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F O U N D A T I O N

Lifestyle and Behavioral Changes

Improving Urinary Urgency, Frequency and Urge Incontinence

Manage your Fluid Intake: There is no scientific evidence that states we need eight 8 oz. glasses (64 oz.) of fluid every day. Remember, what goes in must come out! Many women, unless you exercise heavily or work in hot conditions can drink less than 64 oz. per day. In 2004, the Institutes of Medicine reported that most people meet their daily hydration needs by letting their thirst be their guide. You must also remember that we get additional fluids from our diets in the form of soups, stews, fruits, etc. It has been shown that we get as much as 20% of our daily fluids from our diet.

If you are used to drinking large amounts of fluids every day and you are bothered by how frequently you need to go to the bathroom, these suggestions may help you:

- Don't carry a water bottle or large container of fluid around with you
- Use a smaller glass or cup
- Take small sips of fluids instead of large gulp
- If your mouth is dry, try sugar free gum or candy

Try spreading out fluids during the day instead of drinking large amounts at one time. This is especially important before leaving the house. If you get up to void more than 2 times per night, you should limit your drinking after dinner.

Avoid Fluids that can be Bladder Irritants: Some chemicals in our beverages can behave as diuretics and bladder irritants. If you are sensitive to these chemicals, they may cause you to make large amounts of urine or may aggravate bladder spasms resulting in a more frequent need to urinate. Some common bladder irritants include:

Caffeine - Try to stop or at least reduce your caffeinated beverages like coffee, tea, and cola to see if your bladder control improves. If you drink a lot of caffeine, you should taper down slowly to avoid a caffeine withdrawal headache.

Artificial Sweeteners - Beverages that contain artificial sweeteners like aspartame or saccharin can also be a bladder irritant. Diet Pepsi, Mountain Dew or Coke then would be especially problematic because of the artificial sweetener and the caffeine.

Citrus juices - Some people find that juices like orange or grapefruit juice can also irritate their bladder. Although there are no scientific studies to prove this, the best thing to do is to stop the suspected irritant for a week or two and see if it makes a difference.

Weight Loss: Being overweight puts extra pressure on your bladder. Weight loss will relieve some of that pressure and will help you regain your bladder control.

Void on a Schedule: Sometimes, the message that the bladder is full comes without warning and often too late. In these cases, women find that they lose urine on the way to the bathroom. There isn't enough time between the



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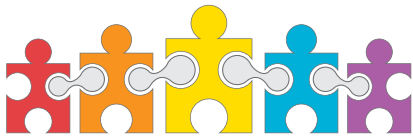
message and their ability to get to the bathroom before they start to leak. Voiding on a schedule, also referred to as “Timed Voids” may help prevent these leaking episodes. It is exactly what it sounds like. You urinate on a schedule, sometimes even when you don’t feel like you have to so that you are not caught off guard. Completing a Bladder diary helps to determine when you usually leak and what is a reasonable period of time between trips to the bathroom. Slowly, you can stretch the time between trip to the bathroom until you are voiding every 3 or 4 hours. Often times women find that keeping a bladder diary helps them be more consistent with their schedule. Your doctor or health care clinician can help you determine your best schedule if you are having a difficult time figuring it out.

Strengthen your Pelvic Floor Muscles with Kegel Exercise: Most bladder control problems are caused by weak pelvic muscles. These pelvic floor muscles attach to the bones of the pelvis in a way that creates a trampoline of support for the pelvic organs. These muscles help prevent urine leakage. Pregnancy, childbirth, increasing age all weaken the muscles of the pelvic floor. Exercising the pelvic floor muscles can strengthen the pelvic muscles and improve bladder control. Identifying the correct muscles to exercise is important. These are the same muscles you would use to hold back gas or to stop the flow of urine midstream. Your doctor or nurse can help make sure that you are contracting the right muscles. Once you have correctly identified the muscles, you contract and hold the squeeze for a few seconds and then completely relax the muscles before the next squeeze. For more detailed instruction on how to perform pelvic muscle exercises, visit www.mypelvichealth.org. Expect that it will take about 6 to 8 weeks of exercising before you notice that you have fewer leaks and more bladder control.

Urge Suppression Strategies - “Freeze and Squeeze”: If you have trouble reaching the bathroom before you start losing urine, we recommend trying this technique. When you get the urge to urinate:

- Stop and stay still, sit down if you can
- Squeeze your pelvic floor muscles quickly 3 to 5 times; repeat as needed
- Relax the rest of your body and take a deep breath
- Concentrate on suppressing the urge
- Distract yourself to get your mind on something else
- Wait until the urge subsides, then walk to the bathroom at a normal pace
- Don’t ignore the message

Bladder Training: Once you have mastered the Urge Suppression technique, you can now train your bladder to increase the time between the initial urge and the time you actually void. Simply follow the Urge Suppression technique, but instead of walking calmly to the bathroom at your normal pace, you will wait a few minutes before voiding. At first you may only be able to postpone voiding by 1 minute, but keep trying to increase the interval between the initial urge and the time you actually void until you are only voiding every 3 to 4 hours. Like any new technique, this takes practice and time to master, so we recommend trying this at home initially until you become more successful.



Successful Strategies to Support your OAB Patients

Detection • Diagnosis • Treatment • Underlying Causes • Communication • Control • Quality of Life

Discussion of Bladder Control

A Problem Occurring in Many Women

Prevalence

Urinary incontinence or overactive bladder (OAB) affects 30 to 50% of women. Urinary incontinence is seen in both men and women, though it is much more common in women. Although prevalence increases with age, incontinence among young women is quite common. Many women who have urinary incontinence are reluctant to discuss it with anyone, or are embarrassed to acknowledge that they have a problem, even to themselves. Sometimes women are made to feel that these conditions are “normal,” especially as they get older. However urinary incontinence should not be considered normal at any age. Women over age 65 should be routinely questioned about bladder problems. Since urinary incontinence and OAB are rarely life-threatening, they are often not perceived as a problem by health care providers. Though not life threatening urinary incontinence has a significant impact on quality of life. The enclosed tools are provided to educate your patients about OAB and urinary incontinence, to aid in screening for these disorders and to offer primary treatment options for incontinence and OAB.

Risk Factors

Certain events or conditions may make a woman more likely to experience incontinence. Some of these such as childbearing are very obvious; other risk factors are not as well recognized but can lead to significant bladder issues.

- Pregnancy, especially with vaginal delivery
- Pelvic radiation therapy
- Chronic constipation
- Disorders associated with chronic cough—asthma, smoking, COPD
- Neurological conditions, like multiple sclerosis or spina bifida may lead to multiple issues with voiding and incontinence.
- Certain occupations (usually those that involve heavy lifting or exertion) may also increase the risk.
- Medications taken for other conditions (such as diuretics), smoking, caffeine and other bladder irritant intake can all lead to overactive bladder symptoms.
- Obesity
- Stones or tumors in the bladder can cause local irritation and lead to symptoms of overactive bladder.
- And, in many cases, there is no obvious underlying reason for why incontinence occurs.

Treatment Options

The good news is that 80-90 percent of women who seek help will experience significant improvement. A wide array of treatment options, ranging from behavioral and diet changes all the way through surgical options exist, and are being used every day to help women improve their quality of life.



Depending upon the extent of symptoms, and a woman's goals, there are multiple treatment options for bladder control problems.

- **Lifestyle Changes/ Behavioral Therapy:** Often basic changes can make a big difference. This includes decreasing intake of known bladder irritants, timed voiding, pelvic floor strengthening and urge suppression.
- **Medications:** The vast majority of medications used to treat incontinence are indicated for the treatment of urge incontinence/ OAB . They all are anticholinergics and have their effect on the muscarinic receptors in the bladder. Their effect is to decrease contractility of the bladder and limit urgency and frequency. There are some medicines, (tricyclic antidepressants, alpha agonists) which are sometimes used for the treatment of stress or mixed incontinence. However significant side effects limit their usefulness.
- **Pessary Use:** Traditional pessaries have been modified to treat stress incontinence. There is a knob on one side of the pessary that applies some compression to the urethra during activities that are known to cause leakage. They may be used for the treatment of stress urinary incontinence and vaginal or uterine prolapse. They are a low risk treatment option when compared to surgery for symptomatic urinary incontinence. About half of the women who are successfully fitted with a pessary will continue to use it on a long-term basis.
- **Nerve Stimulation:** Electrical stimulation of the sacral nerves has been shown to significantly improve symptoms of urgency, frequency and urge incontinence, as well as bladder emptying problems, in some people. This treatment is an alternative for patients with urge incontinence who have been refractory to other more conservative therapies.
- **Surgeries:** Surgeries are indicated for the treatment of stress urinary incontinence. There has been progressive improvement in success rates while the procedures have become less and less invasive, often performed as an outpatient. Surgeries are not intended to treat urge incontinence and may at times worsen urgency symptoms.

Resources

Additional information and resources concerning bladder control and pelvic floor disorders can be found at www.mypelvichealth.org.



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Pelvic Floor Muscle Strengthening

Helpful Instructions for Doing Kegel Exercises

Kegel exercises are frequently discussed in childbirth classes or written about in magazine articles. Unfortunately, because pelvic muscles are hidden from view, it is difficult to know if you are doing them correctly. Some tips that can help you find the right muscles include:

- Try to stop your urinary stream. If you succeed then you have identified the right muscles to exercise. This is a learning tool. Do not stop your urine frequently as there is concern that this may create problems with bladder emptying.
- Imagine you are going to pass gas, then, squeeze the muscles that would prevent that gas from escaping from your rectum. Exercising the muscles around the rectum will also strengthen those around the vagina and under the bladder.
- Use a hand mirror to look at your vaginal opening and the perineum (the muscle wall between the vagina and rectum). You should see the perineum lift up when you contract your pelvic muscles.
- While lying or sitting, place one finger inside your vagina. Squeeze as if you were trying to stop urine from coming out. You should feel your finger lifted and squeezed if you are correctly contracting your pelvic muscles.
- Do not hold your breath while exercising.
- Remember not to tighten your stomach and back muscles or squeeze your legs together. These should be relaxed as you isolate and contract just your pelvic muscles
- You don't have to do this alone! If you are just not sure that you are doing the exercises correctly ask your doctor or their nurse at a pelvic exam to check if your squeeze is working the right muscles.
- **GET A PERSONAL TRAINER FOR YOUR PELVIC FLOOR!** Ask your doctor for a referral to a physical therapist with expertise in pelvic floor muscle rehabilitation. They are trained to evaluate your back and abdominal strength, your gait and your posture. These all effect how your pelvic muscles work.

Recommended Routine

- Start by pulling in and holding a pelvic muscle squeeze for 3 seconds then relax for an equal amount of time (3seconds).
- Do this for 10 repetitions three times a day
- Increase your contraction hold by 1 second each week until you are contracting for a 10 second squeeze.
- Remember to rest and breathe between contractions.
- When you start, do the exercises while lying down. As you get stronger; do an exercise set sitting and standing.

A Focus on Bladder Control Issues

A Common Occurrence in Women of All Ages

What are Bladder Control Issues?

Up to 95% of women in their reproductive and post-menopausal years will report experiencing the involuntary loss of urine. This does not mean that the overwhelming majority of these women have urinary incontinence. To qualify as having urinary incontinence, the involuntary loss of urine must have a negative impact on the quality of the individual's life, particularly for hygienic and/or social standpoints. As such, the only person who can ultimately determine the presence of urinary incontinence is the woman herself.

As with any medical condition, there are always new words to learn. It's important to know how to talk about your symptoms so you can understand your condition and its treatment options. Here are some words that should be useful to you:

Stress Incontinence: Stress urinary incontinence is loss of urine that occurs at the same time as physical activities that increase abdominal pressure (such as sneezing, coughing, laughing, and exercising). These activities can increase the pressure within the bladder, which behaves like a balloon filled with liquid. The rise in pressure can push urine out through the urethra, (the tube you urinate out of) especially when the support to the urethra has been weakened.

Urge Incontinence: Often referred to as overactive bladder (OAB), this condition is characterized by a sudden, uncomfortable need to urinate with or without urine leakage. It is a common and distressing problem in both men and women and may have a profound impact on one's quality of life. People with urge incontinence also tend to have increased urinary frequency, an increased need to rush to the bathroom frequently, or wake up more than once or twice at night to urinate.

Overflow Incontinence: Leakage or "spill-over" of urine when the quantity of urine exceeds the bladder's capacity to hold it. This generally happens when there is some blockage or obstruction to the urethra or if the nerves to the bladder are damaged and the bladder doesn't contract well. With overflow incontinence small amounts of urine may leak out frequently. This kind of leakage is less common among women, unless they have had bladder surgery, vaginal prolapse, or certain neurological conditions.

Mixed Incontinence: A patient with this type of urine loss has two or more causes that contribute to the urinary incontinence. For example, someone has the combination of stress incontinence (leaking with coughing, sneezing, exercise, etc.) and urge incontinence (leaking along with a need to get to the bathroom). Often, a woman may first experience one kind of leaking, and finds that the other begins to occur later.





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How is Urinary Incontinence evaluated?

The first step is to talk to your physician. Your doctor will perform an exam and look for signs of medical conditions which cause urinary incontinence. Keeping a bladder diary, which is a way to document your symptoms, will also help your doctor make the proper diagnosis. Based upon your doctor's findings, other tests may be needed. These can include a bladder stress test, urinalysis, blood tests, ultrasound, or cystoscopy.

What Treatment Options are there?

The good news is that 80-90% of women who seek help will experience significant improvement. A wide array of treatment options, ranging from behavioral and diet changes all the way through surgical options exist, and are being used every day to help women improve their quality of life and lead more active lifestyles.

Lifestyle and Behavioral Changes: Examples of behavior modification are drinking less fluid, avoiding caffeine, alcohol or spices, not drinking at bedtime and urinating more often and not at the last moment. Exercising the pelvic muscles by doing Kegel exercises can also help. Your doctor may suggest changing your diet; losing weight and that you stop smoking.

Pharmacologic Treatment: Based upon the type of overactive bladder, your doctor may prescribe a medication. Medications help relax the bladder muscle or prevent a bladder contraction that can help with overactive bladder.

Nerve Stimulation: Electrical stimulation of the nerves that control the bladder can improve symptoms of urgency, frequency and urge incontinence, as well as bladder emptying problems. This treatment is usually offered to patients who do not tolerate or benefit from medications.

Surgery: Doctors may suggest surgery to improve bladder control if other treatments have failed. Surgery helps only stress urinary incontinence and it has proven to be very effective. The best surgical procedures improve or cure the incontinence associated with coughing, laughing, sneezing and exercise in about 85% of women. When mixed incontinence or a component of urge incontinence is also present, the surgical success rates for complete bladder control are reduced because these procedures are not designed to treat the urge incontinence component.

Combination: Many times your physician may recommend a combination of the treatments mentioned above.

Your doctor will know which treatment option is right for you. Get evaluated and review treatment options appropriate to your bladder control problems. The more you know, the more confident you will be in choosing the direction of treatment.

For more information, please visit: www.mypelvichealth.org.

Bladder Control

A Problem Occurring in Men and Women

During the last 3 months have you leaked urine (even a small amount)?

- Yes** **No**

If yes, during the last 3 months did you leak urine: (check all that apply)

- When you were performing some physical activity, such as coughing, sneezing, lifting or exercising?
- When you had the urge or feeling that you needed to empty your bladder, but you could not get to the toilet fast enough?
- Without physical activity and without a sense of urgency?

During the last 3 months, when did you leak urine *most often*:
(check only one)

- When you were performing some physical activity, such as coughing, sneezing, lifting or exercising? (stress)
- When you had the urge or feeling that you needed to empty your bladder, but you could not get to the toilet fast enough? (urge)
- Without physical activity and without a sense of urgency? (other)
- About equally as often with physical activity as with a sense or urgency? (mixed)
-



Bladder Control Quiz

Is This Happening to You?

Bladder control issues are not a normal part of aging and they are not something you have to just live with. Take control of your pelvic health by completing this short quiz to find out if its time for you to reach out for help:

- Yes No Are you using the bathroom so often it disrupts your day?
- Yes No Do you find yourself making a mental note of where all the bathrooms are when you enter a building?
- Yes No Do you find it hard to make it to the bathroom, maybe even having an accident sometimes?
- Yes No Are you using pads or other forms of protection to absorb bladder leakage?
- Yes No Are you worried that you will leak will sneezing, coughing, lifting heavy objects or even laughing?
- Yes No Have tampons become too uncomfortable to use or do they fall out?
- Yes No Are you experiencing pressure or bulging in your vagina, especially after standing for long periods?
- Yes No Has your urine stream become weak or turned into a spray?

If you answered yes to one or more of these questions, consider talking to your physician today about your symptoms and available treatment options. To learn more about bladder control issues and how they can be treated, visit www.mypelvichealth.org.

How to Get Help

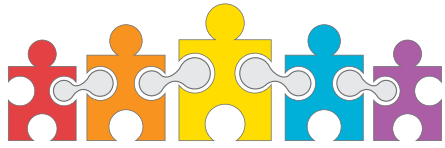
- **Talk to Your Primary Care Physician:** If you think you may have a bladder control problem, consult your primary care physician. Your doctor may refer you to a specialist for follow-up care.
- **Change Your Habits:** Behavioral changes like quitting smoking, maintaining a healthy weight, exercising regularly and avoiding heavy lifting are all daily adjustments you can make that can help prevent or even help treat bladder control problems.
- **Do Kegel Exercises:** Kegel exercises strengthen your pelvic floor muscles. If you do Kegel exercises regularly, you may reduce your risk of urinary incontinence and similar problems. If you are not familiar with Kegel exercises, your physician can provide you with instructions, or visit www.mypelvichealth.org.

How to Talk About Bladder Control Issues with Your Doctor

Although urinary incontinence can be uncomfortable to talk about, talking is the first step to getting properly treated. If you think you may have a bladder control problem, try talking about it with your doctor using these conversation starters:

- I noticed I have been going to the bathroom frequently throughout the day/night...
- Sometimes I leak urine when I cough, lift my grandson or laugh...
- I'm using pads and other products to absorb leaking. Can you tell me about some treatment options?

Once you start talking, it becomes easier. Your doctor is used to talking about sensitive issues and will help you become comfortable with the subject. He or she will ask you questions about your experiences and guide the conversation toward making you healthy and happy.



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