

Self Help Guidance for Women's Incontinence

Understanding Incontinence

Urine and faecal incontinence are problems that can affect women and men of any age, vary in severity and significantly impact their quality of life. Most people with incontinence can improve with self-management or be helped by a specialist Women's and Men's Health Physiotherapist.

Incontinence can have many causes. We have provided some information to help you better understand your incontinence and some self-help advice to assist you to manage it better. If you feel you need further help and support or not seeing any improvements within the next 5-6 weeks, then please do not hesitate to [self-refer](#) to be assessed by a specialist Physiotherapist. They can talk to you about your incontinence and together you can decide on the best treatment.

Different types of Incontinence

Stress Urine Incontinence

The most common type of leakage is stress incontinence. It is caused by a physical stress on your bladder that makes you leak. It often happens when you cough, sneeze or exercise. One of the causes of stress leakage is poor control of already weak pelvic floor muscles. Other problems such as constipation, a persistent cough, surgery or being overweight may make it worse.

Urge Incontinence

Urgency is the sudden desire to go to the toilet immediately and if you leak as you rush to the toilet you may have urge incontinence. Sometimes the leakage occurs with little or no warning. There are several reasons why this may happen. It may be because you have fallen into bad bladder habits. It may also be due to an irritation inside your bladder, from caffeine or alcohol or a urine infection, or because you have lost control of your bladder muscles. Urge incontinence can sometimes be caused by another medical problem such as multiple sclerosis or a stroke.

Mixed Urine Incontinence

If you have a combination of the above, then you are said to have mixed incontinence. Your specialist physiotherapist will help you to overcome your need to rush to the toilet whilst also helping you to get back control of your pelvic floor muscles.

Anal Incontinence

This is leakage of stool (faeces) or difficulty controlling wind. It may be caused by muscle weakness around the anus (back passage), looser stools, incomplete emptying or rectal prolapse. Your specialist Physiotherapist can help you explore this further.

Helpful Advice

Drinking habits

You should aim to drink about 1.5 – 2 litres of fluid a day (about 3-4 pints). You may need to drink more during exercise, in hot weather, if you are eating spicy or salty foods, or if you are breast feeding.

Caffeine may affect the number of times you need to go to the toilet. Your specialist physiotherapist may advise you to gradually reduce the amount of caffeine you drink. Coffee, tea, green tea, cocoa and cola all contain caffeine. Fizzy drinks have been found to affect some people to. It is a good idea to replace these drinks with water or herbal/fruit teas. It may also be helpful to change fully to decaffeinated drinks.

Training your Bladder

Bladder retraining will help to reduce frequency, urgency and urge incontinence. On average you should be toileting every 2-3 hours and you should be up no more than 1-2 times a night. Your specialist physiotherapist can teach you how to control the sudden overwhelming urge to pass urine, stop you rushing to the toilet frequently and take control of your bladder.

Constipation

Straining to empty your bowels may stretch the support structures within your pelvic floor and also weaken the muscles. This may aggravate your leakage. You should try not to put off the urge to empty your bowels. If you have constipation, it may help to change your diet and lifestyle. Changing the way you sit on the toilet and learn how to use your muscles better to empty your bowels will help as well. Your specialist Physiotherapist can give you the necessary advice.

Weight

Being overweight puts an extra strain on your pelvic floor muscles. Your leakage may improve if you lose weight.

Lifting

Heavy lifting also puts a strain on your pelvic floor muscles. Try to avoid heavy or repetitive lifting whenever you can. With any lifting, try to tighten your pelvic floor muscles before and during the lift and do not hold your breath.

Exercise

Doing regular Pelvic Floor Muscle Exercises can improve your continence and control.

Please see the attached leaflets for information ([link to Pelvic Floor Muscles leaflet for Women](#)).

However, high impact exercise can put pressure on your pelvic floor muscles, which may aggravate your leakage. Running and jumping exercises can increase your leakage if your pelvic floor is not strong enough. Sit-ups, done incorrectly, can make you leak and put extra strain on your pelvic floor muscles. Correct use of your core muscles may improve the working of your pelvic floor muscles. Your specialist physiotherapist can advise you on the right activities for you.

Other Medical Problems

Some health problems may make it difficult for you to get to the toilet in time, or you may have difficulty undressing. Your treatment will include advice about improving access to the toilet, gentle mobility exercises, or suggestions for wearing alternative clothing. Simple tricks can make it much easier for you to prepare to empty your bowel or bladder in time.

ACE Women's & Men's Health Physiotherapy provides confidential assessments and specialised treatment, in private consultation rooms, for problems such as:

- Urinary incontinence (stress and urge)
- Over active bladder
- Constipation
- Faecal and wind incontinence
- Bowel evacuation dysfunction
- Pelvic pain
- Vulvodynia
- Vaginismus
- Sexual dysfunction
- Coccydynia
- Obstetric musculoskeletal conditions (SIJ, SPD)
- Prolapses
- 3rd /4th degree tears
- Diverications
- Male patients pre & post-prostatectomy surgery
- Post Cancer treatment (radiotherapy/chemotherapy/surgery)

Treatment modalities for male or female patients, include:

- Computer assisted biofeedback
- Computer assisted neurostimulation
- Home Stimulation Unit loan
- Real-time dynamic ultrasound scanning
- Bladder scanning
- Confidential individual Lifestyle Management and psychological support
- Myofascial release treatments (both external and internal)
- Connective tissue release (both external and internal)
- Motor control re-education
- Manual therapy and manipulations of the pelvic girdle
- Specific muscle retraining
- Postural re-education
- Scar tissue management
- Modified Pilates classes and progression to circuit classes
- Acupuncture (PTNS-electroacupuncture, dry needling)