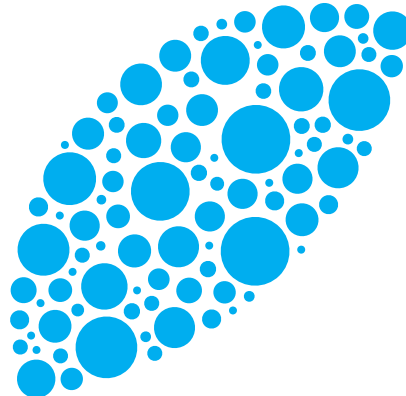
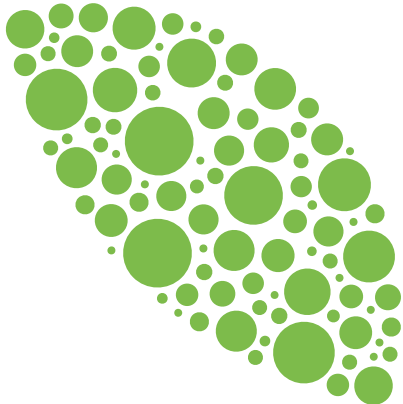
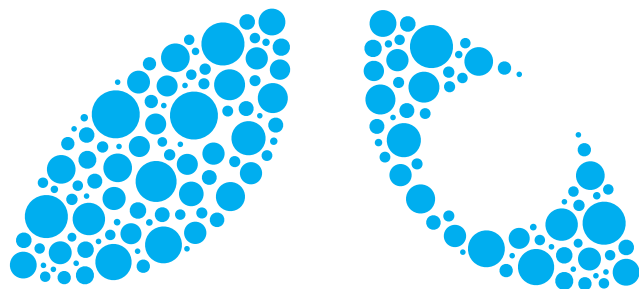
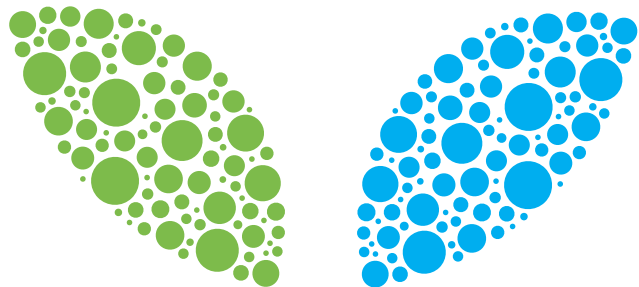


A MAN'S HEALTH ISSUE: BLADDER/BOWEL CONTINENCE





A Man's Health Issue:



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Fraser Health Authority

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Introduction

This book has been written out of concern for all men that quietly suffer from urinary and/or bowel incontinence (uncontrolled loss of urine or feces). The Canadian Continence Foundation reports that urinary incontinence occurs in 15% of all men aged 60 years of age and older. Also 75% of men 70 years or older will have a prostate problem. Up to 10% of all adults are affected by fecal (bowel) incontinence.

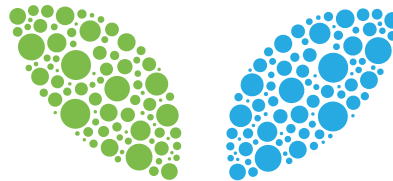
Incontinence is an issue that many people do not talk about. Children are praised and rewarded when they gain control of their bladders and bowels. As adults, many hide behind

bathroom doors because of the shame they feel about 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, 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?



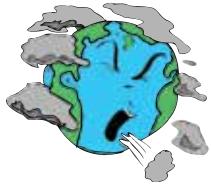
Are constipated?



Walk?



Sneeze?



Cough?

Do you leak urine when you...



Lift?

Have to void again even if you just voided

Laugh?

Have intercourse?



Self Efficacy (self confidence) 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?



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?

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

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

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

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

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...

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?

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

Moderately confident

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?

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

Moderately confident

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.



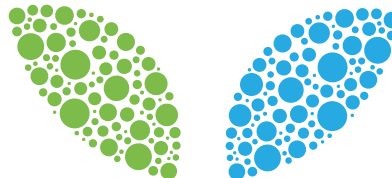
Words used to describe urine coming out of your body are voiding, passing water and peeing.



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:

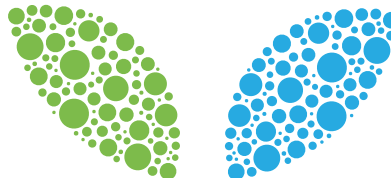
This happens when you are not able to empty your bladder completely. When you void, only some urine comes out and your bladder still has a lot of urine still in it. The urine that comes out is called overflow urine. You may leak or dribble urine. You may feel that your bladder is always full.

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:

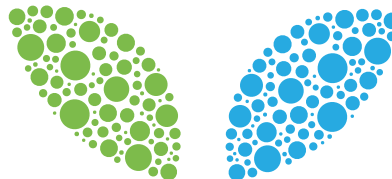
A Urologist is a Medical Doctor who has completed a Certified Specialization in disorders and diseases of the male and female urinary system.

Urogynecologist:

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

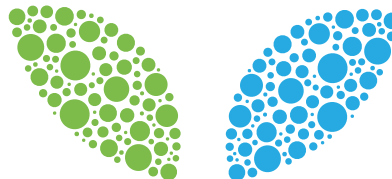
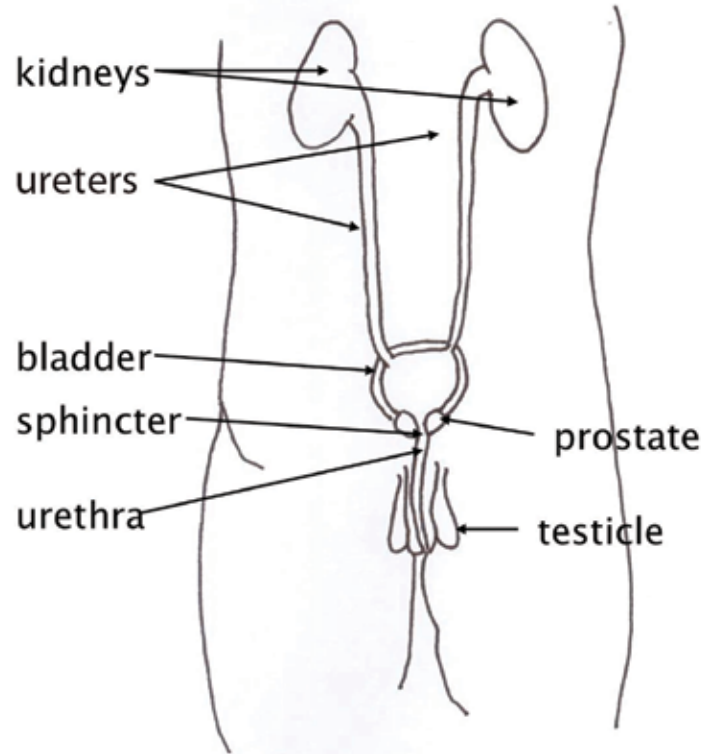
Urophysiotherapist:

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 and nervous system receives a message when the bladder is full to signal you to empty your bladder.

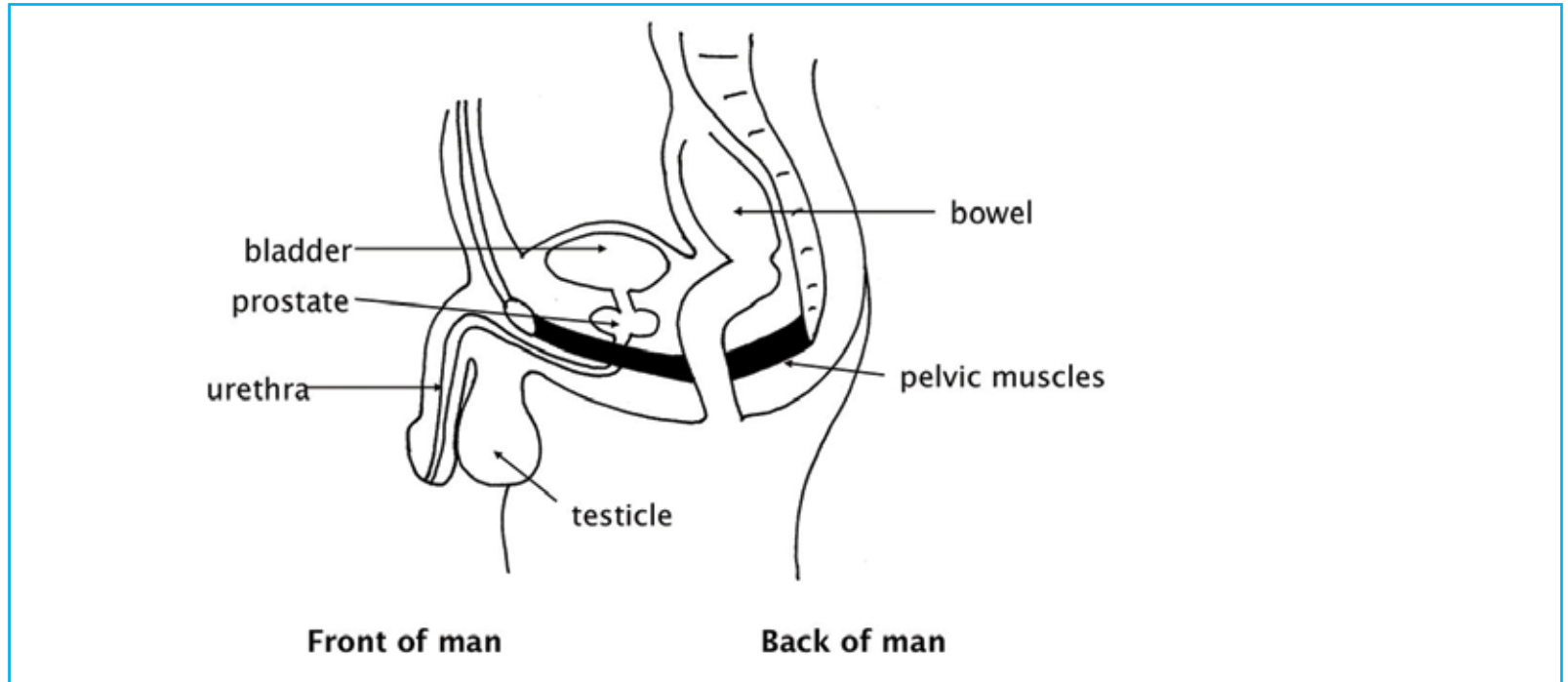


A Look Inside Your Body



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

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

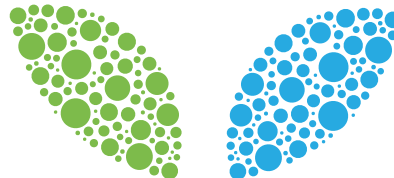


On the next page, you will find a True or False Quiz. This will help you learn more about risk factors that may lead to urinary incontinence.

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 in older people is normal.		
3	A prostate can enlarge with no symptoms felt.		
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:

	 Continent	 Low Risk	 Moderate	 High Risk	 Read
1) Do you have your prostate checked regularly?		<input type="checkbox"/> Every year		<input type="checkbox"/> Never	<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, urethra or prostate?	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	<input type="checkbox"/> Very Often	<input type="checkbox"/> Page 25
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 26
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 27
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 28
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:

	 Continent	 Low Risk	 Moderate	 High Risk	 Read
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 30
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 32
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 33
12) Have you had prostate surgery	<input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3+	<input type="checkbox"/> Page 21,33
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 34
14) Do you smoke?	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> Page 35
15) Are you overweight?	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> Page 31
16) Are you having health changes due to diabetes, thyroid problems?	<input type="checkbox"/> No			<input type="checkbox"/> Yes	<input type="checkbox"/> Page 29

Risk Factor: Enlarged Prostate

How does this cause incontinence?

When the prostate becomes larger and/or longer, it can block off the bladder neck.

As the prostate gets larger, it decreases the size of the bladder and increases the tone of the bladder neck.

This causes you:

- to void many times
- go only a small amount or
- have the urge to void but have a hard time starting to go

The muscle in your bladder may contract or squeeze without any control causing the urine to go out.

The cause of an enlarged prostate may or may not be known. It may be due to hormonal changes or an uncontrolled growth.

What You Can Do...

- Have an annual prostate check-up. Your doctor may do a Prostate Specific Antigen (PSA) blood test too. This test checks for changes in the prostate.
- Talk to your doctor or continence expert if you have:
 - decreased force or flow of urine stream
 - pain or straining to void
 - blood in the urine
- Complete the Symptom Index on page 51 and show it to your health care provider.
- Complete a Voiding / Bowel Diary to show your health care provider. Read page 58.
- Learn more about prostate health, care options a 2nd treatment. Some internet sites are on page 76.



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 by mixing $\frac{1}{2}$ decaffeinated coffee with $\frac{1}{2}$ caffeinated coffee. Slowly increase the amount of decaffeinated coffee and decrease the amount of caffeinated coffee. Water-processed decaffeination is best.
- Read labels closely. For example, green tea contains caffeine unless it says decaffeinated on the label.
- Drink 2 cups of non caffeinated fluid to replace the fluid lost for every cup of caffeinated drink.
- Stop and do urge suppression (see page 65) to slow down the strong urge to void. 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 not exercising.

Constipation can happen 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 causing incontinence.

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 71.
- 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 58 through 61.
- More on bowels on page 37.

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 or synthetic underwear that does not breathe
- using anything other than incontinence products to contain urine can lead to a UTI.(e.g. wrapping paper towels or facecloths around the penis)
* not changing or misusing incontinence products (e.g. stacking pads or padding with 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 8 oz (240 ml) glass of water with the cranberry capsules.
- Void every 2 to 3 hours during the day. Take the time to totally empty your bladder.
- Use personal hygiene tips (page 67).
- Change incontinence products when wet.
- Talk to a continence expert if you often have UTIs.
- Void after having intercourse.



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 62.
- 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

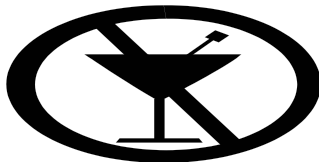
How does this cause incontinence?

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: Change in Hormone Levels

How does this cause incontinence?

Poor control of diabetes can cause the loss of feeling in the bladder. This can lead to overfilling in the bladder without you knowing it. This leads to holding urine in the bladder called urinary retention.

An overfull bladder can back urine up into the kidneys and cause damage.

Hypothyroidism or low thyroid levels can cause constipation which can lead to urinary retention.

Changes in testosterone hormone levels can lead to an enlarged prostate.

What You Can Do...

- If you have diabetes keep your blood sugar levels in control. Ask to talk to a diabetes educator if you are having problems.
- If you are always tired, have dry skin and hair, are constipated, feel your heart beating fast and finding you are quite emotional, talk to a health care provider for help. Your thyroid levels may need to be reviewed.
- Complete a Symptom Index for prostate problems and show your doctor or health care provider. Read page 56.
- Do a self exam on your testicles regularly looking for changes in shape, swelling, pain or lumps. Read more on page 55.



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 leak urine before you get there.

If you get up to void more than 2 times a night, you may have nocturia (getting up often to pee during the night).

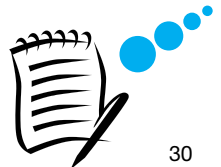
Incontinence is NOT just part of getting old. Never accept this as an explanation from any health care provider.

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 62-64.
- Drink more fluid and eat more fibre to prevent constipation.
- Avoid using laxatives, suppositories or enemas on a regular basis unless advised by your health care professional.
- Complete the Voiding / Bowel Diary on pages 58-61. 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 using a urinal at night rather than trying to rush to the toilet.
- 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 62-64.



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 urinal or a bedside commode close by when you cannot make it to a toilet in time.
- 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 it is urgent.
- 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.
- 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 Prostate Surgery

How does this cause incontinence?

Damage can be caused by cutting and handling the muscles around the bladder. This can weaken the muscles that hold the bladder and other organs in correct place in the body. Damage to the nerves of the bladder can also happen. If damage occurs, you may have problems with incontinence.

Permanent incontinence after prostate surgery is rare in 2% to 5% of men.

Some other problems after surgery may include:

- bladder will be less irritable but the urgent need to void may remain for several months. The bladder needs to go back to it's normal size again
- if radiation is used, this irritates the bladder
- the urinary sphincter may have been stretched or damaged
- injury to the blood vessels or nerves may occur
- infection may result from the catheter used to remove urine

What You Can Do...

- Talk to your urologist before surgery about the risks and benefits. Ask about other options to surgery.
- Correct other factors that may add to your risk of incontinence such as losing weight, avoiding alcohol and caffeine.
- Do pelvic muscle exercises (see on page 62).
- Do urge suppression for urgency and frequency (see page 65.)
- Sit down to void.
- For dribbling, push up behind the scrotum. Massage the base of the penis with your thumb to empty all of the urine in the urethra.
- See a nurse or physiotherapy continence specialist for more help.



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.
- Talk to your doctor or pharmacist about what time of day is best to take medications that affect your bladder.
- 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 62-64.
- 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.
- A referral to a doctor who specializes in the brain and nervous system (neurologist) may be needed.
- Complete a Voiding / Bowel Diary as seen on page 59 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.***

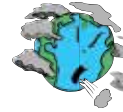
If you check any of the boxes, read on to find out why and what you can do.



Eat or drink certain foods/fluids?



Are constipated?



Walk? Exercise? Sneeze?
Cough? Lift?

Leak stool
after wiping?

Do not have
time to get to
a toilet?



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



Take certain drugs?



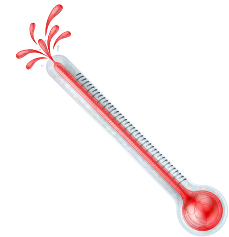
Have a loose
stool?



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.

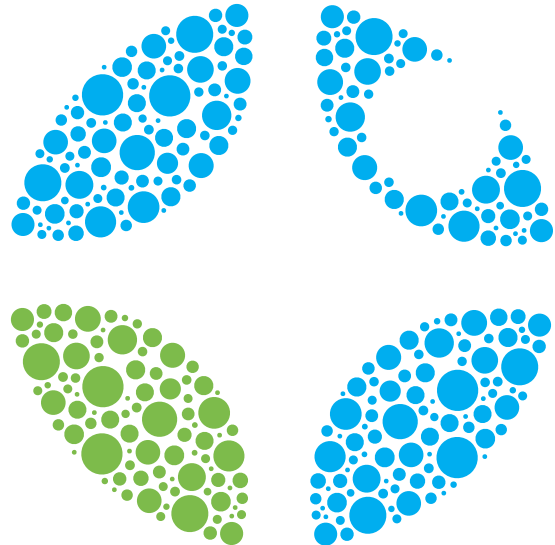
It takes 8 - 15 hours to move the body's waste products through the whole bowel (colon).

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.

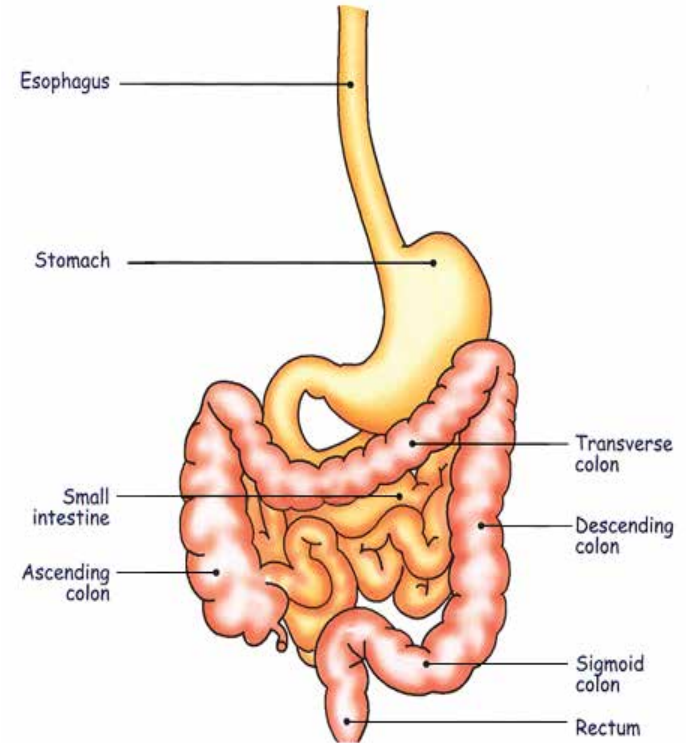
If a person has normal ability to stretch & store the stool in the rectum, the average quality of a bowel movement is 250-500 ml of stool.

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.



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
- For overall adult population depending on who and what was surveyed : **2-7%**
- Up to **60%** of people who report 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 is when you are very constipated or have stool impaction (hard stool stuck in the bowel) that results in what looks like diarrhea.

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 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.
- See your doctor as soon as possible if you have a sudden loss in control of your bowels or inability to have a bowel movement.
- Do the pelvic floor muscle exercise on page 62.
- Keep a Voiding / Bowel Diary to show your health care provider. (see page 58)



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 Diary to show your health care provider. They are on pages 58-61.



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 71 and 72.
- Eating more fibre may help make a stool that is more formed and 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 or the toilet seat is too high or raised.
- 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 62-64.
- 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.
- If you want to take a laxative, suppository or enema, ask your pharmacist or nurse continence advisor about when, why, how to take them.
- Changing your diet fibre, fluid intake and toileting habits are better.
- If sometimes constipated try an “osmotic laxative” (lactulose, PEG 3350). It can take a few days to work.
- If you use a stimulant laxative like Senna tea or tablets, you may feel cramps in your abdomen with the urge to go quickly. Limit the use of stimulants unless told differently by your health care provider.
- If you need antibiotics, eat yogurt or ask your pharmacist about taking a probiotic.



Ways To Help Yourself



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



Testicular Self Examination (TSE)

Steps to detect testicular cancer early:

1. Stand in front of the mirror. Look for swelling or changes on the skin of your testicles.
2. Examine each testicle one at a time. Place your index and middle fingers or both hands on the underside of the testicle. Put your thumbs on the top.
3. Firmly but gently roll the testicle between your fingers and thumbs. Feel for lumps, tenderness, pain or anything that does not feel normal. At the back of each testicle you will feel a soft cord. This is normal. It is also normal that one testicle is larger than the other.
4. As you get use to doing this exam, you will be able to tell if you have any changes.

Remember:

- Examine your testicles each month
- Have regular check-ups with your doctor that includes a testicular and prostate exam
- See your doctor right away if you find any lumps, changes or have pain

Watch for other signs of testicular cancer:

- A dull ache or heaviness in the lower abdomen
- Abnormal or ongoing backache
- Unexplained weight loss
- Breasts get larger

American Urological Society Symptom Index

Question	Not at all	Less than 1 time in 5	Less than 1/2 the time	About 1/2 the time	More than 1/2 the time	Almost always
1. Over the past month or so, how often have you had a sensation of not emptying your bladder completely after you finished voiding?						
2. Over the past month or so, how often have you had to void again less than 2 hours after you finished voiding?						
3. Over the past month or so, how often have you found that you stopped and started again several times when you voided?						
4. Over the past month or so, how often have you found it difficult to postpone voiding?						
5. Over the past month or so, how often have you had a weak urinary stream?						
6. Over the past month or so, how often have you had to push or strain to begin voiding?						
7. Over the last month, how many times did you most typically get up to void from the time you went to bed at night until the time you got up in the morning?	<input type="checkbox"/> None	<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times	<input type="checkbox"/> 4 times	<input type="checkbox"/> 5 or more times
Add Questions 1 to 7 for Total Score =						
Quality of Life Due to Urinary Symptoms						
1. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about this?	0 Delighted	1 Pleased	2 Mostly Satisfied	3 Mixed about equally satisfied and dissatisfied	4 Mostly dissatisfied	6 Terrible

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.
- 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.
- If you feel the need, ask for a referral to an expert in continence care.
- Call your local Community Health Centre or ask other health care providers like the pharmacist for help.
- See resource websites on page 76.



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 = 250 ml).
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			

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			

Pelvic Muscle Exercises



Getting Ready...

Find a quiet place where you can relax and focus on doing the exercise correctly. It may take some time to learn how to locate and use the correct muscles. You can do them in lying, sitting or standing position. After you get used to doing these exercises, you can do them any time, any place and in any position.

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.**

Steps to follow:

1. Pull-up your pelvic floor muscles...slowly count 1 and 2 and 3
2. Hold the muscles up...slowly count 1 and 2 and 3
3. Release the muscle down...slowly counting 1 and 2 and 3
4. Relax for 1 and 2 and 3
5. Repeat steps 1 - 5, 10 - 15 times.
This is 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.

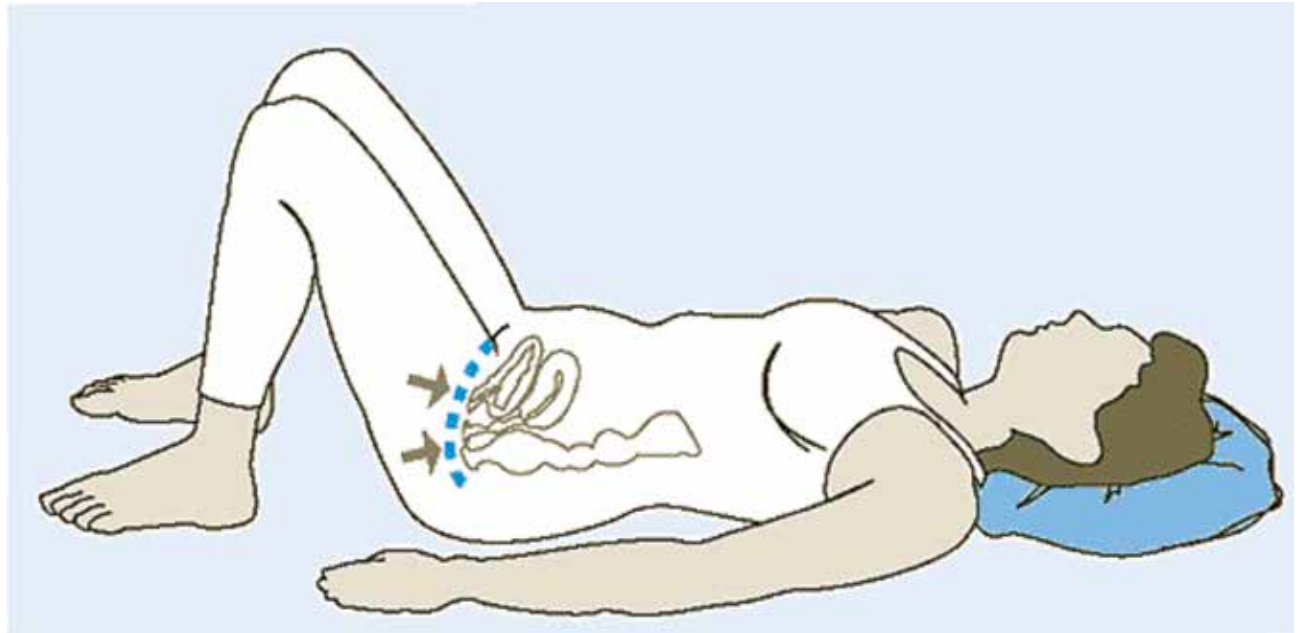
It takes about 3 to 6 months to begin to feel results.



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.
- To find the right pelvic floor muscles, sit with a soft, small pillow between your legs. When you contract the pelvic floor muscle, you should feel less pressure on the pillow because you are lifting up muscle correctly.
- Do NOT “stop yourself from peeing mid-stream” especially when toileting as this sends a wrong message to the brain. This may lead to retaining urine.
- Never hold your breath or squeeze your “bum” muscles together when doing Kegel exercises as this pushes the pelvic floor muscles down not up.
- Be patient with yourself as it takes a minimum of 3-6 months to get results.

Urge Suppression Techniques

Use this method for:

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

1. Stop, sit down, cross your legs and do 5 - 10 quick 'ems (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:

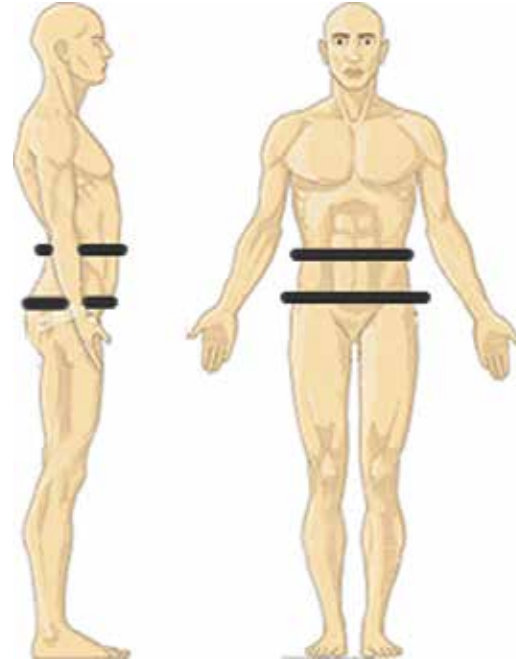
1. Keep a Voiding / Bowel Diary.
2. Look at the diary and see your pattern of voiding.
3. Try to increase your ability to hold your urine a longer time. Do urge suppression and delay your voiding by 5 minutes. Gradually increase your delay time by 5 minutes until you reach delaying to 15 minutes.
4. Check your diary 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.
- 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 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 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 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.

Tips for you:

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. **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.
3. For **very small and small** leaking or dribbling, a specially made male incontinence pad may offer you a feeling of safety while you make it to a toilet.
4. For **medium to large** amounts of leakage, there are different sizes and thickness of 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/or 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

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. Only a small amount is needed.

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

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.

* Calmoseptine is a brand name product

High Fibre Bowel Recipes

A natural recipe for easy moving, soft bowel movements



Ingredients:

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

Steps:

- 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:

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.



A Personal Journey **A Father and Son's Story**

My dad had supported me all my life. When he developed Parkinson's Disease and was having lots of trouble looking after himself, it was decided that I would help out. He was quite lonely after mom died so he was happy with me moving in. I was not married and was working at a job that allowed me flexibility in the hours that I worked.

As his Parkinson's was getting worse, it was very hard for him to walk quickly enough to get to the toilet when he needed to. When he started having many accidents in his favourite chair, in his bed and on the floor, I knew something needed to be done. Now, my dad is a really proud man who has always been in charge. Although I tried to keep the place clean and tidy, I could not keep up. Weekly I was shampooing and trying to deodorize the carpets, his chair and bed. This went on for 3 months because he refused to follow any suggestions that I had, like wearing a diaper or putting plastic underneath him on his chair and bed. He would get angry and tell me that if I did not like it, then just move out. Over the next few months I replaced his chair and bed because of the awful odour. I was doing laundry every day. I continued to shampoo the carpets and spray them often with an odour remover that the carpet cleaning place suggested I try. I knew that I could not leave



him like this as he was having more problems than just incontinence as he was forgetting to take his medications and falling. The pharmacist had told me to be sure that he took his medications on time every day or else his medications would not work well for him. I did not know what to do.

I made an appointment with his family doctor to see what could be done. She referred him to the Specialized Seniors Clinic where there was a team of health care professionals who could help my dad and me. The nurse continence advisor (NCA) was the first professional that we saw because in my mind, incontinence was the biggest problem. The NCA discovered many factors that were contributing to my dad's incontinence and other problems. My dad had a urinary tract infection which was why lately he was feeling pain when he peed and needing to go frequently and urgently. My dad agreed to use a urinal that we put in a bag that attached to his walker. He did not have to feel like he had to rush to the toilet because he could use the urinal. After using the urinal, he could then walk at his own pace to the toilet to empty it. Wow! The chair, carpet and bed were now not getting wet. His Parkinson's medications were



reviewed by the clinical pharmacist who helped get his Parkinson's medications under control – dad's control. He started to move better and the falls stopped.

The NCA discussed with my dad that the trousers he was wearing were also contributing to his ability to toilet fast enough. I then took him on a shopping trip to buy adapted clothing that he liked. My laundry duties went down to once a week. The Occupational Therapist came to the house to help us do changes that would make it easier for dad to do his own care. He agreed to join the exercise class at the clinic that the physiotherapist ran to strengthen him. It helped two ways in that his walking was better and he got to socialize with other people than me.

I learned that when incontinence is better managed that this can change a person's whole life. It sure did for me and my dad.



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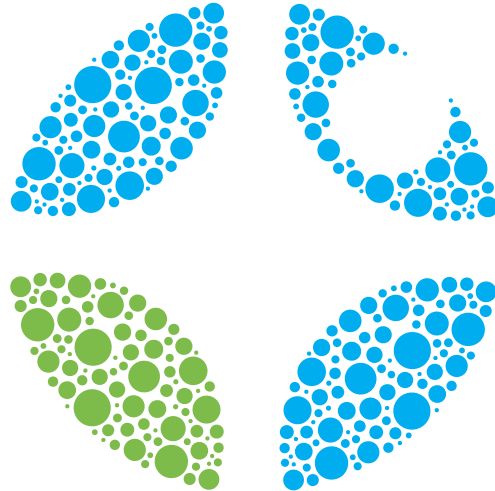
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Web Sites - Continence Specific

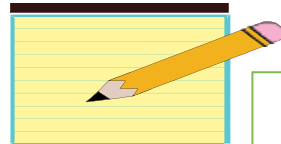
- The Canadian Continence Foundation
www.canadiancontinence.ca
- Canadian Nurse Continence Advisor Association (CNCA)
www.cnca.ca
- International Continence Society
www.ics.org
- National Association For Incontinence (NAFC)
www.nafc.org
- What Can I Do About Urinary Incontinence?
Decision Aid
<http://rnao.ca/bpg/resources/what-can-i-do-about-urinary-incontinence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

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
- Weight Management
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 19 after you have been using your Continence Self-Care Plan for several months.

You may surprise yourself on how well you are doing!

