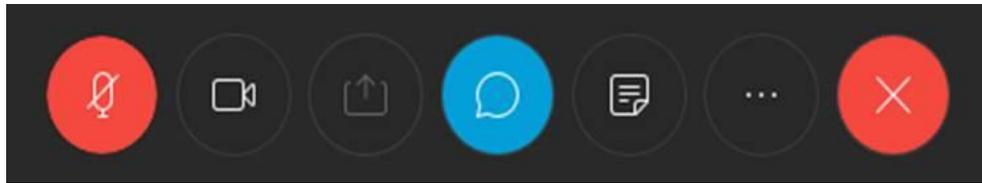


Welcome to the Urinary Incontinent Class

Everyone is muted. Please do not use the camera function. Use the chat bubble icon at the bottom of your screen to enable the chat function (sample below)



We will begin shortly

Group Confidentiality Agreement

- Privacy is a concern for everyone in a group. Each participant wants what is said in the group to be treated with respect and complete discretion. Along with Kaiser Permanente's commitment to foster respect for all in the group, each participant also has a responsibility to respect and protect each other's privacy.
- Please share useful general information outside of the group, but what you hear and learn about individual group members should stay here.
- Please do not record anything from this group.



URINARY INCONTINENCE

Self-Care for Women



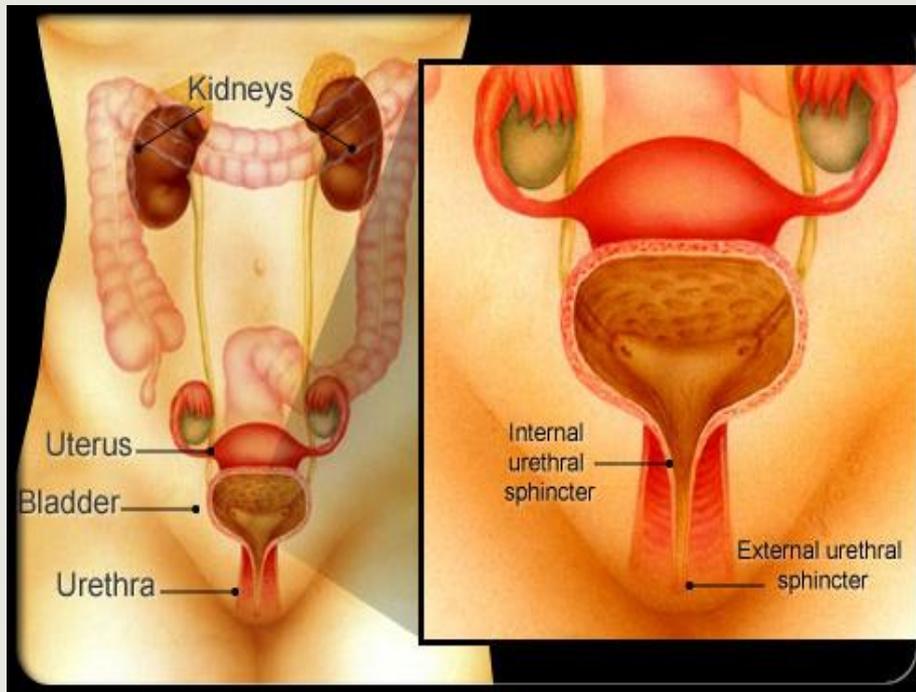
Purpose of Presentation

The goal of this presentation is to help you manage your urinary incontinence.

You will learn:

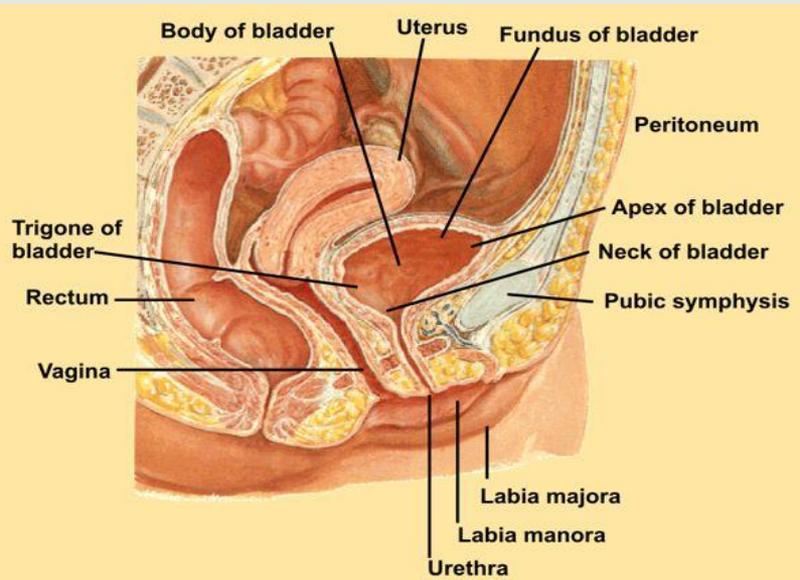
- How the urinary system works
- That there are different kinds of incontinence
- Self-care strategies to manage urine leakage
- How to do Kegel exercises correctly

How the Urinary System Works



- Urine is made in the kidneys.
- Urine flows into bladder at about 15 drops per minute.
- The bladder is a hollow organ that stores urine.

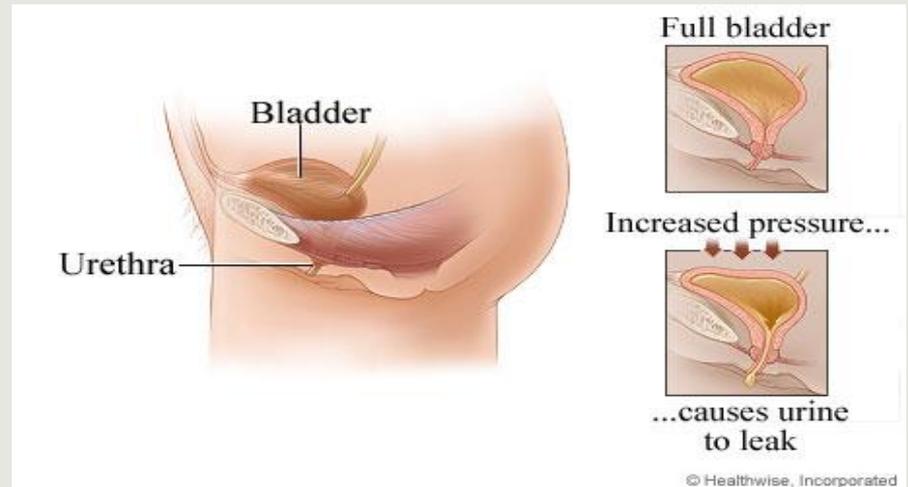
How the Bladder Works with the Nervous System



- As the bladder starts to fill with urine, you may feel that you need to urinate.
- A message gets sent to the brain – which tells the bladder muscle to contract.
- If you ignore the urge, the contractions relax and the bladder continues to fill.

How the Bladder and Pelvic Floor Muscles Work Together

- As the bladder fills, the pelvic floor is tight so that urine does not leak out.
- The sensation to urinate becomes stronger as the bladder continues to fill.
- When it reaches its limit (about 2 cups), nerves from the bladder send a message to the brain and you feel a strong urge to urinate.



How the Bladder Works with the Brain and the Pelvic Floor Muscles

- Normal events of bladder emptying
 - Voluntary abdominal pressure
 - Your brain tells the bladder muscles to contract.
 - At the same time, the brain tells the pelvic floor muscle to relax.
 - After urinating, the bladder muscle relaxes and the pelvic floor muscles tighten up.
 - When these signals are in the right order, normal urination occurs.

Types of Incontinence

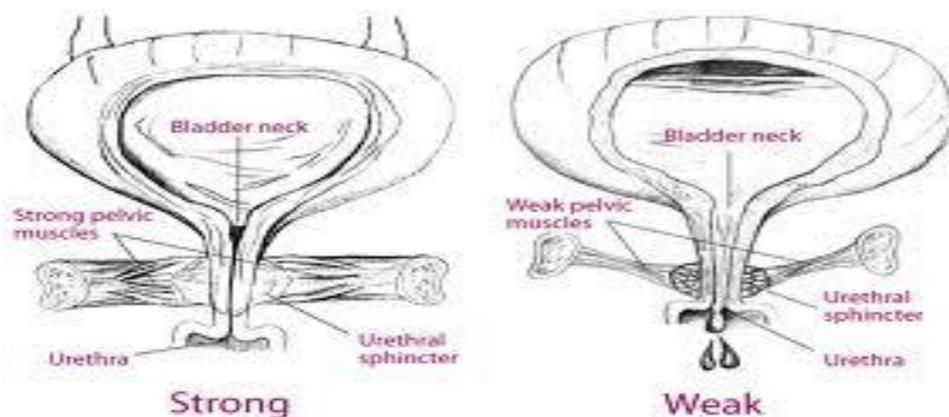
- Stress Incontinence
- Urge Incontinence
- Mixed Incontinence
- Overactive Bladder

Stress Incontinence

- Definition
 - Involuntary leakage with increased intra-abdominal pressure
- Symptoms
 - Loss of urine with exertion (cough, sneeze, lift)
- Causes
 - Pelvic floor weakness, or loss of support for the bladder

Stress Incontinence

- Pelvic floor muscles can become weakened by:
 - Difficult vaginal childbirth
 - Chronic constipation
 - Chronic cough
 - History of heavy lifting
 - High impact sports



Urge Incontinence

- Definition
 - Involuntary loss of urine with a strong urge to urinate
- Symptoms
 - Loss of large amount of urine, associated with irritant or trigger
- Causes
 - Bladder contracts at inappropriate time

Overactive Bladder

- Definition
 - Urinating more than 12 times within 24 hours
- Symptoms
 - A strong urge to urinate without leakage; associated with frequency
- Causes
 - Going to the bathroom just in case; eating or drinking lots of bladder irritants; anxiety about leakage

How Does Urge Incontinence and Overactive Bladder Happen?

- Emptying bladder “just in case” disrupts your normal voiding pattern.
- Drinking lots of caffeine, carbonated, or acidic beverages.
- Not drinking enough water. Concentrated urine is a bladder irritant.
- May be associated with declining estrogen.

Mixed Incontinence

- Definition
 - Combination of urge and stress incontinence
- Symptoms
 - Frequency, urgency, loss of urine with activities that increase abdominal pressure
- Causes
 - Pelvic muscle weakness
 - Bladder contracts at inappropriate time

Comparison of Stress and Urge Incontinence

Incontinence Symptom	Urge	Stress
Urgency (strong, sudden desire to void)	Yes	No
Frequency with urge; voiding more than every 2 to 4 hours	Yes	No
Leaking during physical activity; coughing, sneezing, lifting	No	Yes
Ability to reach to toilet without leakage	No	Yes
Waking at night to urinate	Often	Seldom

End of Part One

Questions?

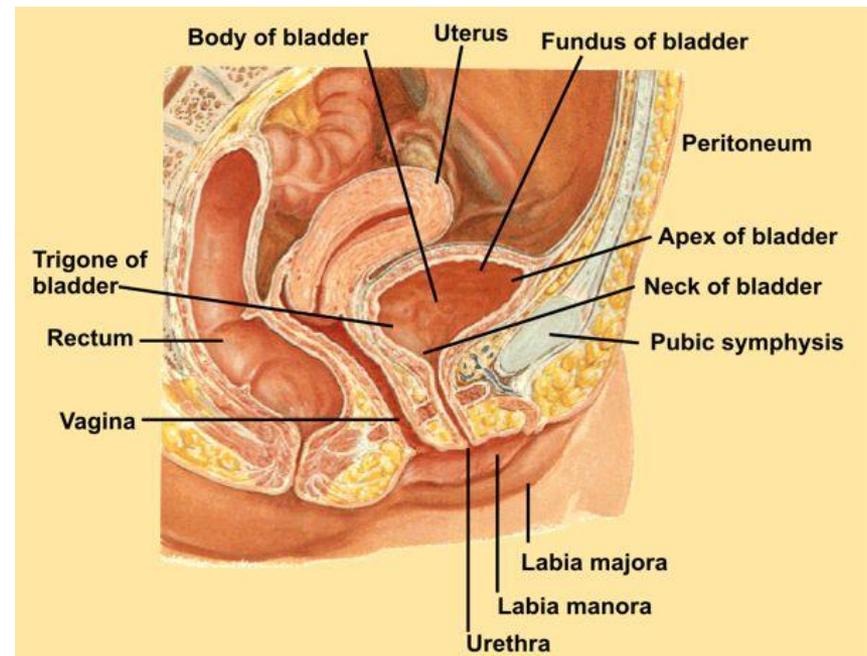
Part Two of the presentation will begin in a few minutes.

Part Two: Tools for Regaining Continence

- Pelvic floor muscle strengthening, body mechanics, biofeedback
- Treatment and specific training for stress incontinence
- Treatment for overactive bladder and urgency; specific strategies for urge incontinence and bladder retraining.
- Other factors that may affect continence

How to Locate Your Pelvic Floor Muscles

- The pelvic floor muscles are found between the pubic bone and the tailbone, and the two “sit” bones.
- The muscles lift up and in with a contraction or tightening.



How to do a Pelvic Floor Contraction (Kegel) Correctly

- Contract the muscles around the vagina or rectum as if to hold in urine or gas.
- As the muscles contract they will close and lift the openings of the vagina and rectum.
- Your abdominal muscles may draw in or flatten during a Kegel. They should not bulge outward.
- **CONTINUE TO BREATHE DURING THE EXERCISE.**

The Sustained Kegel

- There are 2 types of kegels: sustained and quick.
- Tighten the pelvic floor by drawing the muscles around the vagina and urethra in and up, as if to stop urinating or prevent gas.
- Keep breathing while you hold the contraction for 3 to 5 seconds.
- Relax the contraction. You should feel the pelvic floor 'drop'.
- Rest for 10 seconds (2 complete breaths).
- Repeat the cycle of contract-relax 5 to 10 times.
- Gradually increase the hold time to 10 seconds.
- Your goal is to be able to do a total of 30 cycles a day.

The Quick Kegel

The 'Quick Flick'.

- Quickly tighten and lift the pelvic floor muscles.
- Hold for 1 to 2 counts
- Let the muscles 'drop' and relax.
- Repeat the quick contractions 5 to 6 times, then rest the pelvic floor for 2 full breaths.
- Repeat the cycle 5 to 10 times.
- Your goal is to be able to do a total of 50 cycles per day.

How to Progress the Kegel Exercise

- Start the exercise on your back with your knees bent. You can do them on the bed, before you get up and before sleep.
- As you get stronger, you can do these in sitting.
- Eventually you will be able to do Kegels while doing activities in standing.
- It takes about 8 to 12 weeks before you will notice a change in pelvic floor strength.

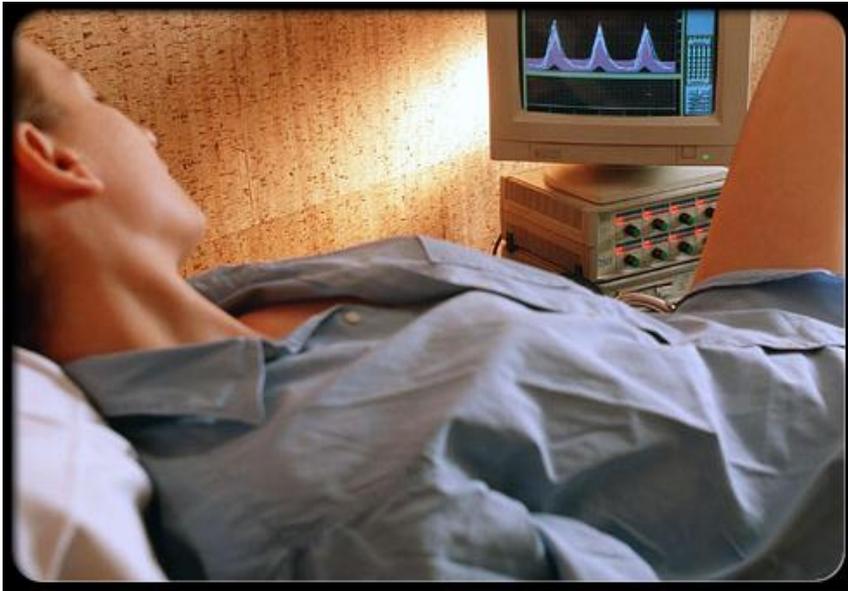
How to Use Your Pelvic Floor Muscles During Daily Activities

- To lift, push, or pull an object:
 - Bring the object close to you; bend your knees if necessary.
 - Inhale. On exhalation contract your pelvic floor muscles, draw your abdominal muscles inward (just a little) and lift, push or pull.
- To stand from sitting
 - Scoot to the edge of the chair; place your feet underneath you. Lean forward.
 - Gently contract your pelvic floor muscles, draw your abdominal muscles inward, just a little, and stand.
- To get out of bed
 - Roll to your side. Drop your legs to the side of the bed.
 - Gently contract your pelvic floor muscles, draw your abdominal muscles inward, just a little, and push up to sitting.
 - To stand from sitting at the edge of the bed, lean forward **and** engage your pelvic floor muscles before you stand.

Treatment for Incontinence

- Biofeedback

- Provides real-time information about activity in your pelvic floor muscles.
- Allows you to see when you are contracting, and when you are relaxing the pelvic floor muscles.



Specific Tips for Stress Incontinence

- Determine the activities that cause loss of urine:
 - Coughing, sneezing
 - Lifting, going up and down stairs
- Practice contracting your pelvic floor muscles **BEFORE** the activity

Overall Treatment for Stress Incontinence

- Pelvic floor strengthening exercises (Kegels)
- Biofeedback
- Practice good body mechanics when lifting
- Smoking cessation
- Diet modification if constipated frequently
- Weight loss

Treatment for Overactive Bladder and Urinary Urgency

- Biofeedback
- Pelvic floor exercises (Kegels)
- Relaxation techniques
- Behavior modification (bladder retraining)
- Dietary changes

Tips to Calm Your Bladder



- Rushing makes urgency worse.
- Deep breathing helps to relax the bladder.
- Do six quick contractions of the pelvic floor muscles.
- Distract yourself. Count backwards, sing...
- When the urge has passed, walk calmly to the bathroom.

Acupressure Technique to Calm Your Bladder



- Acupressure Point (spleen 6)
- Find the point, 4 finger widths above the inside of the ankle bone.
- When needed, apply even pressure to the point to reduce feeling of urinary urgency.

Bladder Retraining

A Way to Decrease Urinary Frequency

Bladder retraining is a program of scheduled voiding used to slowly increase the time between voids.

- Determine how often you urinate during the day without leakage.
- Using that interval, create a schedule in which you urinate on a planned timed basis.
- Example: if you void every hour, you would now go to bathroom every hour and 15 minutes. Even if you do not feel the need to void, it is important to stay on schedule.
- When you can follow this schedule for 3 days with no leakage, advance to voiding every 1.5 hours.
- Use the calming tips to help you delay urination between scheduled voids.
- It is normal to urinate every 2.5 – 4 hours during the day.
- Do not follow a schedule at night.

Other Factors that can Affect Continence

- Diet
- Alcohol – bladder irritant
- Constipation – straining to pass stool
- Excess body weight (BMI – causes increased pressure on the pelvic floor and its organs)
- Smoking – bladder irritant; may cause chronic cough



Foods and Beverages that may Irritate Your Bladder

- Caffeinated and decaf beverages
 - Tea, coffee, cocoa, soft drinks
- All carbonated drinks
- Acidic foods
 - Citrus fruits and juices
 - Cranberry juice
 - Tomatoes
- Spicy foods
- Artificial sweeteners
- Chocolate



Constipation

To Prevent constipation:

- Drink enough water.
- Most people need at least 4 glasses of water a day.
- Drink more if it is hot, or you are very active.
- Urine should be pale without a strong odor.
- Increase fiber.
- Stay active – walking, biking, swimming.



How Fiber can Help You

- High fiber foods can help to relieve constipation.
- Gradually adding fiber to your diet will help to prevent bloating, cramping, or gas.
- Drink 4 to 8 glasses of water a day when increasing the fiber in your diet.
- Your goal is to eat 25-35 grams of fiber every day.
- Packaged food labels list the amount of fiber per serving.
- If you continue to have constipation, talk to your health care provider.

High Fiber Foods

- Eat more whole-grain cereals, breads, brown rice, and legumes.
- Eat more fruits and vegetables:
 - Apples, berries, pears, prunes, figs
 - Broccoli, cauliflower, brussel sprouts, green peas
- Cooked fiber is as effective as raw fiber, so use high fiber foods in your recipes.



Putting it all Together

- Key elements in regaining bladder control
 - Use specific tips for Urge and Stress incontinence
 - Practice Bladder Retraining
 - Do both kinds of Kegels daily. Use them to help control leakage during your daily activities.
 - Make gradual changes to your diet. Decrease amount of bladder irritants; increase daily fluid and fiber intake.
 - Remember it takes time and daily practice to see results.



Thank you

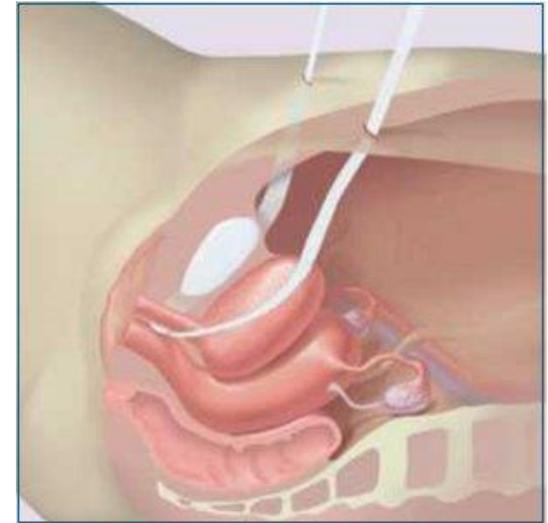
Stress Urinary Incontinence

- Other treatments
 - Pessary
 - Take it out and insert
 - Wear it when you want
 - Most women do not feel the pessary
 - Minimal risk for Vaginal infection



Stress Urinary Incontinence

- Other Treatments
 - Tension Free Vaginal Tape (TVT)
 - First described in 1996
 - Minimally invasive
 - Effective (85%)
 - Outpatient surgery



Overactive Bladder

- Other Treatments
 - PTNS (percutaneous tibial nerve stimulation)
 - 30 minutes of treatment
 - Initial series of 12 weekly sessions
 - If beneficial then 6 monthly sessions



Overactive Bladder

- Other treatments
 - Botox injections
 - Can last 6-9 months
 - Risk of inability to empty bladder (may need to use self catheter)

