Incontinent and continence problems

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Summary

- Incontinence is common.
- It has many different causes.
- There are many things that can be done to manage incontinence and in some cases, incontinence can be cured.

Bladder and bowel control problems are common. More than four million Australians regularly experience leakage from the bladder and bowel (incontinence). Many others have bladder and bowel control problems, such as needing to go to the toilet more frequently and an urgency to go without leakage. Together, these problems are often called continence problems.

Although incontinence and continence problems have a considerable impact on a person’s quality of life, many people do not seek help. Embarrassment often prevents people talking about their bladder and bowel problems. Some people restrict going out and have little social contact outside their home.

There is no need to become a recluse. The good news is that for most people, these problems can either be cured or at least better managed. You can lead a normal life without needing to plan your activities around the toilet.

Incontinence and continence problems are common

Incontinence and continence problems affect people of all ages, gender, cultures and backgrounds. Despite popular beliefs, older people are not the only ones affected.

Some incontinence facts include:
- One in three women who have had a baby experience loss of bladder control.
- One in five children wet the bed at some time.
- One in 100 adults never achieve bladder control at night.
- One in 20 adults experience bladder and bowel control problems.

Bladder and bowel control problems are not an inevitable part of ageing. Visit your doctor to discuss treatment and management options.

Continence problems and bladder or bowel issues

Incontinence and continence problems are symptoms of bladder or bowel dysfunction. They tell you that something is not quite right. Pelvic floor muscle weakness is a common cause of these symptoms. Changes to the nerves controlling the bladder, bowel or pelvic floor can also result in loss of control.

Sometimes, other health problems such as diabetes, stroke, Parkinson’s disease or multiple sclerosis can cause bladder or bowel control problems.

Symptoms of bladder continence problems

People with bladder control problems may experience:
- leaking urine with coughs, sneezes or exercise
- leaking urine on the way to the toilet
- passing urine frequently
- rushing to the toilet (urgency)
- getting up twice or more at night to pass urine
- wetting the bed when asleep
- feeling their bladder is not completely empty
- having poor urine flow
- straining to get the bladder to empty
- frequently having urinary tract infections (UTIs).

Symptoms of bowel continence problems

People with bowel control problems may experience:
- leaking from the bowel with the urge to open their bowels
- rushing to the toilet and feeling the need to urgently open their bowels
- leaking from the bowel without the urge to open their bowels
- leaking from the bowel on passing wind
- being unable to control wind
straining to empty their bowels.

**Types of bladder control problems**

Urinary incontinence and continence problems may include:

- stress incontinence – leakage of small amounts of urine with exertion. Causes include childbirth, being overweight and prostate surgery
- urge incontinence – leakage following a sudden urge to urinate. Causes include stroke, enlarged prostate gland and Parkinson’s disease, but often the cause is unknown
- overflow incontinence – leakage because the bladder does not empty well and overfills. Causes include multiple sclerosis, an enlarged prostate gland and diabetes
- functional incontinence – leakage of urine because a person was unable to get to or use the toilet due to a physical disability, a barrier in their environment or because of an intellectual or memory problem. Causes include dementia and poor mobility.

**Types of bowel control problems**

Bowel problems have many causes and may result in:

- diarrhoea – frequently passing loose bowel motions. Causes include infection or bowel conditions such as Crohn’s disease and ulcerative colitis
- constipation – passing hard, dry bowel motions (with difficulty or straining). Causes include not drinking enough fluid, eating a diet low in fibre and lack of exercise
- faecal incontinence – an uncontrolled loss of a bowel motion. Causes include diarrhoea and constipation. It can also result from a problem in the lower bowel or anus, making it difficult to hold onto a bowel motion. Causes include childbirth and nerve problems such as diabetes.

**Treatment for incontinence and continence problems**

If you have incontinence or continence problems, you should seek help. There is a range of management options available. The treatments depend on the type of incontinence you have and what you hope to achieve.

An incontinence management plan will usually include several of:

- adequate fluid intake of up to two litres (6 to 8 glasses) each day (your urine should be pale yellow in colour)
- a diet rich in fibre (such as wholegrain bread, cereals, fruit and vegetables) to prevent constipation
- a pelvic floor muscle exercise program
- a bladder retraining program
- a toileting program
- medication
- incontinence aids such as pads, condom drainage or catheters.

**Prevention of incontinence and continence problems**

There are things you can do to help keep your bladder and bowel healthy, and avoid incontinence and continence problems.

Suggestions for healthy lifestyle choices include:

- Drink plenty of fluid – up to at least two litres (six to eight glasses) each day, unless your doctor advises you otherwise.
- Eat well to prevent constipation and to maintain a healthy body weight – eat plenty of wholegrain foods (such as porridge, brown rice, wholemeal pasta, wholemeal bread, or pulses – lentils and beans) rather than highly processed or refined food and at least two pieces of fruit and five serves of vegetables every day.
- Exercise regularly (at least 30 minutes every day) to keep fit and to prevent constipation.
- Tone up your pelvic floor with pelvic floor exercises for good bladder and bowel control.
- Practise good toilet habits to prevent bladder and bowel control problems.

Good toilet habits can help to prevent incontinence and continence problems. These include:

- going to the toilet to pass urine only when you have the urge to go – don’t go ‘just in case’
- taking time to completely empty your bladder and bowel
- not delaying going to the toilet when you have the urge to use your bowels
- using the correct posture on the toilet to help you pass a bowel motion (place your elbows on your knees, bulge out your stomach, straighten your spine and put your feet on a footstool (if it is safe to do).

**Where to get help**

- Your GP (doctor)
- Local continence clinic or service
- A continence or pelvic floor physiotherapist
- National Continence Helping Tel. 1800 33 00 66
- Incontinence In Confidence website for young people
- Victorian Continence Resource Centre Tel. (03) 9816 8266 or 1300 220 871

**References**


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Kidney and bladder basics

- Bladder
  Your bladder is a hollow organ that stores urine from the kidneys.
- Kidney disease
  Exercise, a balanced diet and not smoking will help to keep your kidneys working well.
- Kidneys
  Well-functioning kidneys are essential to a healthy life.
- Urinary system
  Most waste products are removed from the body by the urinary system.

Kidney conditions

- Diabetes and kidney failure
  Kidney failure means the kidneys can no longer remove waste and maintain the level of fluid and salts that the body needs.
- Granulomatosis with polyangiitis
  Granulomatosis with polyangiitis (GPA), formerly known as Wegener granulomatosis is a rare condition that targets the arteries, veins and capillaries of the kidneys and the respiratory system.
- Health check
  This health assessment questionnaire will identify which zones of your lifestyle are contributing to your personal health risk and provide actions you can take to make positive change.
- Kidney cancer
  Most kidney cancers are found when the doctor is checking for something else.
- Kidney failure
  You can lose up to 90 per cent of kidney function before you even feel sick.
- Kidneys - cystic kidney disease
  A cyst on your kidney does not automatically mean that you have cystic kidney disease.
- Kidneys - medullary cystic kidney disease
  Medullary cystic kidney disease causes the growth of abnormal cysts in the kidneys.
- Kidneys - medullary sponge kidney
  Medullary sponge kidney is a condition where cysts develop in the urine-collecting ducts and tubules of one or both kidneys.
- Kidneys - nephrotic syndrome
  Nephrotic syndrome is where the kidneys remove too much protein from the blood.
- Kidneys - polycystic kidney disease (PKD)
  Polycystic kidney disease is a common cause of kidney failure in Australia and equally affects men and women of different ethnic backgrounds.
• Kidney stones
  For most types of kidney stones, the best ways to prevent stone growth or recurrence are to drink enough fluids, avoid urinary infections and treat with medications.

• Kidneys - urinary reflux
  Kidney reflux means that one or both valves in the ureters are not working properly, which can cause urinary infections.

Bladder and urinary tract problems

• Bladder cancer
  Bladder cancer affects twice as many men as women.

• Bladder prolapse
  Bladder prolapse is when the bladder bulges into the vagina.

• Cystitis
  Cystitis is the most common urinary tract infection in women.

• Prostate gland and urinary problems
  Many men experience urinary changes as they age, which may be caused by inflammation or enlargement of the prostate gland.

• Shy bladder syndrome
  Severe paruresis (fear of urinating in public) can affect a person's life in a similar way to agoraphobia.

• Urinary system birth defects
  Common birth defects of the urinary system include hypospadias, obstructive defects of the renal pelvis and renal agenesis.

• Urinary tract infections (UTI)
  Urinary tract infections (UTIs) can target the urethra, bladder or kidneys.

Kidney treatments and transplants

• Kidney donation
  Kidneys are often donated after death but more people are choosing to donate one of their kidneys while still alive (living kidney donation).

• Kidneys - dialysis and transplant
  People with kidney failure need dialysis or a transplant to stay alive.

• Living with kidney failure
  Although dialysis or transplant surgery after kidney failure can be challenging, many people go on to live active and productive lives.

Incontinence

• Bedwetting
  Bedwetting is a problem for many children and punishing them for it will only add to their distress.

• Dementia - continence issues
  Incontinence may occur in people with dementia for many reasons.

• Incontinence and continence problems
  Many things can be done to manage, treat and sometimes cure incontinence and continence problems.

• Incontinence - prevention tips
  Incontinence can be prevented in most cases.

• Incontinence - tips for carers
  A person's incontinence can be a challenging problem for their carer, but help is available from a range of sources, so don't think you must cope alone.

• Pelvic floor
  Pelvic floor exercises are designed to improve muscle tone and prevent the need for corrective surgery.

Related Information

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• **Incontinence - prevention tips**
  Incontinence can be prevented in most cases...

• **Constipation**
  Most cases of constipation are treated by eating a diet high in fibre, drinking more fluids, and exercising daily...

• **Bowel motions**
  Many illnesses and events can affect the colour and texture of faeces...

• **Appendicitis**
  Anyone of any age can be struck by appendicitis, but it seems to be more common during childhood and adolescence...

• **Diverticulosis and diverticulitis**
  Diverticulosis and diverticulitis relate to the formation or infection of abnormal pouches in the bowel wall...

**Related information on other websites**

- Bladder and Bowel – Australian Government – Department of Social Services.
- Continence Foundation of Australia – Promoting bladder and bowel health.
- Victorian Continence Resource Centre – Healthy bladder and bowel habits.

**Support Groups**

- Continence Foundation of Australia

**Content Partner**

This page has been produced in consultation with and approved by: Victorian Continence Resource Centre

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