

## The Ins and Outs of Incontinence

### **What is Incontinence?**

Incontinence is the involuntary/accidental loss of urine or faeces that becomes a social or hygienic problem. Incontinence affects greater than 850 000 adult Australian men and women. 38% of Australian adults report experiencing incontinence but 62% of those people have not spoken to a healthcare professional about it. Urinary incontinence is not a normal part of ageing or a consequence of giving birth, however, is more common and severe in the elderly. Incontinence has a large effect on emotional and psychological wellbeing. Quality of life and the ability to participate in normal daily activities is largely impacted on.

### **What causes incontinence?**

There are a range of factors that contribute to incontinence including pregnancy, childbirth, constipation, prostate problems, immobility, musculoskeletal, neurological, cognitive problems, surgical procedures and health and lifestyle factors.

Incontinence is not a normal part of ageing, nor a consequence of pregnancy, despite 63% of people believing this to be the case. This stigma and perception that incontinence is normal largely contributes to people not seeking help. However, incontinence can be treated, managed and in many cases also cured.

### **Types of Incontinence**

You may have one of the following or a combination of both called mixed incontinence.

#### Stress Incontinence

- Occurs with an increase in intra-abdominal pressure such as a laugh, cough, sneeze, run, jump, hop or lifting.
- Other contributing factors include diabetes, chronic cough (linked with asthma, smoking or bronchitis), constipation, straining, obesity and abdominal and pelvic surgeries.
- Weakness of the pelvic floor muscles occurs, which results in the bladder and urethra not being supported well enough.
- When pressure on this area occurs, pelvic structures don't have enough support by the surrounding pelvic floor muscles and leakage occurs.
- Stress incontinence is involuntary, instantaneous and usually without warning.

#### Urge Incontinence: Overactive Bladder

- Is the sudden and overwhelming urge to go, with the inability to defer past the initial urge.
- This strong urge is often due to involuntary contractions, or overactivity of the bladder muscle (Detrusor) and 'The first need to go is often the last'.
- Urge incontinence can occur because of overactivity of the Detrusor, prolapse of bladder or bowel, bladder infection, pelvic floor muscle weakness or consuming too much caffeine.
- Urge incontinence is also associated with neurological conditions (Parkinson's disease, MS, Stroke) along with deconditioned voiding, poor toileting habits, abdominal/pelvic surgeries, constipation and straining.

## What is bowel dysfunction?

- Obstructed bowel motion due to over-stretched pelvic floor support structures (descending perineal syndrome), stool caught in rectum or inhibition due to pain postnatally or post-operatively
- Faecal incontinence due to incompetent pelvic floor muscles or stool consistency too loose.
- Medical and Pain syndromes e.g. Crohn's Disease

## What should I do if I have incontinence?

Don't put up with it! Do something about it!

Discuss your concerns with a Health Professional trained specifically in the area of Incontinence (Continence and Pelvic Floor Physiotherapist) or your GP

A multifaceted approach is needed: incontinence can be managed and prevented by adopting healthy diet and lifestyle habits combined with addressing specific individual needs identified by Health Professionals.

## What to expect with a Pelvic Floor Physiotherapy consultation?

- Discuss your problems and other relevant health information. Charting your bladder and bowel habits can be useful to collect data to identify patterns and problems.
- You'll have an examination of your pelvis, abdomen, pelvic floor muscles, bladder and pelvic organs with a real-time ultrasound machine. At least a half full bladder is needed to allow for visualising of the structures in the pelvis. Assessment of the pelvic floor muscles is undertaken using the ultrasound so there is often no need to do an internal examination. If an internal examination is recommended, it will be discussed with your Pelvic Floor Physiotherapist.
- THERE WILL BE EXERCISES TO DO!! Expect this! Prepare for this! Commit to the program! Nothing in this world happens with the wave of a magic wand!
- You will be taught how to do your Pelvic Floor Exercises whilst having an ultrasound scan done. A specific program will be drawn up for you based on the results of the scan. We are all individual and need to be treated as such.
- Follow up appointments with repeat scanning will need to be done at intervals to assess improvements and upgrade your individual program.
- As with any training program, there will be good days and bad days. Some days leakage may be better and some days it may be worse. Stick with it and things will improve or even completely disappear with diligence and commitment!
- Lifestyle improvements specific to your needs will also be discussed. This this may include diet, soluble fibre intake, exercise, fluid intake, general health improvements, toileting habits and cessation of causative factors

*Author: Tylana Woodward and Compiled by Courtney Geraghty and Mitchell Shorten*

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