Urinary Incontinence Definitions

Alberta Aids to Daily Living (AADL) Program

Urge	Leakage of urine (usually larger volumes) because of inability to delay voiding after sensation of bladder fullness is perceived • Small bladder capacity urgency, frequency, nocturnal • Leakage day and night, often worse at night
Stress	Involuntary loss of urine (usually small amounts) with increases in intra-abdominal pressure • Normal bladder capacity • Leakage with laugh, cough, sneeze, exercise, lifting • Day-time only
Overflow	Leakage of urine (usually small amounts) resulting from mechanical forces on an overdistended bladder • Distended bladder • Wet all the time, dribbles continuously, hesitancy, sensation of incomplete emptying • Recurrent Urinary Tract Infections
Functional	Urinary leakage associated with impairment of cognitive or physical functioning, psychological unwillingness, or environmental barriers to toilet • May be one of the above types of incontinence
Mixed	• Combination of stress and urge • Symptoms of both urge and stress incontinence
DHIC (Detrussor hyperreflexia with impaired contractility)	• Urge incontinence with large residual urine • Common among frail elderly • Recurrent Urinary Tract Infections
Reflex Incontinence	Automatic bladder emptying, periodically without bladder sensation • Seen only in neuropathic bladder disorders • Residual urines may be large • Recurrent Urinary Tract Infections are possible

Definitions courtesy of Northern Alberta Continence Service

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Client Teaching

Good Bladder Habits

1. **Have enough to drink**
   - Drink 6 to 8 glasses of liquids per day unless your doctor or nurse advises differently
   - If you are going to often at night, drink all these liquids before 7 p.m. Have only sips in the evening.
   - Limit the amount of caffeine you drink (not more than 1 to 1-1/2 cups per day of coffee, coke or tea)
   - Limit the amount of alcohol you drink
2. **Follow good toilet habits**
   - Take your time so that you empty your bladder completely
   - Try to empty your bladder every 3 hours, except during the night (unless you have been told differently)
3. **Look after your bowels**
   - Keep your bowels regular and avoid constipation (see instruction sheet)
4. **Look after your pelvic muscles**
   - The pelvic muscles support your bladder and prevent leakage by keeping the outlet closed. Keep them in shape with regular exercises (see instruction sheet**)**
5. **Seek help if you have difficulty with step 1, 2, 3 or 4**

Bladder Retraining

Bladder retraining can help you get your bladder control back. You do this by trying to gradually hold on longer before going to the bathroom.

1. **Start a notebook or diary**
2. **Write down each time you go to the bathroom, for 2 days**
3. **After 2 days:**
   - Try to gradually increase the time between visits to the bathroom
   - Each time you get the urge to go, try to hold on a few minutes longer. At first this will be difficult. Keep on trying! It will get easier.
   - Keep on writing down each time you go, to keep track of progress. The aim is to reduce the number of times to 5 or 6 per 24 hours
4. **Techniques for helping you to hold on:**
   - When you feel the urge to go, STOP! Don't run to the bathroom
   - Relax, breathe slowly and deeply
   - Squeeze your pelvic muscles hard, four times (see instruction sheet)
   - Sitting on a hard seat or rolled up towel may help
   - Get your mind off the feeling by thinking of something interesting (example: think of names that begin with A, then B, …)
5. **If you wake up at night with a full bladder it is best to empty it right away. Holding on will only keep you awake.**

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HELPING TO EMPTY YOUR BLADDER

There are things you can do to help empty your bladder completely when you go to the bathroom:

1. **Relax and take your time emptying your bladder**
2. **Sit with your legs wide apart and bend gently forward with your elbows on your knees**
3. **After the stream stops, try to go a second time and even a third**

PELVIC MUSCLE EXERCISES

The pelvic muscles support the bladder like a hammock. Pelvic muscle exercises are used for treating incontinence in women and men.

How to do pelvic muscle exercises:

1. Stand, sit or lie down with your knees slightly apart. Relax.
2. Find your pelvic muscles. Imagine that you are trying to hold back urine or a bowel movement. Squeeze the muscles you would use to do that. To check you are tightening the correct muscle:
   - **Women:** Insert a finger in the vagina; you should feel a tightening around the finger
   - **Men:** You should see your penis twitch and contract in
3. Tighten the muscles for 5-10 seconds. Do not hold your breath – breathe normally. Do not tighten your stomach or buttocks.
4. Now relax the muscles for about 10 seconds.
5. Repeat.

Your schedule:

- Repeat the contraction and relaxation 12 to 20 times.
- Do the set of 12 to 20 contractions and relaxations 3 times per day.
- Schedule the times you exercise with activities so that you remember to do them *consistently.*

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Incontinence Behavioural Modification

Lifestyle	Toileting	Bladder Training	Medication	Physical and Environmental
1. Fluid ↑/↓ 1.5 to 2 litres daily	1. Scheduled	1. Pelvic muscle exercise (PME) • stress • urge • post-prostatectomy	• anticholinergic agents	• alteration to environment, ↑ ease to bathroom, i.e., bathroom aids, uncluttered area to bathroom
2. Caffeine ↓ or elimination	2. Habit training	2. PME with biofeedback	• tricylic agents	• adaptive clothing
3. Constipation → regular bowel movements	3. Prompted voiding	3. PME with vaginal weight training	• estrogen therapy	
4. Smoking ↓ or elimination		4. Pelvic floor electrical stimulation		
5. Moderate physical activity		5. Urge suppression		
6. Maintain healthy body weight				

Double Voiding Double Voiding is effective in helping to reduce residual urine or incomplete emptying. The individual is instructed to void, rest for a few minutes and void again.

Positional Voiding Positional voiding can also help with emptying the bladder. The individual is instructed to sit on the toilet with legs wide apart, and lean gently forward with elbows resting on the knees (see patient instruction card for diagram).

Timed Toileting Timed toileting is a method of voiding according to the clock rather than waiting for bladder sensation. It should be scheduled to match patient's voiding habits as based on a bladder diary. A timer can be an important aid for anyone who "forgets" to go to the bathroom.

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Prompted Voiding Prompted voiding is scheduled voiding for anyone who requires prompting from caregiver. It involves scheduled contact with the individual to inquire about the need to toilet and gives positive reinforcement for toileting successfully without assistance.

Urge Suppression Urge suppression is a method of teaching an individual to not respond to every urge sensation that they experience. It allows them more time to get to the bathroom without leaking and is a useful tool in bladder retraining. The first step is to teach the individual to relax, because anxiety or worry enhance the urge sensation. A pelvic muscle contraction is taught to effectively inhibit detrusor contractions. Other diversion techniques are also taught, e.g. counting back from 100 by 7's, talking on the telephone, balancing the checkbook, listing all the names that start with A, B, C, etc. If the individual cannot do a pelvic floor contraction, they may benefit from sitting on a rolled towel or a hard chair to give pelvic floor support when attempting urge suppression.

Bladder Retraining The goal of bladder retraining is to increase the length of time between voids to a normal voiding pattern, e.g. every 3-4 hours during the day. The individual must be cognitively intact. The program is established using the bladder diary as a baseline. It involves using urge suppression to increase by small intervals the time between voids. The equipment needed is bladder diaries, clock, hat (for measuring).

(Definitions courtesy of Northern Alberta Continence Service)

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