (e.g. stacking pads, toilet paper).

### Symptoms of a urinary tract infection are:

- a burning feeling or pain when voiding
- feeling like you have to void often, right away and cannot wait
- a fever
- cloudy urine and may smell badly



Older people may just feel unwell, dizzy, or weak.

### What You Can Do...

- See your doctor if you have UTI symptoms or blood in your urine.
- Drink extra fluids like water or juices with vitamin C. Pure cranberry or blueberry juice attacks the most common germ called E-coli that often causes an infection. If you have diabetes or do not like the taste of cranberry, try cranberry capsules. Caution: If you take blood-thinner drugs, do not drink or use cranberry. Ask your doctor.
- Be sure to drink at least one 240 ml (8 oz) glass of water with the cranberry or blueberry capsules.
- Void every 2 to 3 hours during the day. Take the time to totally empty your bladder.
- Use personal hygiene tips page 70.
- Change incontinence products when wet.
- Talk to a continence expert if you often have UTIs.
- Always void after having intercourse.



## Risk Factor: Infection in the Vagina

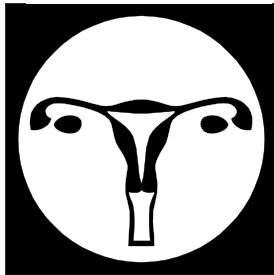
### How does this cause incontinence?

Vaginitis is an infection in the vagina. Vaginitis causes itching, redness and soreness in and around the vagina.

Vaginitis may also cause a clear or yellow discharge from the vagina.

Discharge from the vagina can lead to a urinary tract infection.

If you are peri or post menopause, you may feel very dry in the vagina and around the perineal tissues. This may be “atrophic vaginitis”.



### What You Can Do...

- See your health care provider as soon as you can to treat the infection.
- Drink extra fluids like water or juices with vitamin C.
- Talk to your doctor about trying estrogen cream. Usual dose is 0.5 cc applied in and around the vagina and urethra 2-3 times a week.
- Void every 2 to 3 hours during the day. Take the time to totally empty your bladder.
- Wear white, cotton, non-restricting underwear.
- Change incontinent products when wet.
- Do your perineal care with non-rinse wash cream or wipe.
- Follow tips for personal care on page 70.



## Risk Factor: Holding Your Urine Too Long



### How does this cause incontinence?

Holding your urine too long causes the bladder muscle to over stretch. When you feel the urge to go to the toilet and you hold your urine for more than 20 minutes you put more stress on the bladder, kidneys and pelvic floor muscles. Doing this often over time can lead to urinary incontinence.

For example a teacher may have to hold urine until a certain break time. This causes the bladder to become over-stretched.

Another example is when a person needs help to go to the bathroom and does not get help until the bladder is over full. This can lead to incontinence over time.

The bladder may not respond to the feeling of urge or become overactive because the bladder will not empty completely. Overflow UI may result.

### What You Can Do...

- Take the time to go to the toilet when you feel the need to void. Do not wait for more than 15 minutes.
- Do pelvic floor muscle exercises to strengthen the pelvic muscles. Read page 65.
- If you have swelling in your hands, feet or legs: a few hours before you go to bed lie down and raise the swollen parts up to get rid of the extra fluid. Void before you go to sleep.
- See your health care provider if you are voiding very often, small amounts and not feeling empty after you void.



## Risk Factor: Alcohol

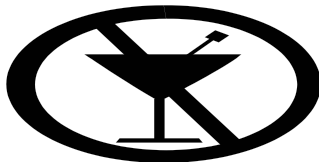
### How does this cause incontinence?

Alcohol draws water from your body making you produce more urine. Drinking alcohol in the late evening can cause you to wake up and void during the night.

Alcohol irritates the bladder so it contracts more often making you void.

Alcohol can affect the central nervous system and reduce the feeling of the need to void. When this happens you hold the urine for too long and the bladder can become over stretched.

Alcohol can make you tipsy or drunk and cause you to void before you get to a toilet.



### What You Can Do...

- Have no more than one small drink or less a day.
- Avoid drinking any alcohol late in the day or evening.
- Try drinking non-alcoholic beer or wine if you want to enjoy the taste without the alcohol content.
- See a doctor or alcohol and drug counsellor to help you stop or cut down your alcohol drinking.



## Risk Factor: Poor Water Intake



### How does this cause incontinence?

Water cleans away unwanted or waste products from your body.

Water is needed to keep your kidneys, bladder and bowels working well.

Often you may think that by drinking less that you will void less. This is actually the other way. Urine that contains more water is less irritating to the bladder so you void less often but do void larger amounts.

Water keeps your bowel movements soft and moving. Poor fluid intake can cause constipation and incontinence.

Older adults lose their thirst drive so often do not feel thirsty. They do not drink enough water-based fluids and can become dehydrated without even knowing it.

### What You Can Do...

- Try to drink 8 glasses of water a day. People with heart and kidney problems should follow their health care provider's directions about how much water to drink.
- Drink more in the morning to help restore your normal body fluid levels.
- Drink more on hot days.
- If you do not like the taste of water, try adding a slice of lemon or a sprig of mint in the water.
- Carry a water bottle to sip on all day. When it is available and at the temperature you like, you will drink more.
- If you are always thirsty, drinking and voiding a lot, you may have a medical problem. See your doctor or health care provider to check for problems such as diabetes.



## Risk Factor: Voiding Too Much or Too Little

### How does this cause incontinence?

If you drink 8 glasses of fluid a day and you void more than 8 times in 24 hours, this may mean that you have a problem with bladder size (capacity).

After feeling the urge to and you cannot void, void small amounts often or dribble after voiding, you may have urinary retention. This may be caused by a cystocele (bladder is tipped over), uterine prolapse (uterus drops down through the vagina) and/or a rectocele (a bulge in the rectum).

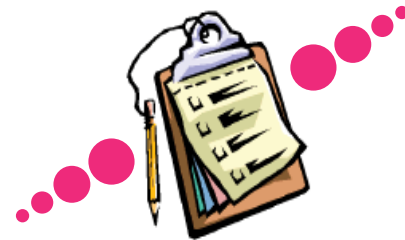
An over-full bladder can weaken pelvic floor muscles and the neck of the bladder. This prevents you from holding urine and you dribble.

When you have to push to void, you can harm the pelvic floor muscles by over-stretching these muscles that hold the organs in place.

Having to get up more than one to two times a night to void is called nocturia. This problem can be very hard on your sleep.

### What You Can Do...

- Keep a Voiding / Bowel Diary like the one on page 61. Show this to your health care provider.
- Talk to your doctor and/or ask to meet with a continence specialist. You may need to have an internal examination and other special tests.
- Look at the type and amount of fluids you drink. You may need to make some changes as described in this book before.
- Do pelvic floor muscle exercises to strengthen pelvic floor muscles. These are described on pages 65-67.
- A continence specialist can advise you about a toileting schedule and other ways to help you with your problem, including nocturia.



## Risk Factor: Change in Hormone Levels



### How does this cause incontinence?

Estrogen is a hormone in all women's bodies. Estrogen levels drop during menopause.

Less estrogen means: the tissues around the bladder lose tone and elasticity. This makes it hard to hold in your urine. The tissues around the sphincter muscle at the opening of the bladder lose tone and elasticity making it harder to stay firmly closed. The tissues around the perineum can become dry, red, itchy and infected.

Changes in estrogen can lead to:

**Urethritis** – inflammation of the urethra

**Vaginitis** – inflammation of the vagina

**Cystocele** – bulge in the bladder through the wall of the vagina

**Uterine prolapse** – the falling, sinking or sliding of the uterus from its normal location in the body

Any of these changes can cause urinary incontinence or urinary tract infection.

### What You Can Do...

- Talk with your health care provider about using estrogen or progesterone cream in the perineal area to moisten the dry tissues. Usual dose is 0.5 cc applied in and around the vagina and urethra 2-3 times a week.
- Ask about using a barrier cream to treat redness and soreness around the perineal area.
- Ask your health care provider about seeing an expert such as a urogynecologist. This is a doctor with special training in female urinary and reproductive problems.
- If you need surgery to repair your bladder or uterus, or are a mid-aged female, your health care provider can refer you to a specialist for treatment.



## Risk Factor: Age

### How does this cause incontinence?

Getting older can change the body in many ways. Some of these ways can lead to problems with incontinence.

For example: If your pelvic floor muscles are weak, you may not be able to hold your urine.

If you cannot walk well you may not be able to make it to the toilet on time. You may be leak urine before you get there.

If you get up to void more than 2 times a night, you may have nocturia.

Incontinent is NOT just part of getting old. Never accept this as an explanation from any health care provider. There are many ways to help.



### What You Can Do...

- All muscles need exercise to work well, so exercise your pelvic floor muscles too! These are described on pages 65-67.
- Drink more fluid and eat more fibre to prevent constipation.
- Avoid using laxatives, suppositories or enemas on a regular basis.
- Complete the Voiding / Bowel Diary on pages 61-64. Take it to your health care provider to talk about a treatment plan.
- Talk about other ways to control incontinence other than surgery. For example a device called a pessary can be put into the vagina to hold up the bladder.
- If you have swelling, in the evening elevate your hands or feet to get rid of the extra fluid. This helps prevent frequent visits to the toilet during the night.





## Risk Factor: Overweight



### How does this cause incontinence?

Being over-weight puts constant pressure on bladder and pelvic muscles which weakens the pelvic floor muscles.

Poor abdominal muscle strength from excess weight adds more weight on the pelvic floor muscles as well.

Exercises that put added pressure on the pelvic floor muscles (e.g. jumping, running, weight lifting) can cause more stress on a weakened pelvic floor or add too much stretch on the pelvic floor muscles.



### What You Can Do...

- Take up a healthy lifestyle. Eat better and exercise at least 3 times a week. Walking is an excellent exercise.
- Try programs at your local Parks and Recreation Department. They are not expensive, fun and a great way to meet people who can exercise with you.
- Ask your health care provider to refer you to a dietitian or exercise specialist for help and support.
- If you do exercises that add more pressure on the pelvic floor, be sure to do pelvic floor muscle exercises too. These are described on pages 65-67.



## Risk Factor: Problems With Mobility

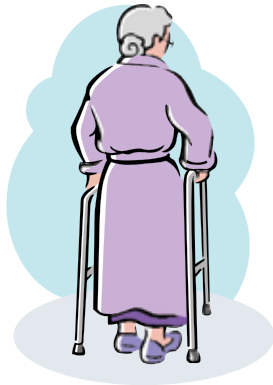
### How does this cause incontinence?

Problems that affect the nervous system can affect your getting to the toilet in time. Some of these diseases are Multiple Sclerosis, Parkinson's disease, dementia, delirium, and stroke.

Joint, muscle or bone problems such as arthritis, a broken bone or a recent joint replacement surgery can make it hard to reach or use a toilet.

Arthritis in your hands or arms may make it hard for you to get your pants down in time to void.

Any problem that affects the way you get to a toilet can cause incontinence.



### What You Can Do...

- Talk to your health care provider about medical concerns that may be causing problems with you getting to the toilet in time.
- Have a toilet close by such as a bedside commode.
- Keep the path clear to the toilet. Remove items that could prevent you from getting there in time.
- When you go out plan where the toilets are and use the toilet before you overly feel the need to.
- Make regularly timed trips to the toilet. Usually every 2-3 hours.
- Keep your walking aide (e.g. cane, walker, crutches) near to you at all times.
- Wear clothing that is easy to get down or off when you have to go to the toilet.
- See an Occupational Therapist, Physiotherapist, and/or Rehabilitation Specialist to help with therapy to strengthen your movement and find equipment to help you manage better. You may need a doctor's referral.



## Risk Factor: Abdominal and Perineal Surgeries



### How does this cause incontinence?

Surgery in the perineal area or abdomen may weaken the muscles that hold the bladder and other organs in correct place in the body.

Not following the after surgery exercises and care directions given to you by the surgeon or other health care provider can put you at higher risk for developing incontinence.



### What You Can Do...

- Correct other factors that may add to your risk of incontinence such as losing weight, avoiding alcohol and caffeine before and after surgery.
- Do pelvic floor muscle exercises as described on pages 65-67.
- Talk with your health care provider about a referral to a urotherapist to help with pelvic floor muscle problems.
- Develop and follow good bladder and bowel care and hygiene.



## Risk Factor: Medications

### How do these cause incontinence?

Over-the-counter, prescription or herbal medications can directly or indirectly affect your bladder and bowels in negative ways.

Some medications:

- can make the bladder too active
- cause the bladder to be not active enough
- cause you to hold or retain urine
- affect your ability to move around and use the toilet in time
- affect the clearness of your thinking making it hard to get to the toilet in time

Medications called diuretics or water pills make you void more and in larger amounts to help your body get rid of extra unneeded fluid.



### What You Can Do...

- Review all your medications, over-the-counter medications and herbal/natural products with your health care provider and pharmacist.
- Talk with your doctor about medications that may lessen urge incontinence and overactive bladder or help empty it better to prevent overflow.
- Sometimes by changing the time that you take your medications helps. Talk to your doctor or pharmacist about this. For example, a diuretic that you take once a day may be better taken in the afternoon rather than in the morning. This may decrease the number of times you have to void at night.
- Be sure to drink lots of fluids and eat enough protein foods to help the drugs work in your body.



## Risk Factor: Smoking



### How does this cause incontinence?

There are many harmful chemicals found in cigarettes that irritate the bladder causing it to contract too much.

Coughing causes the abdominal muscles to tighten and push down on the pelvic floor muscles. This strain weakens these muscles.

Cough suppressant and decongestant medications and products can cause bladder problems.



### What You Can Do...

- Set a goal to quit smoking and do it.
- At least cut down on smoking.
- Talk to your health care provider for help to quit smoking.
- Search for programs and reading material to help you quit.
- Do pelvic muscle exercises as described on pages 65-67.
- Ask your pharmacist about what cough suppressant and decongestant medications would be best for you to take if needed.



## Risk Factor: Nervous System Problems

### How do these cause incontinence?

Some brain, spinal cord or nervous system problems can cause incontinence. Examples are Multiple Sclerosis, Parkinson's Disease, Spinal Cord Injury, Stroke and Dementia.

With these types of problems, you may:

- lose the feel of needing to void or to have a bowel movement
- lose the control to hold or stop voiding or having a bowel movement
- lose the power to totally empty the bladder or bowel
- forget to act on the urge to void or have a bowel movement
- forget where the toilet is located



### What You Can Do...

- Control or change other factors that add to incontinence such as the amount of caffeine or alcohol you drink.
- Talk to an expert in continence care such as a Nurse Continence Advisor or Physiotherapist with a continence focus. An expert can best advise you on ways of gaining control over your bladder and bowels.
- Complete a Voiding / Bowel Diary as seen on pages 61-64 so that a health care professional can help make a plan for you.
- Talk with a Nurse Continence Advisor about visual or verbal prompts to help locate the toilet in time.



# Fecal Continence



## Taking back control of your bowels



## Can I stop losing or pushing hard to have feces/stool/poo?

If you leak feces/stool/poo or have to push hard to have a bowel movement when you are doing one of these activities, *check the box on next page.*

*If you check any of the boxes, read on to find out why and what you can do.*



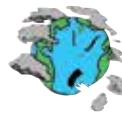




Eat or drink certain foods/fluids?



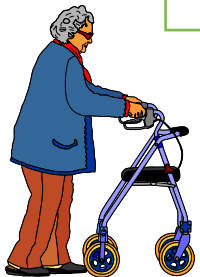
Are constipated?



Walk? Exercise? Sneeze? Cough? Lift?

Do not have time to get to a toilet?

Leak stool after wiping?



Do you have a problem with your bowels when you...



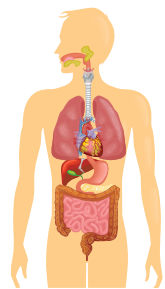
Take certain drugs?



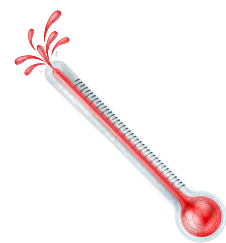
Have a loose stool?



Pass rectal gas?



Are sick?



## Test Yourself

On the next page, you will find a True or False Quiz.



### Learn more about:

- reasons why you may have it now
- how to prevent fecal incontinence in the future



## True or False?



	Statement	True	False
1	Fecal incontinence can happen at any age		
2	A daily bowel movement is required to be seen as normal		
3	Constipation can cause diarrhea-like stool		
4	Too little fluid intake can cause constipation		
5	The loss of the muscle tone in the pelvic muscles can cause fecal incontinence		
6	Taking laxatives is the best way to treat constipation or diarrhea		
7	Surgery is the main way to cure fecal incontinence		

### Answers:

1. True 2. False 3. True 4. True 5. True 6. False 7. False

## What is Normal?

The bowel normally absorbs about 1 – 2 litres of water plus salt every day.

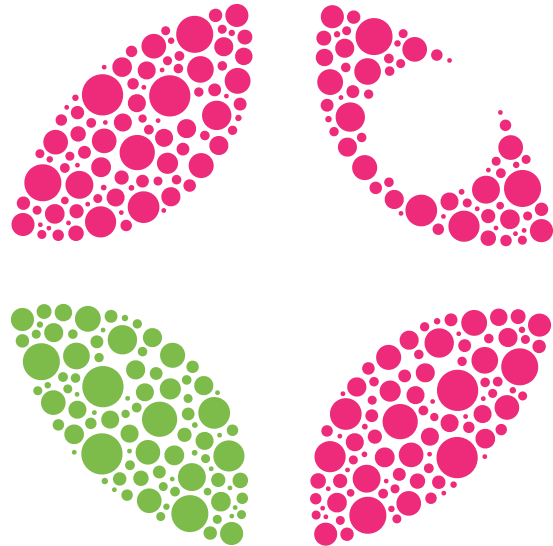
It takes 8 – 15 hours to move the body's waste products through the whole bowel (colon).

The bowel has a squeezing/contracting action (peristaltic waves) that moves the waste contents through. These actions persist for 10 – 15 minutes and occur 2 – 3 times per day and most actively after meals.

The ideal stool diameter is about 2 cm, formed, soft and easy to pass. The rectum can hold between 300-500 ml. of stool with the urge to eliminate happening at around 250-300 ml of stool.

If a person has normal ability to stretch & store the stool in the rectum, the average quality of a bowel movement is 250-500 ml of stool.

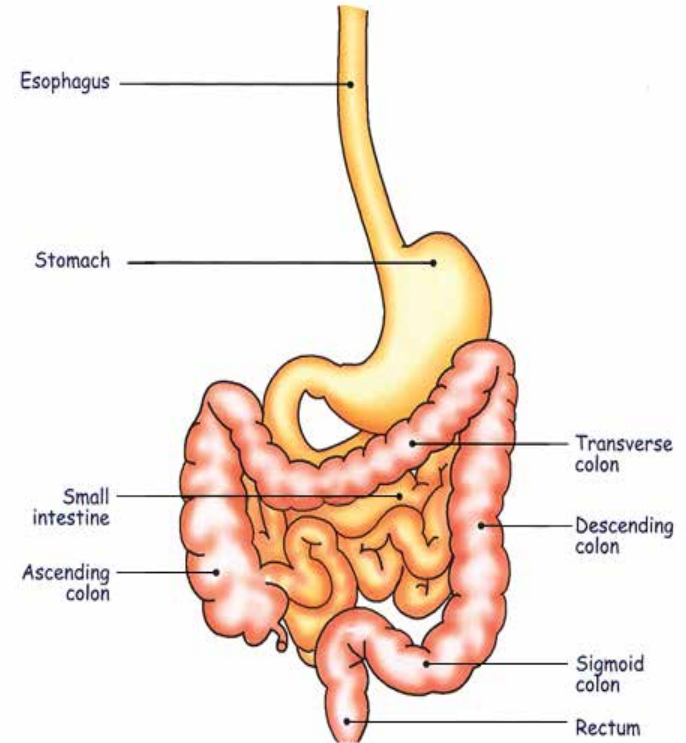
As long as the stool is formed and easily passed, a normal bowel elimination can be daily to every 2 – 3 days.



## The Bowel?

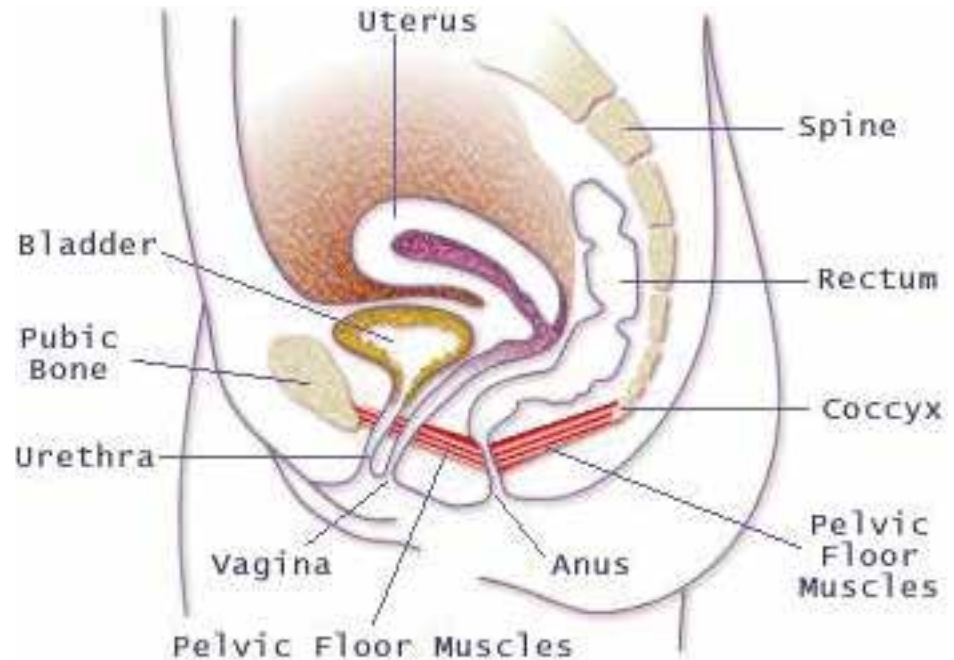


- Made up of 2 parts: Small 2.74 metres (9 feet) where most of digestion occurs. What food is not needed by the body is passed into the large bowel to be eliminated as waste.
- Large bowel gathers and stores feces for elimination large bowel about 6.3 cm (2.5”) wide and 1.2 metres (4 feet) long. There are 3 sections called the ascending colon, the transverse colon and the descending colon. The last section of the large bowel is approximately 15 – 17 cm (6-7”) and is called the rectum. The rectum terminates in an opening called the anus.
- There are 2 sphincters – internal and external. The external sphincter is under your control. Both sphincters hold feces in the rectum.
- It takes 18-72 hrs for body wastes to travel through the body to the rectum. This is called transit time.
- When the rectum fills to about 250-300 ml, it sends a message to the brain to relax the sphincters and pelvic floor muscles and open the anus which allows you to push the stool out. Each bowel movement = 250-500 ml of stool.
- Eating stimulates the large bowel to contract more and starts about 20-60 minutes after eating lasts about 10-15 minutes.



## A Look Inside Your Body

Pelvic muscles hold your bladder, uterus and bowel in place. These are the muscles you tighten to stop rectal gas, bowel elimination or urine flow. The dark band in the picture show where these muscles are in a side view. Strong pelvic floor muscles help you be urinary and fecally continent.

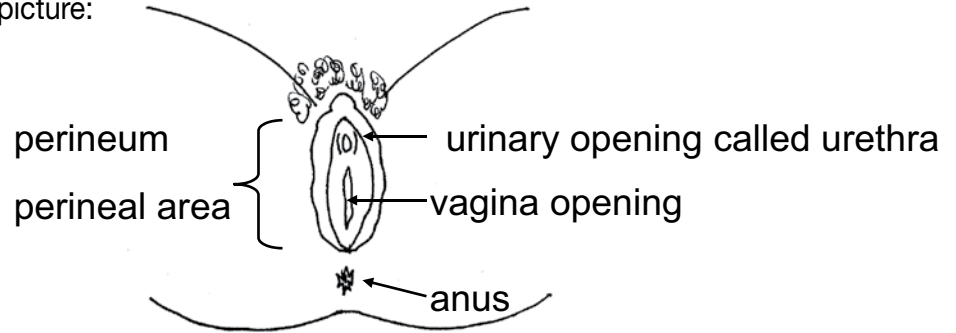


## This is Very Important to Remember



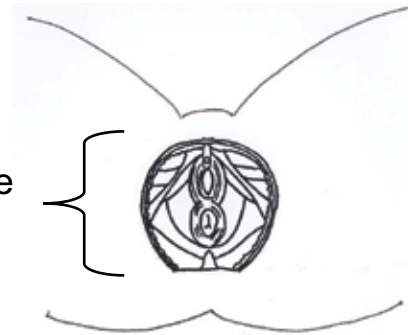
The area in between the top of your legs is called the perineum or perineal area. This is where the urethra opens, the vagina opens and the rectum opens at the anus.

Here is a picture:



Inside your body, you have a group of muscles called pelvic muscles. These hold the bladder, uterus and bowels in place. Here is a picture inside to show you these muscles. These are also called pelvic floor muscles as they cover the whole area and act like a floor to hold things up.

pelvic muscles inside



## What is Fecal Incontinence?

Not able to control the elimination of stool/feces/poo until you reach a toilet.

Constipation: Difficulty or straining when having a bowel movement. Stool is often hard or small in size. May also have bowel movements less often than three times a week.

Bowel movements can have different types of texture, thickness and smoothness (consistencies). These can put you at risk for fecal Incontinence (FI) especially if your body is unable to hold back the stool. The time it takes for the stool to move through the bowel affects the consistency of the stool.

A harder stool can cause constipation which can build a blockage in the bowel. This can lead to what is called “impaction” resulting in stool becoming liquid and going around the blockage. The stool looks like diarrhea but the cause is constipation.

Diarrhea is a very watery stool and may have an underlying cause such as food poisoning, a gastrointestinal virus or bowel disease (diverticulitis, colitis, Crohn’s disease, clostridium difficile).

Treating the underlying cause or factors affecting the constipation or diarrhea, aims at changing the consistency and time the stool moves through the bowel so that it becomes soft, formed and easily able to be passed.







## How common is fecal incontinence?

- In the Community - **2.2% - 6.9%**
- In Nursing Homes - **45%**
- Minor fecal incontinence (Staining underwear with stool despite wiping after bowel movement):  
**7.4%** men, **6.9%** women
- After having a difficult vaginal childbirth: **60%** report incontinence
- **2-7%** adults, depending on survey and population asked
- Up to **60%** of people reporting urinary incontinence report fecal incontinence as well



## Types of Fecal Incontinence

To help you understand how urinary and fecal incontinence relate to each other, the 5 types described are worded like the urinary incontinence types.

### The 5 types are:

**Urge incontinence:** This is when you have the sudden and “urgent” need to have a bowel movement that often is very soft or liquidity which does not allow you to get to the toilet in time.

**Stress incontinence:** This is when you lose stool because the anal sphincter and/or muscles are not strong enough and put pressure or “stress” on rectum and you cannot hold it in. Inability to control rectal gas and stool leakage may also occur.

**Bypassing incontinence:** This happens when you are very constipated or have stool impaction.

**Functional incontinence:** This is when your bowels are normal but you cannot get to and/or sit on the toilet in time. For example, this can happen if you have trouble walking, use a wheelchair or have problems pulling your clothing down.

**Mixed incontinence:** Some people have a “mix” of two or more of the other types of fecal incontinence.



## Health Care Providers Who Can Help

Here is a list of experts in health care and how they may help. This book uses the terms “health care provider” and “continence expert”.

### **Nurse Continence Advisor or NCA:**

This is a Registered Nurse who has special knowledge and skills in the management of urinary and fecal incontinence. The NCA has received a NCA Certificate from the Nurse Continence Advisor Program from McMaster University in Hamilton Ontario Canada. This is an intense one year program of study with supervised clinical practice.

### **Gastroenterologist:**

A gastroenterologist is a Medical Doctor who has completed a Certified Specialization in disorders and diseases of the male and female gastro-intestinal system.



### **Urophysiotherapist:**

A Physiotherapist who has special knowledge and skills in the management of urinary and fecal incontinence as it relates to the muscles that affect continence such as the pelvic floor muscles. The Urophysiotherapist has taken special courses and or programs in this area.

## Risk Factor: Illness, Injury or Disease

### How does this cause fecal incontinence?

Any damage or not working of the any part of the bowel, rectal or anal sphincters can lead to fecal incontinence. (e.g. colitis, Crohn's, hemorrhoids, thyroidism, parathyroidism, irritable bowel syndrome).

A disease, illness or injury that affects the central nervous system (brain, spinal cord) which controls the voluntary and involuntary function of the bowel can lead to fecal incontinence.(e.g. stroke, spinal cord injury, dementia, delirium, depression).

Pelvic floor muscle problems add to the inability to hold stool back.

Loss of the sense of urge or overactive sensation of urge can be cause fecal incontinence.

Food intolerances like lactose and gluten may cause bowel problems.



### What You Can Do...

- Depending on the injury, disease or illness, the treatment plan will vary. A doctor, nurse continence advisor, urotherapist often can provide management tips.
- Talk to your doctor/nurse practitioner if you are feeling that your bowel movement problems may be caused by an illness, injury or disease that you have.
- A sudden loss in control of your bowels or not being able to have a bowel movement needs you to see your doctor as soon as possible.
- Do the pelvic floor muscle exercise on pages 65-67.
- Keep a Voiding / Bowel Diary to show your health care provider. They are on pages 61-64.



## Risk Factor: Too Low Fluid Intake



### How does this cause fecal incontinence?

The intake of enough water-based fluids aids stool to be softer and able to move through the bowel better.

When you do not drink enough, stool becomes hard. This may cause a blockage somewhere in the bowel causing liquid stool to pass around the hard stool. This liquid leakage can be mistaken for diarrhea.

Stool that is hard or stuck in the rectum can also cause urinary incontinence as the urine has to get by the full rectum which is partly blocked by the hard stool.

### What You Can Do...

- Drink plenty of fluid (6-8 cups of water). Avoid caffeine and alcohol.
- Drinking a cup of warm water with your meals as this may help to stimulate the bowel.
- Talk to your health care provider if you are often constipated or have diarrhea.
- Keep a Voiding / Bowel Record to show your health care provider. They are on pages 61-64.



## Risk Factor: Poor Fibre Intake

### How does this cause fecal incontinence?

Soluble and insoluble fibre is needed to help form a stool consistency that easily moves through the bowel to be eliminated out. Too hard or too soft (liquid) a stool can overwhelm the rectum's ability to hold the stool in or eliminate it.

A smear or stain of stool on underwear may be caused by constipation. It may also be caused by a problem called a rectocele. A rectocele is a bulge in the wall of the rectum where stool gets trapped so that stool oozes out. Fibre will help bulk the stool so it is easier to eliminate.

Fibre is good for too soft or liquid stool by providing more absorption of fluid making the stool consistency more formed.

**Fibre increase is not recommended for immobile persons or those who drink less than 1.5 L of fluid per day.**

### What You Can Do...

- Eat foods high in fibre such as bran, oatmeal, whole wheat products and green leafy vegetables.
- Try the Bowel or Cookie recipes on pages 73 and 74.
- If you have a rectocele, you may need to insert a finger into the vagina and push backwards and upwards to make the bowel straighter to eliminate the stool caught there. Eating more fibre may help make a stool that is more formed and that can be pushed out completely.



## Risk Factor: Not Toileting or Toileting Wrong When Feeling the Urge



### How does this cause fecal incontinence?

When you get the urge to have a bowel movement and do not go, you dry out your stool which makes it harder to pass.

When you are constipated or have difficulty passing a hard stool, pushing too hard and too often can weaken or damage the pelvic floor muscles. These muscles are very important to be continent.

The rectal sphincter must be positioned straight for stool to pass easily out.

### What You Can Do...

- To stay “regular”, set a usual time that you will take the time to have a bowel movement. About 20 minutes after breakfast is a good time because the bowel is stimulated after a meal.
- Sit and relax on the toilet. Make sure you are sitting fully on the seat of the toilet with both feet are flat on the floor and you are leaning slightly forward when pushing. Use a step stool under your feet if you are short.
- Exercise everyday. Try walking after eating to stimulate the bowel.



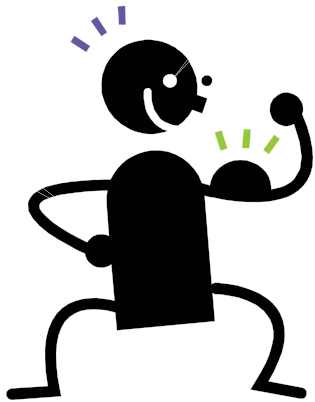
## Risk Factor: Poor Mobility or Muscle Strength

### How does this cause fecal incontinence?

Being unable to get to the toilet in time when you feel the urge to have a bowel movement can lead to incontinence.

Pushing too hard and too often when having a bowel movement can weaken pelvic floor muscles so that you cannot hold stool or rectal gas in.

Exercise helps stimulate the bowel to contract and move stool along for elimination.



### What You Can Do...

- Make sure that any aides that you use to help you move more easily are always in reach.
- Have a toileting schedule when you will have your daily bowel movement so that you can prevent getting caught too far away from a toilet when you need it.
- Do the pelvic floor muscle exercises on pages 65-67.
- Make sure that you are eating enough foods with fibre and drinking enough fluids.
- Exercise 15-20 minutes daily; including walking.
- If you have difficulty moving, try doing lifting each leg up and down and moving your hips forward and backward while sitting for 15-20 minutes twice a day.



## Risk Factor: Medications and Other Remedies



### How does this cause fecal incontinence?

A number of prescription, over-the-counter and herbal medications have side effects that can result in either constipation or diarrhea. Some drugs are:

- **Narcotics** (acetaminophen + codeine, fentanyl, codeine, morphine)
- **Antacids** (Rolaids, AlkaSeltzer, Tums)
- **Anticholinergic** (oxybutinin, tolterodine)
- **Antidepressants**
- **Diuretics** (furosemide)
- **Antibiotics**

Over-using or using the same laxative can result in them becoming not as effective.

Laxatives, suppositories and enemas are made differently to work in specific ways. So, using the wrong one can cause added problems. (e.g. Stool softeners may make the stool so it oozes out without you knowing)

The same applies to drugs used to control diarrhea.



### What You Can Do...

- Have a full medication review with your pharmacist to see if a medication is causing your problem.
- Ask your pharmacist or nurse continence advisor about when, why, how to take laxatives, suppositories or enemas if you need them.
- Changing your diet, fluid intake and toileting habits are better.
- If sometimes constipated Senna tea or Senna tablets help to move the bowels. Try having a cup of Senna tea with two Get Up and Go Cookies. Do not use Senna tea or tablets on a regular basis unless your health care professional instructs you to do so.
- If you need antibiotics, ask your pharmacist about taking a probiotic with it.



# Ways To Help Yourself

## Tips for both bladder and bowel Your Continence Self-Help Plan



## Tips for speaking to a health care professional about your incontinence



- Complete a Voiding / Bowel Diary for 2 to 4 days.
- When making your appointment, ask that enough time be made for counselling.
- Ask for a referral to an expert in continence care if you feel the need.
- Make a list of what you have done to help yourself.
- Bring a list of medications, over-the-counter products and herbal products you use. Be honest about all of the products you take.
- Bring a list of health care problems and surgeries you have had.
- Make a list of questions and leave space to write answers.
- Tell your problem clearly and be firm in asking for the help that you need.
- Do not give up if the health care professional is not able to help your problem. Call a public health nurse in your area or ask around for help. See resource websites on page 79.



## Voiding / Bowel Diary

To help your health care provider or continence expert better understand your problem, fill in the Voiding / Bowel Diary for 2 to 4 days in a row. Bring this diary when you meet your health care provider. The information on your Voiding / Bowel Diary will help the health care provider design a plan with you to help you get control.

### How to complete the Voiding / Bowel Diary:

1. Enter the information beside the time it happened.
2. Use a measuring cup to catch the urine. Record the exact amount under **Void / Bowel**.
3. Every time you take a drink, record how much and what fluid you took under **Drink** (1 cup = 250ml).
4. When you have a bowel movement, put an **X** under **Void / Bowel**.  
Record small, medium, large for amount
5. If you have a wet/lost stool event or “accident”, put a **✓** under **Wet Event**.

Turn to next page for the diary →



## Voiding / Bowel Diary

**Void:** Write in the amount each time you pass urine in the toilet. **Bowel** movement mark "X"

**Drink:** Write in the amount each time you have a drink (1 cup = 250 ml)

**Wet event:** (✓) each time you are wet.

Time	Void/Bowel	Drink	Wet Event	Time	Void/Bowel	Drink	Wet Event
6:00 am				6:00 pm			
6:30 am				6:30 pm			
7:00 am				7:00 pm			
7:30 am				7:30 pm			
8:00 am				8:00 pm			
8:30 am				8:30 pm			
9:00 am				9:00 pm			
9:30 am				9:30 pm			
10:00 am				10:00 pm			
10:30 am				10:30 pm			
11:00 am				11:00 pm			
11:30 am				11:30 pm			
12:00 noon				12:00 midnight			
12:30 pm				12:30 am			
1:00 pm				1:00 am			
1:30 pm				1:30 am			
2:00 pm				2:00 am			
2:30 pm				2:30 am			
3:00 pm				3:00 am			
3:30 pm				3:30 am			
4:00 pm				4:00 am			
4:30 pm				4:30 am			
5:00 pm				5:00 am			
5:30 pm				5:30 am			

## Voiding / Bowel Diary

**Void:** Write in the amount each time you pass urine in the toilet. **Bowel** movement mark "X"

**Drink:** Write in the amount each time you have a drink (1 cup = 250 ml)

**Wet event:** (✓) each time you are wet.

Time	Void/Bowel	Drink	Wet Event	Time	Void/Bowel	Drink	Wet Event
6:00 am				6:00 pm			
6:30 am				6:30 pm			
7:00 am				7:00 pm			
7:30 am				7:30 pm			
8:00 am				8:00 pm			
8:30 am				8:30 pm			
9:00 am				9:00 pm			
9:30 am				9:30 pm			
10:00 am				10:00 pm			
10:30 am				10:30 pm			
11:00 am				11:00 pm			
11:30 am				11:30 pm			
12:00 noon				12:00 midnight			
12:30 pm				12:30 am			
1:00 pm				1:00 am			
1:30 pm				1:30 am			
2:00 pm				2:00 am			
2:30 pm				2:30 am			
3:00 pm				3:00 am			
3:30 pm				3:30 am			
4:00 pm				4:00 am			
4:30 pm				4:30 am			
5:00 pm				5:00 am			
5:30 pm				5:30 am			

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Time	Void/Bowel	Drink	Wet Event	Time	Void/Bowel	Drink	Wet Event
6:00 am				6:00 pm			
6:30 am				6:30 pm			
7:00 am				7:00 pm			
7:30 am				7:30 pm			
8:00 am				8:00 pm			
8:30 am				8:30 pm			
9:00 am				9:00 pm			
9:30 am				9:30 pm			
10:00 am				10:00 pm			
10:30 am				10:30 pm			
11:00 am				11:00 pm			
11:30 am				11:30 pm			
12:00 noon				12:00 midnight			
12:30 pm				12:30 am			
1:00 pm				1:00 am			
1:30 pm				1:30 am			
2:00 pm				2:00 am			
2:30 pm				2:30 am			
3:00 pm				3:00 am			
3:30 pm				3:30 am			
4:00 pm				4:00 am			
4:30 pm				4:30 am			
5:00 pm				5:00 am			
5:30 pm				5:30 am			

# Pelvic Muscle Exercises

## Getting Ready...

When you first start doing these exercises, find a quiet place to relax. This helps you exercise the correct muscles. It may take some time to learn how to focus on the correct muscles.

To find the correct muscles, it is best to sit down. Try to pull-up/squeeze the muscles that prevent you from passing rectal gas. **X Do not tighten your abdominal and buttock muscles. Do not hold your breath.**

After you get used to doing these exercises, you can do them any time, any place and in any position.

## Steps to follow:

1. Pull-up/squeeze your pelvic muscles.
2. Hold and count slowly...1 and 2 and 3 and
3. Relax for...1 and 2 and 3.
4. You can do these in lying, sitting or standing.
  - 10 exercises are called 1 set.
  - Do **1 set 5** times a day.
  - As you get better at doing these exercises, count to 5 and then relax for a count of 5.
  - **You must relax your muscles for the same amount of time or more.**

**Whenever you think about it do a set of “quick em’s”.**

**You pull-up/squeeze for 1 second and relax for 1 second. These help the shorter muscle fibres.**

**It takes about 3 to 6 months to begin to feel results.**



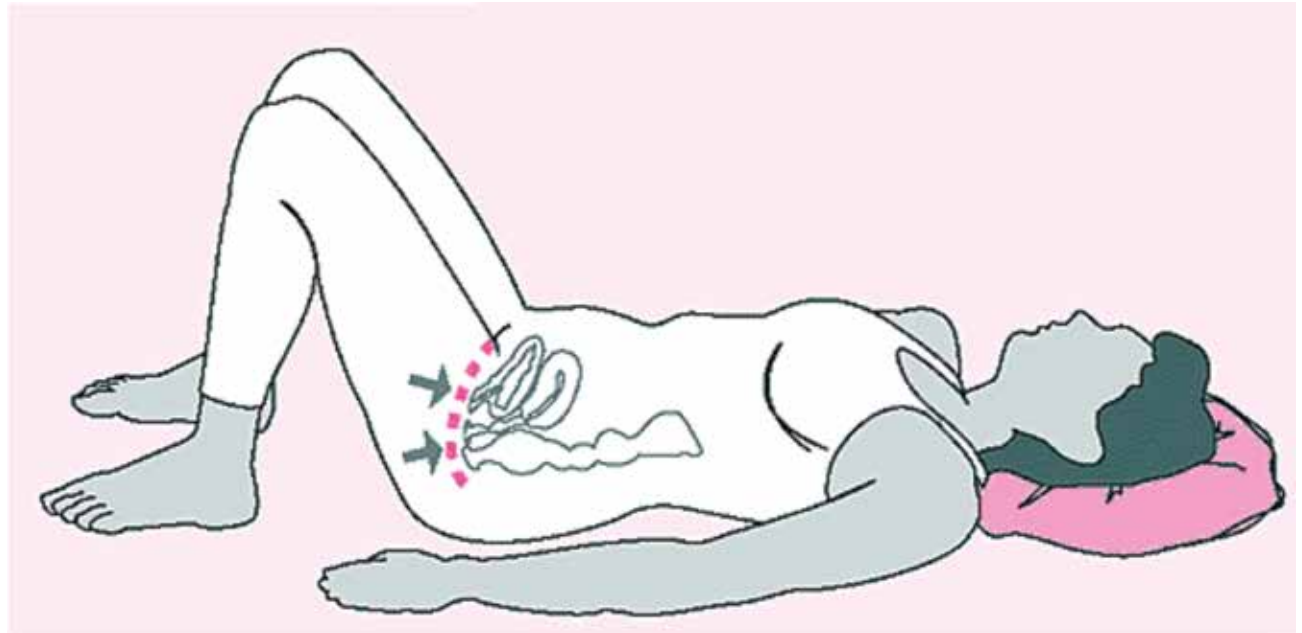


# An Inside View



## Kegel Exercises:

Contract your pelvic floor muscles for three seconds, then relax the muscles for three seconds. Do this 10-15 times several times a day. Although shown here while lying down, these exercises can be done during a variety of daily activities, such as sitting in a meeting, while stopped in your car at a traffic light or when talking on the phone.



## Tips for Kegel Exercising

- Build Kegel exercises into your daily activities to assure that you will do them. (E.G. a 30 minute TV program has two 5 minute commercial breaks. Do your Kegel's during the breaks twice a day).
- Think of the pelvic floor muscles as if they are like an elevator floor. You want to lift the muscle floor straight up inside your body like an elevator goes up the shaft. Hold the muscle floor up at the 5th floor (your navel level) and do your count (1 and 2 and 3 and 4 and 5...), release back down and relax for same count.
- For men and women to find the right pelvic floor muscles - Straddle a soft, small pillow when doing your Kegel's. You will better feel the counter-pressure of the pelvic floor muscle.
- For women, you may try: placing a finger in the vagina and squeeze your pelvic floor muscle to contract around your finger.
- For men to find their pelvic floor muscles: Hold a mirror under your scrotum. When you contract the pelvic floor, the scrotum will lift up.
- Do NOT "stop yourself from peeing mid-stream" as this sends a wrong message to the brain and when constantly done, may lead to retaining urine.
- Never hold your breath when doing Kegel exercises as this actually pushes the pelvic floor muscles down not up.
- Be patient with yourself and connect or re-connect with your continence advisor if you are needing more help.

# Urge Suppression Techniques



## Use this method for:

- **urgency**
- **frequency**
- **preventing dribbling on your way to the toilet**

1. Stop, sit down and do 5 quick pelvic muscle exercises 1 second each.
2. Relax your abdominal muscles by taking 3 to 4 deep cleansing breaths. Slowly breathe in and out.
3. Be positive. Think, “I can hold and wait.”
4. Get up slowly and walk to the bathroom.



## To increase the size of your bladder so you can hold more urine:

1. Keep a Voiding / Bowel Diary.
2. Look at the diary and see your pattern of voiding.
3. Try to increase your holding time by 5 to 15 minutes each time you have to void.
4. Keep a record to see how much you have improved.



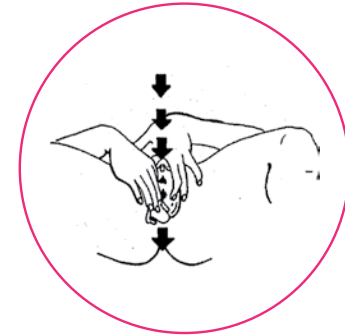
## Healthy Weight Check

- Ask a friend to help if you want or need help.
- How to measure your waist:
  - Stand straight up.
  - Take a deep breath in and blow it out.
  - Measure your waist between the bottom of your ribs and the top of your hip bones.
  - Hold the tape measure firm but not tight.
- If you are 88 cm or 35 inches or more around your waist, you may need to lose weight.
- Ask for help from your health care provider. You may want to talk to a dietitian, physiotherapist or exercise teacher.



## Tips for Personal Care

- Always wash and wipe yourself from the front to the back. This is shown in the picture.
- Do NOT wipe back and forth when washing.
- Wash your perineal area with a mild soap and water only once a day. For other times, use warm water only. Using a spray bottle may make it easier to spray and wipe. Using soap too often can dry the delicate skin and cause other problems.
- Avoid using feminine hygiene sprays, bubble bath, baby wipes or other products as they irritate delicate tissues.
- Void after having intercourse to flush germs away from the urethra opening.
- Wear white cotton underwear or panties to help prevent infection.
- You can buy washable incontinence underwear at a medical supply store that holds incontinence pads in place better.
- Do not use bleach to when washing underwear as this can cause irritation.
- Incontinence products are available that are designed specifically for perineal hygiene care. There are adult disposable wipes or creams that are made to help clean and protect the perineal area after voiding and/or a bowel movement.



## Incontinence Containment Products (Pads, Adult Briefs or Underwear, Bed Protectors)

Products that catch urine or stool may be helpful while your problem is being treated. Remember the goal of treatment is for you to gain control again. Your nurse continence advisor can counsel and trial you on what may be the best product for you to try and use.

Sampling Programs are offered by manufacturers allowing you to “Try Before You Buy” programs are offered which allow you to try various styles and absorbencies.

Ask your nurse continence advisor or medical supplier about free sample programs that give you products to try out. This helps you find the right size and style that is best for you.

### Tips for you:

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1. Do not buy large quantities of any product until you have found the one that best helps you. The quality of products can differ a lot. Try different ones until you are happy with the results.
2. For very small and small leaking or dribbling, a specially made thin incontinence pad may offer you a feeling of safety while you make it to a toilet.
3. Do not use sanitary napkins, toilet paper, paper towels, homemade cloth pads or other products that are not made to catch urine or stool as they can cause infections and leaking.
4. For medium to large amounts of leakage, there are different sizes and thickness of pads, pull-up type and full briefs available. A continence advisor expert is best able to counsel you on the type needed as fit and ease of use is very important to ensure urine and/to stool is contained.
5. Change the incontinence product whenever wet or soiled as leaving it on can cause a urinary tract infection or rash.
6. Both disposable and reusable bed and chair protective pads are available at medical supply stores or pharmacies. They have special backing and absorbency to catch leaks.

# Skin Protection Creams and Washing Products



## Barrier Creams

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There are creams to help protect delicate perineal skin from redness and itching. These creams are called barrier creams. They often contain silicone or zinc oxide.

Calmoseptine\* is a zinc oxide based cream with an anti-histamine included that helps soothe irritated, red skin.

Ask your health care provider, nurse continence advisor or pharmacist about a barrier cream that is best for you.

## Non-Rinse Washes

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If you wash too often with soap and water to stay clean and control odour, you can cause more problems by drying out the delicate perineal tissue resulting in redness and itching.

Many non-rinse wash products help moisturize and protect skin. These products are made to clean away urine or feces. They come in various forms such as squeeze tubes, pump containers or wash cloths. Baby wipes are NOT recommended as they dry the skin.

Ask your health care provider, nurse continence advisor or pharmacist about a non-rinse wash that may be best for you.

If you use petroleum-jelly (e.g. Vaseline) or too much zinc paste, they can prevent the pad that you are using from absorbing the urine.

\* Calmoseptine is a brand name product

## High Fibre Bowel Recipes

A natural recipe for easy moving, soft bowel movements

### Ingredients:

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- 2 cups of all bran cereal (not baking bran)
- 1 cup applesauce – any flavour
- ½ cup prune juice

### Steps:

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- Place ingredients in a bowl.
- Let sit for 10 minutes.
- Mix ingredients together.
- Store in air tight container in the refrigerator for up 2 weeks.



### How to eat:

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You can eat this mixture out of the bowl, put on hot cereal or spread it on toast. Start with 1 to 2 teaspoons a day and adjust as needed. Your bowel movements should be soft, formed and easy to pass.

**Caution:** If you are on dialysis or have poor kidney function, this recipe is not recommended. Check with your health care provider if you are unsure about whether to use this.



# Get Up and Go Cookies

A natural recipe for easy moving, soft bowel movements.



## Ingredients:

- ½ cup margarine or butter
- 1 cup brown sugar
- ½ cup prune puree – see next page for how to make prune puree
- 1 egg
- 1 cup applesauce - any flavour
- 2 cups all bran cereal
- 1½ cups flour
- ½ teaspoon baking soda
- 1 teaspoon of cinnamon or spice you like
- 1 teaspoon vanilla

**Optional:** ½ to 1 cup raisins, or chocolate chips, sunflower seeds, nuts, or whatever you like in cookies.

## Steps:

- In a large bowl, cream margarine or butter with sugar.
- Add egg, prune puree and applesauce and mix well.
- Add dry ingredients and mix well.
- Drop by spoonfuls onto 3 cookie sheets – 12 cookies a sheet.
- Bake in 350 oven for about 15 minutes.
- Cool on pans for a few minutes and then remove.
- Freeze cookies or store in airtight container in refrigerator.

## How to eat:

Start by eating 2 thawed cookies a day. Your bowel movements should be soft, formed and easy to pass.



## Prune Puree:

A 375 gram bag contains about 50 prunes. Put in a small pot with 1 cup of water. Heat on stove top until hot. Cool and mash. Store unused puree in fridge. You can add grated lemon rind while cooking for added flavor. You can also mash canned pitted prunes to make puree. You can also use baby food prune puree for a quick, no fuss method.

### Lower fat recipe:

Use  $\frac{1}{4}$  cup margarine and increase applesauce to  $1\frac{1}{4}$  cups. Use 2 egg whites or an egg replacement product instead of 1 whole egg.

### Lower sugar recipe:

Use 1 cup of sugar substitute.  
Use unsweetened applesauce.

### Higher fibre recipe:

Use  $\frac{3}{4}$  cup whole wheat flour with  $\frac{3}{4}$  cup white flour OR Use  $\frac{1}{2}$  cup whole wheat with  $\frac{1}{2}$  cup white flour with  $\frac{1}{2}$  cup oatmeal. You may need to increase the applesauce by  $\frac{1}{4}$  to  $\frac{1}{2}$  cup to make them more chewy.

### Remember:

Fiber absorbs water to soften stool. You need to drink plenty of water, if your diet allows, to help these cookies work.





At 18 years of age, I was involved in a car accident which left me with various problems, like a fracture in my coccyx, a ruptured ureter, and damaged sphincters. From that moment on, I began to experience urinary incontinence a little like what women suffer from after one or two pregnancies: loss of urine when I laugh, jump or sneeze, etc.

I was getting along ok in this situation. I learned how to resolve small problems. When I had my two ultrasounds, I “cheated” and did not drink water until the last minute to avoid problems. When I spoke to my doctor, he smiled and explained that several of his patients had done the same thing.

At 33 years of age, I had my first child. During the pregnancy, the situation got worse. I was going more often to the bathroom, and I was having more frequent urine loss. I had already decided to definitely eliminate sports I liked from my life.

For my second child, at 35 years old, the situation became problematic...I did not always have enough time to get to the bathroom in the middle of the night (for example, I would get up at night for the baby and wet the floor, having



to tell my husband to be careful so that he did not slip on the wet floor, take the baby and urinate, and then climb a step higher and lose urine without the time to react.

For me, it is very important to play with my children, but in my case, it's another story...content myself with taking pictures, as it is impossible for me to play, to run, or to jump without losing urine. That is why one never finds me on photographs.

A normal trip in the car has become an adventure. For example, when I go to my in-laws in Ontario, I go to the bathroom before leaving, and immediately after arriving, I have to excuse myself to go to the bathroom again. It has been the same routine for 15 years. I avoid drinking water unless absolutely necessary. Wherever I am, I always start by finding out where the bathrooms are. This is very important for me to prevent disasters.

One of the big frustrations that incontinence brings me is that right now I am teaching my son of 2 years to be toilet-trained, when I cannot always be the same. I find it very difficult at 37 years old to feel like I am regressing, by not

controlling my bladder. I feel really helpless.

The walls were beginning to cave in around me, and I decided I needed to take control again. I lost a few pounds that I needed to lose, and decided I needed to feel good about myself again. But to do this, I needed to improve my incontinence problem.

After talking to my family doctor, he referred me to a urologist. After detailed examination, the urologist referred me to a physiotherapist. The physiotherapy sessions, about 10, consisted of doing pelvic muscle exercises, biofeedback and bladder retraining. In my case, these exercises helped me to control my incontinence and to reduce urine loss. In addition, they allowed me to reduce the frequency of feeling the urge to go to the bathroom. As of now, I can wait 60 to 90 minutes between bathroom visits. With continuing exercises, I hope to increase this interval more.

It is important not to wait until the situation worsens to consult a specialist. We should not always put things off for whatever reason we can fathom. We should not keep this problem that has such an impact on our lives and on our morale, to ourselves.

For a long time, my quality of life was affected by incontinence problems. But today, I know that thanks to the right exercises and medications, I will finally be able to control these problems.

With all the solutions available today for individuals experiencing incontinence, one should not hesitate to consult a specialist. One can only improve and become happier.

As “patients”, we must help these wonderful medical and research team, and we must make The Canadian Continence Foundation our fighting force. Even sharing our own stories and common points of view will help.

I will end by telling you that I am stronger because of this journey.

**Lise Renaud**



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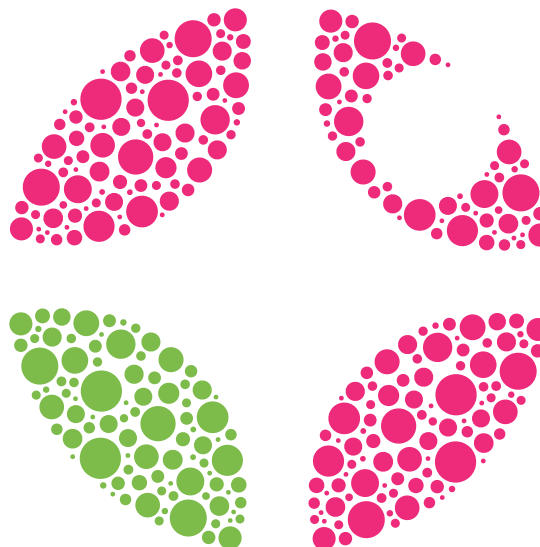
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Merck Publishing (2013) The Merck Manual of Diagnosis and Therapy (19th Ed.). [www.merck.com](http://www.merck.com)

Mosby (2013) Mosby's Dictionary of Medicine, Nursing and Health Professions (9th Ed.).

Robert, M. R., and Sandra, S. R., (1996). Urinary incontinence in women. *Clinical Symposia*, 47(3).

Skelly, J., et al (2014) Promoting Continence Care: A Bladder and Bowel Handbook for Care Providers. Custom Courseware: McMaster University Press. Hamilton, Ontario. (2nd Ed.)



## Web Sites - Continence Specific

- The Canadian Continence Foundation:  
[www.canadiancontinence.ca](http://www.canadiancontinence.ca)
- Canadian Nurse Continence Advisor Association (CNCA)  
[www.cnca.ca](http://www.cnca.ca)
- International Continence Society  
[www.ics.org](http://www.ics.org)
- National Association For Incontinence (NAFC)  
[www.nafc.org](http://www.nafc.org)
- What Can I Do About Urinary Incontinence?  
Decision Aid  
<http://rnao.ca/bpg/resources/what-can-i-do-about-urinary-incontinence-decision-aid>
- Managing life with incontinence  
[www.managinglifewithincontinence.org/](http://www.managinglifewithincontinence.org/)
- The Simon Foundation for Continence  
[www.simonfoundation.org/](http://www.simonfoundation.org/)
- Product Information and Making Choices:  
[www.continenceproductadvisor.org](http://www.continenceproductadvisor.org)
- Pelvic Muscle Exercise Education Program:  
[www.healthywomen.org/content/article/exercises-your-pelvic-floor-muscles](http://www.healthywomen.org/content/article/exercises-your-pelvic-floor-muscles)

## Web Sites - Healthy Living

- Heart and Stroke Foundation:  
<http://ehealth.heartandstroke.ca/HeartStroke/HWAP2/Home.aspx>
- Quit Smoking Help: Canadian Council for Tobacco Control:  
[www.lung.ca/lung-health/smoking-and-tobacco/how-quit-smoking](http://www.lung.ca/lung-health/smoking-and-tobacco/how-quit-smoking)
- Women's Health Foundation:  
<http://womenshealthfoundation.org/>
- Weight Management  
[www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php)

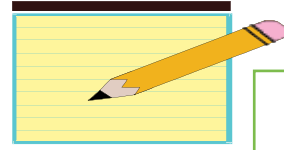








# Personal Notes



## How Are You Doing? The Self-Efficacy Questionnaire

Re-take the questionnaire starting on page 18 after you have been using your Continence Self-Care Plan for several months.

You may surprise yourself on how well you are doing!



