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# Understanding INCONTINENCE

## Keeping Control

By G. Fairweather

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## **Part-I: Introduction**

### **Incontinence- An Overview**

Urinary incontinence is the situation when you are unable to control passage of urine. Such urine passage could be in small leakages or in large amounts. Your body makes urine in your kidneys. The urine comes from waste materials after your body absorbs the nutrients from your intake of food and fluids. The urine flows out from your kidneys into your urinary bladder. This stores your urine until the bladder becomes full. Then your brain signals you to empty your urinary bladder and you urinate through your urethra.

However, sometimes this process is just not that simple. You urinate involuntarily due to various factors. Such urinary incontinence or bladder incontinence is not necessarily an old age problem. It occurs with equal intensity in elders and youngsters, men and women alike. Many people fear discussing this embarrassing problem with a doctor.

Under normal conditions, your urine holding capacity finds support in different organs of the urinary system. Such organs are kidneys, urinary tract, and your nervous system. With these, you need the physical and physiological ability to recognize your urges and then urinate at the proper place and time.

Urination involves both filling and storing of urine and then emptying the bladder. Initially your bladder stretches to accommodate your urine inflow from the kidneys. It has a capacity to store around 350 to 500 ml of urine. You first feel the sensation to urinate when 200 ml of urine accumulates in your urinary bladder. A healthy bladder and nervous system can control the urge for

quite some time after the first urge, and you will get more urine in your bladder generally before you decide to urinate.

The functional sphincter muscle and detrusor muscle of the bladder wall control such filling and storing. Next, the detrusor muscle acts on the brain's signals to empty the urinary bladder. Contraction of this muscle while relaxing the sphincter muscles, pours out urine from your body.

A major misconception among women suffering from urinary incontinence is that this is a gender specific problem and is common with advancing age. It is an intrinsic part of being a woman and can occur because of childbirth.

If you have recently had a baby, and you are losing control, you need to consult with your doctor. If your kids are older and you have been dealing with this problem on your own and it is still troubling you, it's time to talk to your doctor.

You need to erase such misconceptions and seek medical help to address your problem. Timely medical assistance can solve your incontinence problem.

Women die of breast cancer because they do not want to discuss their condition with a doctor and "normal" people live a lifetime of unnecessary misery dealing with coughing, sneezing, laughing and urinating.

Urinary incontinence is mainly due to infections in the urinary tract and other problems associated with the urinary system. Some of you could change your lifestyles and other habits, like intake of alcohol and sedatives, to overcome problems of urinary incontinence. The normal approach to such incontinence problems is bladder training. Kegel exercises and simple medications also

provide relief from incontinence problems. (Kegel Exercises are explained on [page 50.](#))

Kegel exercises strengthen pelvic muscles, which control the functioning of your urinary system. You can practice such exercises while doing simple things like watching television, making a meal, or even while driving your car. Of course, you should not do them while urinating, as they will further weaken your pelvic muscles. Drug therapy, surgeries, urinary catheter, and pads are other solutions for your urinary incontinence problem.

Urinary incontinence is either temporary or chronic incontinence. Again, it could be due to surgeries, nervous disorders, diseases, childbirth, or other psychological disabilities. Such incontinence is due to different factors, which classify the category of urinary incontinence. Normally children below six years old do not fall under this categorization, as they need to develop full toilet habits. However, such problems are prevalent in elderly people and many hospital patients.

Whatever may be the cause for your urinary incontinence, you can receive much relief from medications and advice of doctors. Hence, it is not necessary to hide your problem. Instead, discuss it with urologists and find the proper cure for your incontinence problem.

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## **Part-II: Understanding Incontinence**

### **2. What is Incontinence?**

**W**hen you are not able to control your urination, it is urinary incontinence. It is the same as uncontrollable urination or loss of bladder control. Such inability could occur on rare occasions or you could have a total inability to control your urination.

The first time I had incontinence was after my 9 pound 9 ounce son was born. For months, every time I laughed, tried to run or jump or sneeze, I'd wet. There is no elegant way to say it, really. You simply cannot control your bladder. My doctor told me it would go away on its own. Then I found out about Kegel exercise and those helped a lot. Still, my doctor said that they would go away.

I wanted to study more about it, as I found it inconvenient and embarrassing.

The main organs controlling your urination are your bladder, muscles and nervous system. Muscular tissues of your bladder and urethra combine with different voluntary muscles of your skeletal system and nervous system. Together they regulate passage of urine. Sometimes these muscles are unable to function normally due to certain physiologic, pathologic, or anatomical abnormalities. You may also encounter problem of urinary incontinence due to different specific muscular disorders or congenital disorders like multiple sclerosis, spina bifida, and ALS. Hence, you are unable to store or control passage of urine.

Urinary incontinence in infants and children below six years old is normal, as they are yet to develop complete toilet habits. Such young children may also wet their beds at night. Some children suffer from infections and anatomical irregularities in the urinary tract, nervous disorders, or spinal injuries resulting in urinary incontinence. Some young girls may have slight urinary seepages while laughing.

The majority of the problem of urinary incontinence is high among elderly people, especially with women. Though this is not a major problem, yet it is better to seek advice of urologists and gynecologists. They can assess the severity of the issue and treat it accordingly.

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### **3. Physiology and Function of the Bladder and Urinary Tract?**

Your urinary system with the help of different organs ensures normal excretion of urine from your body. When such normal excretion does not take place, you suffer from urinary incontinence.

#### **Physiology of Urinary System**

Kidneys, bladder, ureters, and urethra constitute your urinary system. Your hipbones in your pelvis region encompass the urinary bladder behind the pubic bone. This muscular and hollow sac in the shape of a balloon stores urine. Strong and fibrous tissue keeps your urinary bladder intact maintaining contact with other pelvic organs. Normal storage capacity of your bladder is around sixteen ounces for around two to five hours. The urethra is a tubular structure, which flushes out your urine through the bladder. It opens into the bladder through bladder neck.

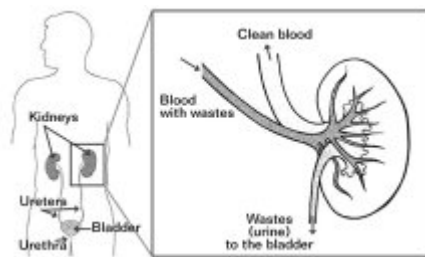
#### **Male and Female Urethra**

The urethra in women is approximately four centimeters long, starting from the bladder neck to the vaginal opening. It has many smooth muscular fibers, sphincter fibers, mucous membrane, and a layer of elastic tissue. Collagen tissue keeps all these fibers together.

The male urethra is around eight to nine inches long from the bladder neck to the end of the penis. Three main parts of the male penis are prostatic, spongy, and membranous.

- ⇒ **Membranous part** is around three-quarter of an inch between triangular parts of pelvis region.
- ⇒ **Prostatic**, widest part of penis consists of muscular fibers, fibrous tissue, and many glandular openings connecting to prostate gland.
- ⇒ The longest part of male urethra is the **spongy part**, through the entire penis until the glands at the tip of penis. Corpus spongiosum encompasses and protects the male urethra.

### Working of your Urinary System



Your body absorbs essential nutrients from your food to maintain your health, provide energy, and restore injured tissues. Your body absorbs the moisture content from your solid and liquid diets. Your urinary

system removes waste products, specifically urea from your body fluids.

Digestion of protein rich foods like poultry, some vegetables, and meat forms urea, which passes into your kidneys through blood. They combine with other waste products and water to form urine. Kidneys are bean shaped organs mainly responsible for excretion of waste products from your body.

A human adult forms and excretes around one and half quarts of urine every day. This quantity varies from individual to individual. It depends on intake of fluids and food, fluids lost through breathing and sweat, and intake of diuretics and other medicines.

The urine flows out from kidneys into ureters to enter the urinary bladder.

Every ten to fifteen seconds a few drops of urine accumulate in your urinary

bladder. When the bladder becomes full and round, your body needs to excrete urine. The brain signals the urinary system to relax to allow flow of urine out of your body through the urethra. This is a normal process in continent persons, who can control excretion of urine.

Urethral sphincter muscles keep the urethra closed until you are free to urinate. Pubococcygeus (PCG) muscles enclose the urethra to stop unwanted seepage of urine. **Bladder muscles** tighten and contract to push out urine from your body only when you feel the pressure of urination. Relaxed sphincter and pubococcygeus muscles allow normal urination. However, if you are unable to control the urination process, you suffer from urinary incontinence.

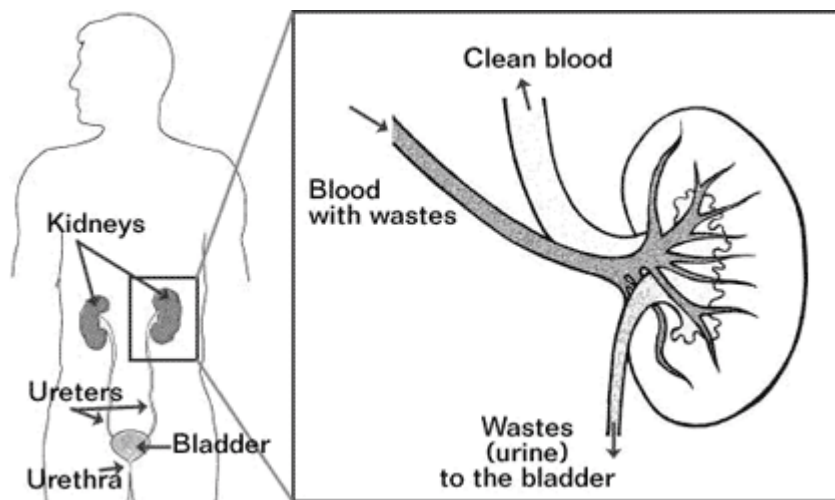
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## Kidney Stones

### Your Kidneys

Your kidneys are bean-shaped and each is about fist-size. They sit near the middle of your back, just below the rib cage. They gather your body’s waste. Every day, your kidneys ‘harvest’ about 2 quarts of waste products and extra water from your bloodstream which becomes urine.

That goes through ureter tubes to your bladder where it is stored until expelled.



Your kidneys also help control blood pressure and to make red blood cells.

### What is a Kidney Stone?

A kidney stone is a lump formed in the kidney from waste in the urine.

Small stones may be expelled in the urine without much pain. But larger stones may stick in a ureter, the bladder, or the urethra and then block the flow of urine, causing intense pain.

## Types of Kidney Stones

There are four main types.

1. The most common type contains **calcium** (KAL-see-um). Calcium is an essential part of your healthy diet but any which isn’t used by your body for your bones and muscles goes to your kidneys.
  - a. Mostly, they flush it out in your urine. If all the calcium is not flushed, it combines with other waste products and calcium kidney stones result.
2. A **struvite** stone sometimes forms after a urinary system infection. They contain **magnesium** and waste ammonia.
3. A **uric acid** stone may form if there is too much acid in the urine. If you get uric acid stones, you may need to cut down on the meat you eat.
4. **Cystine** stones are uncommon. Cystine is a component needed for you to build muscles, nerves etc., but it can build up in the urine to become a stone. This condition is hereditary.

### *Examples of Kidney Stones*

Kidney stones may be smooth or bumpy, are usually yellow or brown and vary in size from a small grain to pearl-size though occasional ones can be as big as a golf-ball. These examples are not to size:



## **Some Available Treatments**

If you have a stone and cannot pass it, consult your doctor as soon as possible.

Surgery used to be the only way to remove it. However, research is ongoing.

Here are some of the current methods;

### ***Shock Waves***

Doctors send shock waves to the kidney stone. They break large stones down to a size which will pass with your urine.

With some machines, you sit in a tub of water, while you lie on a table with other machines.

This method is called extracorporeal lithotripsy. Lithotripsy is a Greek word that means stone crushing.

### ***Tunnel Surgery***

The doctor makes a small cut in your back and a narrow tunnel through the skin to the stone in the kidney. Then, the doctor puts a special instrument through the tunnel, finds the stone and removes it. This is percutaneous nephrolithotomy.

### ***Ureteroscope***

A ureteroscope is like a long wire. The doctor puts it into the patient's urethra, up through the bladder to the ureter where the stone is. The instrument has a camera that lets the doctor see the stone. Then, either a cage is used to catch the stone and pull it out, or the doctor may destroy it right there.

## **How Doctors Identify the Stone**

If you know that you are passing a stone, try to catch it in a strainer. Seeing the stone is the best way for your doctor to identify what kind of stone you have and it is also the easiest on you.

Your doctor may ask for a urine sample (or you may need to collect your urine for a 24-hour period) or take blood to find out what causes your stones. These tests help your doctor suggest how you might avoid stones in future.

## The Type of Stone Indicates the Best Treatments

The therapy your doctor gives will depend on the type of stone. Treatment to prevent calcium stones will not work on struvite stones. Diet changes to help prevent uric acid stones might not affect calcium stones.

### Avoid More Stones

Drink more water. Try to drink 12 full glasses of water a day. This helps to flush your kidneys more thoroughly and has other benefits for your whole system.

You can drink ginger ale, lemon-lime sodas, and fruit juices but *water is best*. Limit coffee, tea, and cola to one or two a day - the caffeine may cause too much fluid loss.

Your doctor may advise increasing your intake of some foods and cutting back on others. If you have a uric acid stone, you may have to eat less meat.

The doctor may give you medicines to prevent calcium and uric acid stones.

### Important Points

- Most stones will pass out of the body without a doctor's help.
- See your doctor if you have severe pain in your back or side that will not go away.
- See your doctor if you have blood in your urine (it will appear pink).
- Drink plenty of water every day to prevent more kidney stones.
- If you pass a stone, try to collect it with a strainer to show your doctor.
- Talk to your doctor.

## 4. Signs of Incontinence

When you are unable to control the passage of urine, be it a small leakage or a total lack of control over urination, it is urinary incontinence. This can occur in men, women, or children. However, children below six years old do not fall under this category, as they are yet to develop total toilet habits. Elderly people encounter this frequently.

Urinary incontinence occurs due to various reasons. These can be tumors, kidney stones, infections of the urinary tract, nervous disorders, spinal cord injuries, weak pelvic muscles, prostate cancer, or due to different medications.

### Signs of Incontinence

There are many symptoms or signs of urinary incontinence. These depend on your stress levels, urges to urinate, or due to certain weak muscles of the pelvic region of your body. The many symptoms are:

- ⇒ Leakage of urine while laughing, coughing, exercising, running, lifting heavy things, or sneezing
- ⇒ Urine continues to trickle even after urinating and leads to a continual leakage of urine
- ⇒ Urge for urination continues even after urinating
- ⇒ Very difficult to control flow of urine as soon as you feel the urge to urinate

- ⇒ Feeling of urination during sexual intercourse
- ⇒ Frequent toilet visits during daytime and nighttime
- ⇒ Frequency of urination is higher
- ⇒ Urge to urinate even when the bladder is not full
- ⇒ Feel pain while urinating or also while filling the bladder
- ⇒ When you change your sitting or any posture, you feel the urge to urinate
- ⇒ Urine leakages after major surgeries like Cesarean, prostate surgery, hysterectomy, and others
- ⇒ Urinary changes after neurological disorders like spinal cord injuries, multiple sclerosis, or strokes
- ⇒ Frequent urinary bladder infections
- ⇒ Unable to retain urine even for short periods
- ⇒ Urine leakages causing much embarrassment and hinder your normal functioning
- ⇒ Gradual weakening of urinary system and its functioning
- ⇒ Urinating with stoppages thereby restricting continuous flow of urine
- ⇒ Constant feeling that bladder is full and you want to urinate

- ⇒ Weak pelvic floor muscles put a strain on your urinary system and you feel like urinating, situation is common in obese people, after childbirth and with age.
- ⇒ Enlarged prostate gland also causes problems in urination.

Normally signs of incontinence have many cures and treatments. Medications, minor surgeries, and exercises for pelvic muscles offer much relief. You can use pads. The pads that are made nowadays are so much better than the old days. They are thinner, and absorb more.

You can easily change them and you can wear them undetected.

However in some cases, the problem is quite bad, and a urinary catheter can be used in those extreme cases. Sometimes overall improvement in your health may improve these signs of incontinence.

The incontinence signs also differ for men and women. Normally women suffer from urinary incontinence due to various stresses while men suffer problems of incontinence due to weak muscles and other functional stress. Functional stress does not allow you to reach the toilet due to certain medical conditions like physical infirmities, dementia, or other problems. Women suffer soon after childbirth or other stressful periods. Obese people often encounter problems of urinary incontinence. Hence symptoms or signs of incontinence depends more on the type of incontinence.

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## 5. Types of Incontinence

Urinary incontinence is your inability to control the passage of urine. There are many different types of urinary incontinence. Different types have different medications to relieve you of the problem. The two broad classifications of urinary incontinence are:

1. Short-term or Acute Incontinence
2. Long-term or Chronic Incontinence

Constipation, urinary tract infections, side-effects of medication or diets, or kidney stones could cause acute urinary incontinence. This is a temporary phase and finds easy remedy in simple medications. This is the same as transient incontinence.

Long-term or chronic incontinence is over a longer period. Such chronic incontinence could be due to stress, urge, overflow, functional, reflex, anatomical, surgery-induced, or mixed urinary incontinence.

### **Stress Incontinence**

This is common incontinence in women. When you have slight and involuntary urine leakages while doing any physical activity, it is stress incontinence. The stress here does not refer to any emotional stress, instead is the physical exertion in the abdomen regions. Simple activities like sneezing, coughing, laughing, exercising, hugging, lifting anything, walking, changing positions like getting up from a chair or lying on a bed, and sexual actions

could cause such involuntary urinary leakages. You may have to visit the toilet often to prevent such urinary leakages.

### ***Causes***

1. The main cause behind this incontinence is unequal abdominal pressure upon urinary bladder and urethra. This cause urethra and bladder neck to proceed downwards and weak pelvic floor muscles change direction of the urethra. This keeps the urethra open and urine leaks out. Pelvic muscles normally support the urinary bladder.
2. Weak urethral sphincter muscles are unable to absorb abdominal pressure and thereby cannot prevent urinary flow. This weakness is due to neurological injuries, side effects of certain medicines on the urethral region and surgeries. This causes incontinence in men after prostate surgery while in women after pelvic surgery. Women with multiple pregnancies or vaginal childbirths, or when the urethra or bladder or rectal wall extends into vaginal space, stress incontinence is common.
3. Chronic asthma and bronchitis cause incessant coughing leading to stress incontinence.
4. Menopause- During menopause there is a decrease in female hormones leading to weakening of supporting muscles of the pelvic region. Incontinence is also evident during the week before a menstrual period. The low estrogen levels in your body now lead to less muscular pressure in the urethra region, which leads to involuntary urinary leakages.
5. Increasing age, smoking, and obesity are other factors.

### ***Classification of Stress Incontinence***

Urologists normally classify stress incontinence into three main types.

In the **Type I category** the bladder neck and urethra open and the urethra moves down by less than two centimeters during any stress. Hence, the urethra angle is unchanged. Such categories of patients do not exhibit any cystocele signs.

In the **Type II category**, the bladder neck and urethra close and urethra moves down by more than two centimeters during any stress. Hence, the urethra angle increases and such patients could have a cystocele. If such a cystocele is within the vagina, it is Type II A and if it is outside the vagina, it is a Type II B.

In the **Type III category**, stress incontinence is not due to the urethral position. It is normally due to weak urethral sphincter muscles, which could be due to past surgeries.

### ***Treatments***

Stress incontinence is fully treatable and there are many simple cures for the same.

**Pelvic floor exercises:** Such exercises according to your doctor’s instructions give immense relief from incontinence to both men and women.

**Surgery:** A hysterectomy by a gynecologist can provide relief.

**Pessary:** This device in the vagina provides support to the urinary tract and other organs. Often, this is an alternative for surgery.

**Hormone Replacement Therapy:** This is useful for menopausal women. Application of hormone replacement therapy cream around the urinary opening also provides relief.

### **Urge Incontinence**

This incontinence is common in both elderly and healthy men and women. This is a type of incontinence where you are unable to control your urine as soon as you feel the urge to visit the bathroom. Your urinary bladder becomes overactive and gives less warning for you to go to the toilet. The bladder squeezes itself involuntarily and may empty itself fully or you might have little urine leakages. The bladder may or may not be full at the time of such an occurrence.

You feel the urge to urinate when you drink a little quantity of water, or hear the sound of running water as in a shower, running tap, washing dishes, or flushing sound, or even touch running water. You need to visit the bathroom two or three times in the night. Additionally you might also wet your bed at night.

#### ***Causes***

The common causes are:

1. Inappropriate bladder contractions due to severe nervous damage to your bladder- Such damage occurs due to spinal cord and nervous injuries, Alzheimer's disease, Parkinson's disease, stroke, multiple sclerosis, and other surgical injuries. These cause harm to the bladder nerves and muscles.
2. Constipation also causes urge incontinence.

3. Infections of the urinary tract cause irritation producing muscular spasms in the urethra and bladder regions.
4. Enlarged Prostate gland
5. Change in sitting or sleeping positions

**Bladder retraining** is the most common treatment for urge incontinence.

### **Overflow Incontinence**

This type of incontinence is common among elderly men and rare in women. You do not feel the urge to urinate although your bladder is full. Hence, urine leaks out in small quantities continuously and your bladder never empties fully. It is always partially full.

You wake up many times to urinate at night and at times pass a constant stream of urine although you have been to the toilet for a long time. Hence, you never feel that your bladder is empty.

#### ***Causes***

Possible causes of Overflow incontinence are:

1. Enlarged prostate gland stops the flow of urine in many men.
2. Tumors or kidney stones block the urethra and hence the flow of urine.
3. Diabetes and other nervous system diseases like Parkinson’s disease, Alzheimer’s disease, strokes, and multiple sclerosis damage the nerves of the bladder muscles and make them weak, causing such incontinence.

4. Nervous system disorders and spinal cord injuries cause such incontinence.
5. Urinary bladder dysfunction causes malfunctioning of bladder muscles and as a result, the bladder does not empty itself.
6. Rare occurrences in women are due to tumors in the ovaries and also due to fibroids.

Although there is no total treatment for overflow incontinence, urologists, and gynecologists can help you lessen your problem to some extent.

### **Functional incontinence**

This type of incontinence is mainly in individuals who have total urinary control and a perfectly functioning urinary system. However, they are unable to visit the bathroom at appropriate times due to certain physical, mental, and cognitive disabilities. Such incontinence is common among individuals with multiple sclerosis, Parkinson's disease, Alzheimer's disease, dementia, arthritis and elderly men and women. These people are unable to plan the bathroom trip at the appropriate time.

### **Mixed incontinence**

This type of incontinence is a combination of stress and urge incontinence in 60:40 ratios. Hence, it is a mixed incontinence. It is common in elderly women. Doctors need to evaluate every aspect of this disorder to give proper medication.

### **Reflex Incontinence**

This type of incontinence is due to lack of control of over functioning of the urinary bladder and is common in people with neurological problems. This occurs without any warning and you are unaware of the need to urinate. There could also be an abnormal opening between the bladder and other urinary organs and urine leaks out from the urethra, ureter, or bladder. Physicians term the bladder as unstable, spastic, or overactive as bladder nerves become overactive and empty.

### **Surgery-induced Incontinence**

Specific operations like cesareans, hysterectomies, lower intestinal or rectal surgeries, and prostatectomies lead to incontinence problems.

### **Anatomical Incontinence**

Certain structural problems in urinary tracts cause this type of incontinence.

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## 6. Common Causes of Incontinence

Urinary incontinence could be temporary or acute incontinence or chronic and long-term incontinence. Various factors affect your incontinence.

Main causes for temporary incontinence:

1. Infections of the urinary tract leads to incontinence until such infections are cured. These also include vaginal irritations and infections.
2. When you stretch your pelvic muscles during childbirth, you might experience urinary incontinence for some time. The problem is usually nonexistent a few months after childbirth.
3. Constipation leads to incontinence as impact of the stool pushes against the urinary tract and obstructs the flow of urine.
4. Diuretics, sedatives, muscle relaxants, painkillers, antidepressants, and other specific medicines cause incontinence as side effects. These effects reduce after stopping such medications.
5. Excessive caffeine, chocolate, and cola have diuretic effects. A few more bladder irritants are citrus fruit juices, spicy foods, milk and its products, and artificial sweeteners. These lead to short-term incontinence. These irritants do not allow the urinary bladder to function normally. Low intake of fluids could concentrate your urine and cause irritation in the urinary tracts.

6. Temporary illnesses cause incontinence in the short-term. Total weakness of your body does not allow you to reach the bathroom in time to urinate.
7. Alcohol and other intoxicants reduce your ability to recognize your need to urinate and act accordingly.
8. Certain surgeries could result in temporary incontinence. The problem usually resolves when you recoup from the effects of surgery.

The incontinence disappears when you discontinue consumption of such irritants and change your diet habits or after the infection is cured.

### **Main causes for Chronic Incontinence**

Pelvic muscles and bones keep your urinary tract and its organs in their proper positions. Weakening of such muscles and the urinary bladder leads to irreparable damages and consequent incontinence.

The urethral sphincter muscles control functioning of your urinary system. They help in free and voluntary passage of urine. However, weakening of such muscles can lead to chronic incontinence. Normally your bladder contracts and dilates at the same time as the sphincter muscles. When there is a lack of coordination between the bladder and the sphincter muscles, it results in urine leakages.

Sometimes your bladder muscles are overactive and they empty the bladder before you reach the toilet. They do not give any warning to you before such emptying.

Prostate enlargement in men puts pressure on the urinary tract and causes chronic incontinence. Such pressure blocks the urethra and urine leaks out without your knowledge.

Menopausal women experience imbalance in hormones. Such reduced estrogen levels cause urinary incontinence.

Various neurological disorders as in Parkinson’s disease, Alzheimer’s disease, strokes, multiple sclerosis, dementia, arthritis, and spinal cord injuries cause urinary incontinence.

When you are unable to reach the toilet in time due to functional disabilities like spastic muscles, and in patients of various nervous disorders, urinary incontinence is inevitable.

Sometimes childbirth causes stress incontinence, a type of chronic incontinence. This is due to weakening of pelvic and neighboring muscles and resultant weakening of the bladder.

A hysterectomy and other gynecological surgeries could damage or weaken the pelvic muscles. This in turn leads to urinary incontinence.

Obese people put excessive pressure on their bladders. This results in weakening of the bladder and associated muscles leading to incontinence.

Tumors or scar tissue can cause obstructions in the urethra, which restricts the flow of urine. The urethra could become narrow due to inflammation of the urinary tract. This causes problems with urine retention and can cause incontinence.

Intrinsic sphincter deficiency causes weakness in the bladder neck, urethra, and vaginal muscles. This is due to pelvic surgeries in women. In men, this is due to prostate surgeries, which cause such damage to the external urethral sphincter muscles. This leads to dysfunction of nerves and resultant incontinence.

A urinary tract fistula after any gynecologic surgery or other obstetric trauma causes irreparable damage to the urethral sphincter muscles. Such damage leads to continuous incontinence. Leakage of urine is present always and in all positions. An ectopic ureter could enter your urethra or female genital organs causing such incontinence.

Fractures in pelvic regions and other major or minor surgeries can cause incontinence. These fractures can damage the bladder neck, and hence cause urinary leakages.

Urinary incontinence is a common occurrence in elderly persons and many hospital patients. Such cases are due to many varied reasons like hypnotics, diuretics, restricted mobility, delirium, urethritis, and stool implications.

The causes for urinary incontinence are manifold and varied. However, it is necessary for you to consult your doctor or urologist for proper medication and eradication of such incontinence problems. Timely medical help could provide immense relief and embarrassment. This could help you to lead a normal and healthy life.

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## **7. Childbirth and Incontinence**

Urinary incontinence in women is many times due to pregnancy and associated childbirth. Pelvic muscles support childbirth and these stretch, flatten, and weaken during childbirth. These same muscles also support your urinary system. They provide immense support to the urethra and bladder neck, which controls the process of urination. Hence, vaginal deliveries could cause incontinence in some women.

### **Does Childbirth cause Incontinence?**

Pelvic muscles work the most during childbirth. The basic strength of these muscles and any associated deficiencies or injuries to these muscles affect childbirth. Consequently, it affects your incontinence. Difficult bowel movements regularly weaken the pelvic muscles. However, if you are young, your muscles have the ability and time to heal themselves from such exertions. In elderly women, collagen deposits reduce, thereby affecting the working function of the pelvic muscles.

More vaginal deliveries and large babies weaken pelvic muscles leading to incontinence. Such deliveries can cause prolapse. The bladder, uterus, or rectum can bulge into vagina as you grow older. The incidence of such a prolapse is proportional to the number of vaginal deliveries. Similarly, when babies are large, you need to give more pushes to deliver through your vagina. Such high number of pushes can cause a lot of injury to the pelvic muscles and nerves. These exertions in later years can lead to urinary incontinence.

### ***Labor and Incontinence***

Natural process of giving birth is the best as long as it does not cause irreparable damage to your muscles and tissues. Hence, natural childbirth or vaginal delivery is the safest bet. However, sometimes you need to push the baby for long hours before it finally comes out. Such extended hours in labor results in permanent weakening of supporting muscles, nerves, and tissues of the uterus, bladder, and rectum. These pelvic muscles then droop down and can cause incontinence.

### ***What happens when you push while in Labor?***

When the baby’s head reaches the pelvic region, it pushes against the pelvic muscles and other nerves in the vicinity. Dilation of the cervix starts the pushing session. You need to push hard after every contraction of the uterine muscles to push out your baby. Such pushing compresses the baby’s head against your muscles to such an extent that the region is devoid of any blood supply. Hence, your tissues do not receive any oxygen or nutrition and are now easily susceptible to damage. Besides, these pushes are much stronger than the usual muscular strains. The periods between contractions allow blood to rush in with nutritive oxygen for your nerves and muscles. This helps your tissues to recover and undergo the same process until your baby is born.

Some women undergo extensive hours in labor when the process repeats innumerable times. Pudendal and pelvic nerves on either side of birth canal enclose your baby’s head. These same nerves signal functioning of your urinary system. Prolonged stress periods during such long labor hours weaken these muscles. They are then unable to transmit brain signals for further functioning. With age, these muscles do recover. However, extreme cases render these muscle inoperative leading to incontinence of urine, prolapse, or stool.

Such incontinence and prolapse is less when you allow your uterus to function normally without exerting extra pressure to push down your baby. Obviously, natural working of uterus lowers the incidence of damage of the pelvic muscles and nerves.

### ***Vaginal Delivery and Incontinence***

When finally your baby’s head comes out of the vagina, the supporting pelvic muscles and ligaments can suffer damage. At times doctors cut through the vaginal muscles to enforce faster delivery. This is an episiotomy, which is a risk for anal incontinence. Such damaged or cut ligaments and muscles heal naturally with time. However, in some women the healing process does not take place resulting in incontinence in later years. Doctors cannot examine the healing of your muscles and hence cannot offer any medication. Hence, women with vaginal deliveries stand a higher risk of incontinence than women with cesarean births.

### ***Forceps Delivery and Incontinence***

Forceps are spoon-shaped instruments used to ease the delivery process in women with long hours of labor. These instruments are placed around the baby’s head during delivery, initially inserted into the vagina. The doctor pulls the forceps, which pushes away the pelvic muscles and tissues. This eases the path for the baby to come out. Such delivery through forceps does save the life of women during difficult childbirths.

Such forceps being metallic instruments press against supporting pelvic tissues. It can also stretch and tear the vagina resulting in long-term damage such as urinary incontinence. Nowadays forceps deliveries are rare as sometimes they cause skull fractures in babies leading to permanent disabilities.

Well, it seemed with my large baby I had it all. Anyway, my doctor was not telling me much. I suffered for over three years, though not as bad as the first year once I found the exercises. Then I had my second son. Another elephant. And, I cannot tell you why, but after he was born, my incontinence completely went away. It was like whatever was pushed out of place at the first birth, was pushed back into place with the second. (I do not know if it was a simple timing process or if something moved and the pressure was taken off. And, I have not been able to find anyone to tell me.) I did continue my Kegel exercises during pregnancy, so you can see how the below may relate.

***Is Incontinence a sure happening after childbirth?***

No, childbirth does not necessarily lead to incontinence. Your body is flexible and can endure innumerable muscular pressures and nervous strains. The many damages and injuries during childbirth heal with time and most of you are fine within a few months of childbirth, be it vaginal or non-vaginal. However, in a few women muscles and tissue do not gain the previous strength and flexibility. They have a greater incidence of incontinence and prolapse.

The rate of recovery differs from woman to woman. It depends on the inbuilt strengths, number of deliveries, and size of the babies.

***Does childbirth weaken the urinary system?***

Labor and delivery causes strain on pelvic muscles, associated nerves, and ligaments. Such strain can cause damage to your muscles, weakening their functioning. Some of you are able to recoup from the strain after a few months, while some are unable to regain the lost strength and flexibility.

However, bladder and vaginal injuries due to delivery may cause organs to sag down. This muscular relaxation or bulging into the vaginal region is called

prolapse. Such prolapse affects the urethra, the outlet for your urine. Changes in normal positions of the bladder and urethra can cause urinary incontinence.

***Effects of Kegel exercises***

Kegel exercises during pregnancy can ease the process of childbirth. These exercises strengthen the pelvic muscles and the nerves. Hence, you exert less pressure on your muscles and nerves. This in turn lowers the incidence of incontinence in later years, even if you had a difficult childbirth or long labor hours.

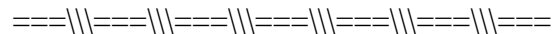
***Cesarean deliveries and Incontinence***

Cesarean birth deliveries have a lower risk of urinary incontinence, as it does not involve any muscular pressures on the vaginal region. However, such deliveries carry other risks, such as infection, blood transfusion, surgical injuries to the bladder and intestines, and long periods of discomfort. Hence, it is better to opt for such deliveries if there are serious problems with vaginal childbirth.

***How to prevent Incontinence due to childbirth***

You can reduce the incidence of injury to the pelvic region by allowing normal functioning of the uterine muscles with extra patience. Your push is necessary only to push your baby’s head out of the birth canal.

Massaging the perineum region, which lies between the vagina and the rectum, eases stretching of the underlying muscles. This prevents natural or unnatural tearing of the vaginal muscles. You can discuss the pros and cons of the issue with your doctor initially to have a smooth and happy childbirth.



## 8. Common Myths and Misconceptions

There are many myths and misconceptions associated with urinary incontinence. Of course, such incontinence is embarrassing. However, it does not mean that you choose to ignore its health implications. Some of the myths are:

Healthy people feel that they can never have any urinary incontinence. This is not true. Incontinence can affect anyone and everyone and at any age. Women of thirty to thirty five years also encounter such problems while elderly men are also equally at risk.

Some of you may feel that it is an old age disease and you have to bear it. Though incontinence is not a disease in the real sense of the term, yet could be the after effects of some other inherent disease in you. Hence, it makes good sense to have a total checkup with your doctor.

Many of you feel that slight leakages of urine are nothing to worry and you may continue with your normal routine. However, it is not so, and mild or major leakages need medical attention. Such incontinence could be harboring other related diseases like infections of the urinary tract leading to depression. Since such leakages occur at unpredictable times and are inconvenient and embarrassing, it poses difficulties in continuing with your normal life.

Some do Kegel exercises regularly to get relief from such incontinence problems. However, such exercises are not effective for everyone and you still need proper medical attention to counter such problems.

Elderly people feel that they are beyond treatment and therapies. This is not true and you can start and follow these easy therapies at any age. Just little changes in your lifestyle and habits will help you go a long way. You could quit smoking and reduce or stop intake of caffeine.

It is false to say there are not many effective cures for urinary incontinence. Many medicines bring immense relief to urinary incontinence patients. Estrogen replacement therapy is effective for menopausal women. Sometimes surgery does the trick.

There are many special incontinence garments available on the market. Many of you feel that passersby will be able to know of your embarrassing ailment by looking at your thick clothing or by the rubbing sound of such undergarments. However, you can easily overcome this by wearing slightly loose clothing over your special incontinence garments. As for the slight sound, it is not possible for others to hear it.

Incontinence is not fatal. However, those of you suffering from this problem feel that though it does not end your life, it does take away the joy of life.

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## **Part-III: Prevention Measures and Coping Strategies**

### **9. Hygiene and Personal Care**

Urinary incontinence poses many risks to your skin and body. It is essential to safeguard your skin from infections. You need to maintain a high degree of hygiene to protect your skin. Besides, you also need to take good care of your undergarments and wear suitable ones to keep your skin dry. Though catheters and sheaths provide relief, usage of these over a long period can cause infections.

#### **Common Infections of Incontinence**

##### ***Incontinence Dermatitis***

This is the same as perineal dermatitis or diaper rash. You suffer from irritation of skin and need to put up with skin rashes. Such rashes are due to being in contact with moisture and chemicals in urine and feces. This is a common problem with patients of all age groups.

##### ***Bacterial Infection***

Your incontinence brings your skin in close contact with various bacteria present in waste products. Those of you with dry skin are more prone to such infection as bacteria thrive well in dry skin. These microorganisms enter your body through cracks in your skin and could cause further ailments.

### ***Exposure to Caustic Agents***

Urine contains ammonia, a caustic agent. This not only increases skin irritation but also provides nutrition for bacteria and other microorganisms. This calls for immediate medical attention to eradicate bacteria from your body.

### ***Fungal Infection***

Pathogenic fungi find a favorable location in your warm and damp skin. Such rashes turn bright red causing itching and burning sensations. Antifungal treatments can heal such rashes.

### ***Maceration***

Constant exposure to moisture makes your skin soggy and weak. Further pressure and friction damages your skin. It is then difficult even to wear ordinary clothes as slight rubbing causes extensive injury.

### **Skin Protection for Incontinent Patients**

Incontinent patients require extra care with their skin. Such prompt and adequate skin care helps to maintain the texture of your skin, prevents odor, and makes you feel comfortable. You need to follow certain basic steps to protect your skin.

Cleansing- You need to clean the perineal area regularly with special cleansers, which do not dry or cause irritation of skin. Even otherwise, you need to clean during soiling and at other times. These cleansers remove dried fecal matter gently and contain inherent moisturizing elements to prevent your skin from drying and causing rashes. While using water, you need to avoid hot water for cleaning. Gentle cleansing does not cause any irritation or friction.

Conditioning and Protection- Incontinency exposes your skin to excessive moisture, friction from garments, bacteria, dryness, and irritation. Certain barrier pastes and ointments are for such specific usage. These form a barrier on your skin and prevent or minimize direct contact with feces, urine, and perspiration. They also reduce friction from diapers and other garments. The conditioning agents in these creams and ointments nourish and moisturize your skin.

**Maintain dryness:** It is essential to maintain dryness. This minimizes many skin damages due to wetness in incontinence patients. You also need to maintain natural pH range of your skin between four and seven.

### ***Choosing the right garments***

You can talk with your doctor personally and confidentially to decide the garments that are most suitable for your condition. Many of you feel uncomfortable with diaper-type undergarments and feel probably it is visible through your normal clothing. You could use-

- ⇒ Belted garments fixed with elastic belts and provide protection against mild and moderate incontinence.
- ⇒ Pull up undergarments are similar to regular underpants. They can protect you against mild and moderate incontinence.
- ⇒ Adhesive pads attached by special adhesive pads. There are separate ones for males and females.

However, if you have heavy incontinence, you need to use adult size diapers. The size and heaviness causes much discomfort.

These garments could be of the disposable kind or cloth variety. Although the disposable type absorbs heavy incontinence, the cloth type prevents skin rashes. It can only handle mild or moderate incontinence.

Such special undergarments, when worn loose cannot sustain leakages. Similarly, too tight fitting and hugging garments cause skin irritation. Hence, your garments should fit well and properly for you to feel comfortable.

Small quantities of adhesives on adhesive pads are sufficient for it to stick on to your undergarment. However, deodorants and hand lotions do reduce odor but could also harm the adhesive capacity of adhesive pads.

Incontinence patients need to take extra care for their personal hygiene and choice of garments. This ensures smooth sailing and chances of accidents of incontinence are minimal. It thereby helps you to live a comfortable life.

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## **10. Behavior Modification**

Certain changes in your behavioral patterns offer much relief to your incontinence problems. You need to follow these changes in your behavior diligently to experience good results.

### **Bladder Drill**

Bladder drill is the most ancient form of treatment for the problem of incontinency. This creates and increases intervals between urinations. Long-term training of this kind establishes normal functioning of your bladder. Hence, you maintain a particular frequency of urination and the problem of incontinence is low. This is an effective method of treatment among elderly and outpatients. Besides, you should be neurologically and physically fit to use this therapy. Only then, can this special therapy bring positive results for your incontinence problem.

### **Reeducation of nervous and muscular systems**

Biofeedback educates your nervous and muscular systems to function normally. Therapists conduct special sessions to educate patients about correct usage of muscles and bladder functioning to avoid incontinence. A special instrument with sensors and a computer screen depicts actual functioning of your urinary system and associated organs.

You place special sensors in the vagina, rectum, and abdomen, all of which are painless. The electrical activity of your muscles appear as colored lines on the computer screen. These lines guide you to compress pelvic floor muscles,

without affecting abdominal muscles in any way. Incontinence is mainly due to compression of abdominal muscles.

You need to spend some time on preliminary assessment of your problem. The resultant therapy also takes time to show results. You can enhance your results by doing regular specific exercises at home and visit your therapist regularly. You can then appraise your progress and relief from incontinence problems.

### **Multi-component behavioral training**

This treatment focuses mainly on training and exercises of pelvic muscles. It concentrates and tries to change physiological functioning of your urinary bladder and pelvic muscles. Certain teaching and biofeedback methods impart specific strategies for contraction and suppression of your pelvic muscles. These restrict contraction of bladder thereby reducing or eliminating problems of incontinence.

### **Kegel exercises**

Kegel exercises strengthen weak pelvic muscles. These muscles support your urinary bladder and control its functioning. These also help you to control movements of sphincter and bladder muscles.

### **Other Simple Measures**

- ⇒ Timed and prompted voiding helps people with cognitive deformities and difficulties.
  
- ⇒ A bedside commode could reduce your night trips to bathroom.

- ⇒ Avoiding certain dietary intake like caffeine, soda, and alcohol at night reduces bladder irritation and fluid content in your body. Resultantly, your incontinence problem is lessened.
- ⇒ Imaginary compressing of certain muscles reduces bladder contractions and eases the problem of incontinence.
- ⇒ Restricted usage of specific medicines, which cause dizziness and intoxication, reduces usage of the restroom.
- ⇒ You can use the many incontinence protection products available on the market to absorb leakages. Some of them are absorbent sheets of paper, urethral plug, other urethral devices, pessary, and others. Special deodorants also reduce odor.

Behavioral modifications and drug therapies work well for people with incontinence problems. They are especially effective in patients with urge incontinence. The two of them together and separately, could offer relief to other categories of patients with problems of incontinence. You can further enhance the effectiveness of these therapies alone by experimenting with other techniques. Obviously, results will be better and effective for all categories of incontinence patients.

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## 11. Biofeedback for Incontinence

**B**iofeedback is a technical way of analyzing effects of different muscular activities for combating physical problems. You use different sensors at strategic points on your body. These inform you of muscular activity in those regions. The results help you to gauge whether you are able to achieve desired levels or not. Pulse monitors help you to lower pulse rates mechanically and analyze results.

Different biofeedback techniques can analyze the effectiveness of various incontinence treatments. Kegel exercises strengthen the pelvic floor muscles. You can check upon your success rate of these exercises by biofeedback techniques. This is possible by stimulating the exact muscle necessary for strengthening the pelvic floor and at the same time instructing a particular group of muscles to work towards achievement of your goal. Bladder pressure sensors instruct you to relax your bladder according to bladder spasms to combat problems of urgency incontinence.

Anal incontinence finds an easy remedy in biofeedback techniques. You voluntarily regulate specific muscles responsible for your bowel movements. Special exercises, done daily strengthen these specific muscles. You can combine your efforts with special sessions at clinics. Such sessions are usually held twice in a month.

While doing such exercises, you need to imagine yourself sitting on something hot. Then try to lift only your anus off the hot seat without disturbing your buttocks. You should not squeeze other muscles of your body and effort should

only be on anus. Arms, stomach, and legs should relax. You need to do this around fifty to hundred times daily.

You can get requisite feedback of your efforts at the clinic when you attend your bi-monthly session. They use an intra-anal plug and connect it to a machine. This plug shows the activities of your sphincter muscles on a computer. This is the feedback of your exercise and resultant progress on your muscular activities. You can then accordingly assess the effectiveness of these specific exercises for solving problems of incontinence.

Before proceeding ahead with the clinical session, you need to take two enemas to clean your rectum. Thereafter the anal probe inside your rectum displays working of your sphincter muscles repeatedly. The entire process lasts for around half an hour. This is a safe and effective treatment for urinary and other disorders.

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## **12. Kegel Exercises**

**K**egel exercises are an effective tool against urinary incontinence in women. They strengthen pelvic floor muscles and improve functioning of the urethra and rectal sphincter muscles. You need to do such exercises with specific techniques regularly to yield the best results. These exercises were initially for solving incontinence problems after childbirth in women.

Pelvic muscles support pregnancy and childbirth. Besides, they form the backbone of your urinary system. Obesity, pelvic surgery, or childbirth could weaken these muscles in women. However, prostate surgery could have the same weakening effect on pelvic muscles in men. Nevertheless, exercises strengthen all types of muscles. Hence, adhering to regular Kegel exercises can solve many incontinence problems. Though this is effective in women, men can take advice from doctors before proceeding ahead with such exercises.

There are many layers of muscles between your legs in the pelvic region. These attach to your pelvic bones from all sides. Of these, two main muscles control your urinary system and typical functioning of your urinary bladder. You need to strengthen these two muscles specifically.

### **When and How to do**

Although you can do these exercises at anytime of the day, while reading, watching television, while driving your car, and so on; best results are when you concentrate and do them early morning or before retiring to bed at night. Ideally, you can do them anywhere after you get total control over them by

practicing for some months. You notice definite changes after around twelve weeks, although slight improvements are seen after a few weeks.

It is essential for you to do these exercises perfectly to achieve the best results. Hence, initially you could do it with the help of doctors or nurses. You need to pull in or squeeze the pelvic muscles for ten seconds. Then you rest for ten seconds. You repeat this for around five minutes continuously. To check whether you are exercising properly, you place your finger in your vagina. If you feel pressure around your finger, you are on the right track.

Alternatively, you can identify these muscles by stopping your urination midway purposefully and then allowing it to flow out normally. These pelvic floor muscles contract and squeeze your anus and urethra. Hence, when you practice these exercises you can visualize urinating and then contract those muscles controlling urination. If your buttocks or stomach muscles tighten, then you are exercising the wrong muscles. You can do these five-minute sessions twice daily. It gets easier with time and regular practice.

Initially you can do these exercises with your knees together, either in lying or sitting positions. You should not exert any pressure on your back, or abdominal and thigh muscles. All muscles need to relax except those around the vagina.

When you become familiar with these exercises, you can increase the count to eight, then to ten and so on. You could now keep your knees apart while exercising. However, once you are able to control your incontinence problem through this exercise, it is better not to stop doing them totally. Instead, you could continue doing them 2-3 times a week.

### Effects of Kegel Exercises

You can do your Kegel exercises while listening to music. Regular exercising could cure your urinary problems and eliminate the need to undergo any surgery at all. It is essential for you to tighten these muscles before sneezing or coughing to prevent damage to them.

You can combine your Kegel exercises with biofeedback techniques to understand the right technique and analyze the results. Many different techniques measure and record your abdominal pressure. This, with movement of bladder muscles gives a clear picture of improvement in your urinary system.

Kegel exercises do not pose any health risks and are a safe remedy to stress and urge incontinence in women.

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## 13. Natural Healing

Incontinence in simple terms is defined as the inability to control one's bladder. The reason for incontinence may vary from obesity, urinary tract infection, nerve disorders, prostate problems, spinal cord injuries, or aging.

Do you know that being overweight can cause incontinence? An obese body develops chunks of fat around the abdomen. This fat exerts pressure on the bladder that may result in incontinence. The natural way to treat incontinence is to lose weight that would result in reduction of fat accumulation around the abdomen.

There are many diets on the market now. In fact, one amazing so called miracle after another. I've personally had some great success and many failures in the dieting department. I learned a few really good "secrets."

### **Exercise is a MUST**

**Secret:** Exercise before breakfast. You burn carbs at night. Your morning exercise will burn fat.

**Secret:** You don't have to kill yourself. Three ten-minute walks are great. If you can't walk ten minutes, do what you can until you break out into a sweat. Experts say you need approximately a half-hour of walking per day, but you can do your walks broken up.

**Choosing your diet:** You know what? It's plain confusing. High carb, low carb, low fat, high fat, food combinations and liquid diets, and starvation are all being scrutinized. What's good and what's bad?

Well, consider this: Your body burns calories. Your body burns more calories when you exercise. When you give your body less calories than what it needs, it loses weight. However, if you continue to deprive it you will end up with a yo-yo syndrome.

**Answer:** Eat six smaller meals per day. This helps your body not worry about not being fed. You see if the body thinks it is not getting fed, it goes into protection mode. Hence, it sees you are not eating so it slows the metabolism. Then it sees you are eating and it will want to slow the metabolism to save what you eat into fat.

**Conclusion:** When you look at a diet, look at it as can you eat like that for the rest of your life? If you can, then you have the diet that will work for you. No one can live on 15 carb diets per day, every day of their life, and no one can live on starvation the rest of their life, unless they want a short life. Eat veggies, eat fruit, drink water, eat fish, walnuts and other good for you foods, and do not stuff yourself.



**Last secret:** Never eat 3 hours before bed. That's a sure start to losing weight. If weight is your problem, get busy. You can download this report right now, and read up on how to lose 52 pounds in a year... easily. It's free. A gift for you:

<http://www.tipsfortop.com/weightsecrets.pdf>

## Homeopathic Treatment

If you wish to go for homeopathic treatment for incontinence, you can try Causticum. Causticum is effective in treating incontinence. Usually, a 6C dose after a spilling accident helps to control it. Sometimes, it may not produce the desired result. Incontinence may also result in bladder irritation that further makes the condition worse. Under such circumstances, drinking more water helps to dilute the irritants and thus brings considerable relief.

I'm a very strong believer in drinking cranberry juice. Or you can get cranberry pills.

Further, the Kegel exercises are good for strengthening muscles that line the body from the pubic bone to the tailbone. These muscles help to stop the involuntary flow of urine and thus control incontinence.

Reflexology is yet another method to control incontinence. For this, you have to work on the various reflex points like the adrenal gland, bladder, kidney, solar plexus, diaphragm, bronchial tube, lung, chest and lower spine. Yoga, yet another exercising mode is effective for incontinence. The stomach lock in yoga yields increased bladder control and strengthens the muscles of the lower abdomen. Thus, using a combination of these natural healing methods successfully combats the ill effects of incontinence.

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## 14. Diet and Lifestyle Changes

Maintaining hygiene is the key to good health. There are many new products available on the market that help to keep the skin clean. Keeping the skin clean to avoid infection and excessive dryness is the first step to combat the messy effects of urinary incontinence.

You can take a few steps to maintain clean skin. After an unexpected discharge, the first thing you should do is to clean the affected area immediately. Make sure the cleaning process does not cause dryness to the urethra.

While you may be a bit fussy about cleanliness, do not scrub the area hard or wash it with hot water. It may damage the skin and cause further inconvenience. Cleansers especially manufactured for treating incontinence help to clean the skin, balancing the moisture content of the skin adequately. A barrier cream with an effective moisturizer should be used after taking a bath. Barrier creams are water-repellent and thus help to protect the skin from the effects of urine. You can use antifungal creams to fight the growth of yeast infection on the skin.

Yet another problem associated with incontinence is smell. Oral agents and certain other methods are helpful in controlling the odor remarkably. You can use deodorizing tablets like Derifill, Devrom, and Cholofresh. These tablets usually contain chlorophyll. Taking vitamin C supplements have also been thought to reduce odor, but physicians advise only small doses of it. Taking alfalfa pills has also shown to reduce odor problems. The easiest method is to drink plenty of water to help odor reduction.

## **Dietary Measures**

We discussed weight in the last chapter. Many people confuse the word diet and dietary with losing weight. A diet is simply what you eat, regardless if you are thin or medium or large.

Concentrated urine makes the bladder and urethra more irritable, resulting in further leakage. If you drink cranberry juice it does help. It has a special characteristic to prevent urinary tract infections. However, it is not something you should drink a lot of. One it is filled with sugar, as cranberries are very sour, and two, it' really a strong juice. One or two glasses do great.

Do you know that constipation aggravates the problem of urinary incontinence further? Intake of fibrous food restores proper bowel movement and a clear stomach and thus you can be relieved from exacerbation of urinary discharge. Even the most healthy food items like milk, honey, citrus fruits etc. may be unsuitable for a patient suffering from urinary incontinence. If you feel that any of these food products are worsening the problem, immediately discontinue its use.

You can start with a food diary. Simply write down everything you eat, and how you feel after eating the food.

### ***Exercising details and some***

#### ***common methods to check leakage***

Sometimes you may undergo an unexpected discharge while exercising. Do not discontinue the exercise, rather use some preventive measures to avoid the accident. Limit your fluid intake just before exercising and urinate beforehand.

I don't start any exercise or actually go anywhere without using the bathroom first. This is "normal" in my family. I think it has been a lifelong habit.

Use of absorbent undergarments helps with the unnecessary leaks and spills.

While you may think that taking a limited amount of liquid would result in less urinary urge it may affect the bladder adversely. Concentrated urine would damage the bladder and result in more spills and leakages. You should drink at least six to eight glasses of water by sipping small amounts of water gradually.

Never exercise heavily without liquids. Sports drinks are great. They keep you balanced with the proper salt and water. One popular drink is Gatorade.

A hyperactive bladder that produces a urinating urge even with a small quantity of urine can be treated by drinking small amounts of water. If you know the urge-suppression technique, you can treat it accordingly. Taking a deep breath followed by pelvic floor muscle contraction helps to check the urge. Biofeedback helps to strengthen pelvic floor muscles and proves effective in treating the problem effectively. The pelvic muscles surround and support the different urinary organs and thus if they are healthy they help to combat urethra leakage. The contracted muscles around the urethra help to keep the urine from leaking. If you are able to perform the exercise correctly, you can effectively control urinary incontinence.

Thus, a careful approach to treat urinary incontinence through various physical exercises and food control measures can keep the problem under check.

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## 15. Useful Tips for Everyday Survival

Incontinence is a common problem affecting over ten million adult Americans. Incontinence is more a symptom than a disease.

Some of the most useful tips that help to control incontinence considerably are as follows:

**1. Monitor the bladder activity:** maintain a bladder diary, note down your food and drink intake besides keeping a record of how many times you leaked and went to the bathroom. With this record available to the physician, he or she would be able to identify its cause precisely. The record should contain information regarding the exact time when incontinence occurred, its frequency and the urgency it involved. If you could think of its probable cause, it would help your doctor to treat the problem even more effectively.

**2. Managing the water content:** reduce the liquid intake a bit, to help treat incontinence. Beware, largely cutting down the liquid intake may lead to dehydration and trigger other urinary problems.

**3. Cut down alcohol use:** alcohol has an adverse effect on the bladder and enhances the condition of urinary incontinence further. Restrain from taking alcohol in large amounts.

**4. Reduce the use of Caffeine:** like alcohol, it is yet another diuretic, commonly found in beverages and even in medications. Noting the intake of a caffeine rich beverage and its impact would help you treat incontinence.

**5. Avoid using grapefruit juice:** while grapefruit is a popular dietary choice, it is not advisable for incontinence-affected people because of its diuretic nature.

**6. Cranberry juice- a good substitute:** cranberry juice serves as a good substitute for grapefruit juice. It is acidic in nature and has a beneficial effects on the bladder.

**7. Avoid smoking:** the bladder surface is irritated with the presence of nicotine. Further, suffering from stress incontinence can cause leaking if coughing persists.

**8. Avoid constipation:** constipation worsens urinary incontinence. Take a fiber-rich diet and drink plenty of fluid to help bowel movements and avoid constipation.

**9. Shed extra weight:** if you have put on extra weight, shedding even a few pounds may help you in combating incontinence.

**10. Go instantly when you feel it:** sometimes you may feel shy to visit the bathroom, if you are at the dining table or other such similar place. You should not hold it too long as it might lead to an overstretched bladder or bladder infection. Regularly emptying the bladder before and after meals, and during bedtime will help incontinence.

**11. “Double voiding”- an effective way:** after urinating stand up only when you feel the bladder is empty and then sit again to force the urine.

**12. Urinate at short intervals:** if you go to the bathroom at short regular intervals, the bladder is less likely to leak. This method may prove effective for certain types of incontinence. While an average range of visiting the

bathroom is between three to six hours, you can maintain it consciously to avoid liquid accumulation in the bladder.

**13. Prepare for an emergency:** even though you take meticulous care of every aspect, an emergency may occur sometimes. Keeping a bedpan is necessary for an emergency preparation if you are at home.

**14. Give extra care if you are aged:** aging may further debilitate the liquid retaining capacity of your bladder. So pay extra care if you are elderly.

**15. Take up special exercises:** the Kegel exercises named after Arnold Kegel are helpful in treating stress incontinence during pregnancy and after it. These exercises are equally helpful in treating different types of incontinence in males. See [page 50](#).

**16. Use special absorbent products:** to aid you, a few absorbent products are available on the market. These products vary from pads and shields to underpants. They act as effective absorbents and neutralize odor to save you from unnecessary embarrassment. They protect you from the inconvenience caused by incontinence.

**17. Avoid the accident by anticipating it:** before, you cough or sneeze squeeze the sphincter so the leakage does not take place.

**18. Avoid panicking:** if you have urge incontinence, you should not panic. First, relax and then contract the sphincter to prevent leaking. The moment the urge subsides, make your way to the nearest restroom slowly without panicking.

While these important tips are to control incontinence effectively, you should know how to avoid the various inconveniences caused by incontinence if it

occurs. After an accident clean the area with a soap that does not interfere with the pH balance of your skin. A harsh soap may make the skin dry and irritable. Use of disposable wipes is beneficial for after incontinence cleaning. Using a room deodorizer helps to keep away the undesirable odor accompanying incontinence. If you use pads to prevent spilling, immediately remove the pad after incontinence to maintain hygiene. The use of underpads also helps in preventing them from spilling messes.

Visit a qualified healthcare specialist to know more about the degree of incontinence with which you suffer. Consulting him or her would give you a better understanding of the problem and the ways to keep it under control. Incontinence is often misconceived to be an age-specific problem but it is not so. It is not a major health hazard though it may cause undue social embarrassment. It is wrong to think that it is inevitable; you can deter its malignant effects significantly. If you keep a regular watch on food intake and analyze the underlying cause that triggers the condition of incontinence in you, you may be able to control it adequately. The remedy for many health related problems lies in how you treat the condition. Understanding the nature of a problem is essential in treating it effectively. Thus, knowing your body and its reactions to different items is vital to bring incontinence under control.

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## 16. Coping with Incontinence and Support Groups

People with similar problems or illnesses come together to form support groups. Such groups lend moral and physical support to members to deal with their individual and collective crises. Members of the group need not necessarily be sick themselves; they could give support to sick family members. Normally support groups fall under four main categories:-

1. Persons who have similar sickness or disease
2. Persons with related addictive habits
3. Persons caring for challenged family members
4. Persons with same type of happenings in life

The advantages of such support groups are manifold. You do not feel lonely with your problem or sickness. You can share views and treatments with other members for total betterment. Overall, you feel wanted and are ready to face any challenges in life.

If you are taking care of an incontinent family member, you need not feel shy or sensitive. Instead, you can work out progressive plans to take still better care of your loved family member or friend.

You can make slight changes in your dependent’s daily routine. Incontinent persons do well with a fiber-rich diet containing plenty of fluids, fruits, and vegetables to regulate bowel movements.

You can try specific clothes and equipment to deal with incontinence problems. Adult diapers or briefs, sheets, slipcovers, and pads could help immensely. You could consult medical professionals to get the best at nominal costs for your family member or friend.

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## **17. Managing Incontinence with Undergarments and Pads**

Incontinence problems need special undergarments, briefs, guards, disposable or reusable pads and under pads. All of them soak up leakages and do not stain clothing, furniture, or bedding. Of course, absorbency degrees differ from product to product.

### **Pads and Undergarments**

Specific undergarments have belts which hold to your garment with buttons and keep pads in place. Such garments have elasticity in the leg parts.

Similarly, briefs have such legs but fix with adhesives. Perineal pads fix to your underwear with adhesive strips. Protective under wear is similar to cloth under wear, but with special tabs. These tabs help you to change without removing any of your outer clothing.

Many women could use feminine hygiene pads or sanitary napkins to hold mild to moderate leakages. Men with mild incontinence, such as after a prostatectomy could use drip collectors, shaped like socks, and pouches. These remain in place in your underwear with adhesive strips and you feel comfortable.

Special adult diapers absorb moderate leakages and have pockets for holding disposable pads. As they fit well within your normal clothing, they escape easy detection.

Reusable garments have rubber, plastic, or synthetic material for outer covering. Though they are less expensive than disposable pads, they do not allow free movement of air.

Normally most incontinent persons prefer products that absorb well. At times, the absorbent material cannot hold total leakage due to your obesity or faulty sitting postures. You need to change them often to avoid odor and infections.

Under pads and bed pads are useful incontinent dependents. These could be washable and disposable. Such draw sheets keep mattresses dry and clean.

New products have special polymer absorbents, which turn urine into gel. This avoids odor and accidental leakage. Some dry away moisture to keep your skin free of irritation and dry. However, you need to check whether this is available with your brand of incontinence product.

Overall, there is not any particular product that is the best. Optimum utility of every product depends on the degree of incontinence, cost, your budget, and your skin type. Hence, such choices are personal.

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## **18. Bedwetting and Incontinence in Children**

Every human being starts out incontinent. Persistent training makes you continent. There are different types and degrees of incontinence in children. Sometimes congenital problems like Spina Bifida, kidney, and bladder infections cause incontinence in children. Giggle incontinence is common among young girls when laughing triggers urinary leakages. Children with ADHD problems are prone to bedwetting.

### **Types of Enuresis (Bedwetting)**

Nocturnal enuresis is for children above five years old wetting their beds. Primary enuresis is for children wetting their beds regularly. Secondary enuresis is for those children who did not wet for more than six months, but have started again. Diurnal enuresis is for children above five years wetting themselves even during daytime. Some children can have both nocturnal and diurnal enuresis.

Bedwetting though common among young children, sometimes continues into adolescence and adulthood, which is a matter for concern. Although there is no single reason to pinpoint the cause for such bedwetting, yet a few of the following causes point towards the problem:-

When either or both parents have had such tendencies in their childhood

When children produce larger quantities of urine at night and lack the urine concentrating hormone (ADH); they can overcome this through regular toilet visits at night.

Emotional stresses like divorce, sickness, school problems, or a new sibling can also be a cause of bedwetting. However, behavior modifications programs offer much relief.

### **Treatments and Remedies**

Pediatricians and physicians can examine your child for any urinary infections or structural problems. You can undergo special continence management programs to counter bedwetting problem of your child in a relaxed manner.

Some necessary steps are-

Bladder training increases the holding capacity of the bladder. Regular and calculated intake of water with intermittent sessions of holding urine stretches a child’s urinary bladder. Gradually the child holds larger volumes of urine and slowly overcomes bedwetting.

Monitoring intake of fluids by cutting down on bladder irritants like cola and caffeine can help.

Reward system to applaud your child on dry days.

Enuresis alarm is for stubborn children, you and your child need medical help and training to use this treatment.

Kegel exercises offer gradual relief to incontinence problems.

Avoid medications as they can cause harmful side effects. Instead, patient dealing with treatment programs can cure your children of incontinence.

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## **19. Managing Incontinence in the Elderly**

The problem of urinary incontinence is a matter of concern among elderly family members. This is a total familial problem and it is but natural for elderly members of your family to feel uncomfortable. Hence, you need to devise and apply specific treatments for their incontinence problems without harping on their self-esteem. They feel isolated and avoid social gatherings or any discussions regarding their intimate problems. Nevertheless, you need to deal with them sensitively without hurting their feelings.

Incontinence problems in the elderly range between minor leakages, occasional to regular leakages, and a total lack of urinary control. The rate of incidence is higher in elderly women. However, this is in no way a part of the process of aging; instead it is the breakdown of mental and physical abilities to hold back or control your urine. Although the urinary system consists of the urinary bladder, urethra, kidneys, and sphincter muscles, total functioning requires coordination of your nervous and reflex systems. Malfunctioning of any part leads to such problems.

Often the problem of facing incontinence in the elderly takes much time, as your elders are initially reluctant to discuss the problem. It needs a medical examination to decide on any treatment. Such examination involves a physical checkup, mental abilities, and total record of periods of incontinence.

However, the main factor to keep in mind while managing incontinence in elderly is to help them overcome their problem with proper medical care and attention. They need not feel any shame or avoid medical attention. You need extreme patience for gentle handling of the problem. Normally conservative

therapies works best for stress, mixed, and urge incontinence. Behavioral therapy and pharmacotherapy with bladder training relieves urge incontinence, while surgical treatments are for serious cases of incontinence.

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## **Part-IV: Treatment Options**

### **20. How is Incontinence Diagnosed?**

Incontinence problems need proper diagnosis and proper treatment. The process of diagnosis involves-

Physical examination- Normally pelvic examination in women, genital examination in men, and abdominal and rectal examination helps in detecting incontinence. Pelvic examination in women highlights any projections or extensions of the urethra or bladder into the vaginal space.

Urinary stress test detects stress incontinence. You need to cough in a standing position with a full bladder.

Urine culture or urinalysis detects any infections in your urine or urinary tract. Untreated urinary infections could develop into major diseases.

An ultrasound test of your pelvic and abdominal region detects incontinence.

Post-void residual test detects amount of urine left in your bladder after urination. It is normal to have a residue of less than seven ounces.

Pad test involves weighing a sanitary pad, and then exercising with it. After your exercise, weighing the pad detects any loss of urine.

Specific x-rays with contrast dyes for bladder and kidneys highlight their contents and deficiencies.

A urinary diary records the number of urinations and leakages within twenty-four hours.

A cystoscopy test reveals the entire inside of your urinary bladder.

Urodynamic tests detect urinary pressure and flow .

In rare cases, electromyogram shows muscular activity of pelvic floor and urethra.

Q-tip test shows angular changes of the urethra while at rest and during straining. If the change in angle is more than thirty degrees, your urinary muscles and tissues are weak. You need to lie down keeping your legs apart. A cough may produce slight urine leakages through the urethra. In other cases, you could stand with one of your legs on a stool. When you cough with a paper towel over your perineum, there could be a slight stain of urine on the paper. Similarly, this test is possible by placing a lubricated cotton-covered stick into your urethra. Coughing or similar straining raises the stick to more than thirty degrees from the original angle. This test can detect stress incontinence and other incontinence due to lack of proper functioning of urethral sphincter muscles.

Vaginal childbirths could lead to stress incontinence. This is normally common in women who have more vaginal childbirths.

Menopausal women experience incontinence due to sagging of the abdominal muscles.

External insertion of catheters detects pressure levels in your urinary bladder. This helps in detecting incontinence problems.

A cystometrogram monitors your urinary bladder contractions. Cystometric capacity of more than five ounces will erase doubts about stress or urge incontinence.

Sometimes women experience both stress and urge incontinence together. A diagnosis of incontinence necessitates proper medical treatment. Otherwise, instances of skin irritation and rashes in the perineum region are common.

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## **21. How is Incontinence Treated?**

There are both non-surgical and surgical remedies. Surgeries produce higher degrees of success but non-surgical remedies are preferred among most incontinent patients. Such non-surgical remedies could be exercises for pelvic floor muscles, medications, changes in your behavior, and many others. Both treatments have good levels of effectiveness, which are dependent on every individual’s personal medical problems and condition.

### **Non-Surgical Remedies**

#### ***Medications***

These medications treat stress incontinence by increasing urethral muscular contractions. Patients with mild to moderate incontinence problems find good relief from such medications. Such medications could be -

You could take 25-72 mg of phenylpropanolamine, tricyclic antidepressant imipramine, and pseudoephedrine. Such alpha adenergic agents relieve problems of incontinence. However, it has many side effects like headache and anorexia. This is not suitable for hypertension patients.

Estrogen replacement therapy is effective for women with incontinence. This removes burning sensations, urinary frequencies and urgencies. Regular usage of vaginal estrogen cream works very well for menopausal women as it increases functioning of urethral sphincter muscles. However, women with breast and endometrial carcinoma need to take a doctor’s special advice before using such cream.

### ***Pelvic Floor Exercises***

Such exercises are Kegel exercises and you need to adhere to a regular training regime to achieve results. These exercises energize muscles supporting the urethra and bladder neck. They strengthen pelvic floor muscles and urethral sphincter muscles.

You can check the effectiveness of your exercises through biofeedback techniques and various electrical stimulations. A vaginal or anal probe works with a slight electric current to identify the correct muscles for exercising. You can sit on a special electromagnetic field chair, which exercises your pelvic muscles also.

### ***Collagen Injections***

Collagen is a costly injection. Periurethral collagen injections need local anesthesia. Such injections relieve stress incontinence in both men and women by improving functioning of urethral sphincter muscles. You need to take such injections every few months to get total control over your bladder movements. A few complications due to such injections are retention of urine, infections, and temporary erectile dysfunction in men. The success rate of such injections is higher in women than in men. Normally you need to test your skin for any adverse reaction to collagen before going in for such injections.

## **Detrusor Instability**

This situation finds simple solutions in tricyclic antidepressants, musclotropic relaxants, calcium antagonists, and anticholinergics. These medications have minimum side effects and produce good relief from incontinence problems. In a few cases, you need to undergo special bladder augmentation or ablation of urinary bladder nerves.

### ***Behavior Modification***

Simple changes in behavior bring about radical changes in incontinence problems. Some of you need to monitor or retrain your bladder and its functions. Ordinary persons with proper mobility and a normal nervous system can do this easily. In case you have any nervous disorders or other imparity in functioning, you need to practice prompted and timed voiding.

You could use a bedside commode for urinations at night. It is better to avoid urinary bladder irritants like caffeine, soda, and alcohol. You could also cut down on your intake of water and other fluids and specific vegetables and fruits to reduce incontinence. Other dietary and medical control helps constipation and solves incontinence. Some urinate often to prevent minor leakages.

Obese people need to lessen their weight to control incontinence. Some of you could also reduce heavy physical activities like jumping and running to reduce abdominal pressure.

For better safety, you could use pads, absorbent sheets, urethral plug, pessary, external devices, and specific undergarments.

### **Irritative Voiding Syndrome**

Such syndromes find solutions in massaging and dilatation, usage of antidepressants and other changes in your behavioral patterns.

### ***Surgery***

Normally surgical measures for curing incontinence problems are a last resort. You need to be fully aware of specific risks and benefits due to surgery. With

surgery you are able to better support your bladder, urethral sphincter muscles, and urethra.

### ***Anterior Vaginal Repair***

Folding and stitching of tissue between the vagina and bladder brings back the urethra and bladder to their original position. This helps women whose bladders prolapse into the vaginal wall. Such stitching is through a cut in your vagina or abdomen. In a paravaginal repair, stitching of pubocervical tissue supports pelvic floor muscles, urethra, and bladder. Normally these surgeries join retropubic suspension for effective remedy for stress incontinence.

### ***Needle Bladder Neck Suspension***

Special instruments cut through your abdomen to repair bladder and urethral malfunctioning. Such surgeries have complications of infections and difficulties in urinating.

### ***Retropubic Suspension***

This helps to elevate your urinary bladder, urethra, and pelvic regions through abdominal cuts. Different procedures work on different systems like Burch colposuspension and Marshall-Marchetti-Krantz. Sometimes you could develop complications of infections, urinary disabilities, and urge incontinence.

### ***Sling Procedure***

This helps incontinence in women. It helps to strengthen the urethral sphincter muscles and prevent urinary leakages during any stress. Some complications could be infection, retention of urine, and formation of abscess.

Treatments for incontinence could have certain psychological and physiological complications. You could have vaginal discharge, odor, or other minor problems. Your doctor can offer the best advice to solve your problem.

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## 22. Medications

Urinary incontinence is a common and chronic problem. At the same time, it is also expensive as medications and therapies for curing incontinence are soaring higher. Besides, such problems has a larger rate of incidence in women. Many women evade dealing with such incontinence problems. Hence, pharmaceutical companies introduce newer medications for treating such disorders.

### *Evaluation*

Before starting on any medications, it is essential to evaluate your incontinence problems. Such evaluation is through three main steps. Initially, you can assess severity of your problem through a thorough physical examination, analysis of your urine, and a total history of your problem. This will identify the exact cause for your incontinence such as urinary infections, atrophic vaginitis, or others. Accordingly, you can undergo therapy or other treatments to cure your problem.

If you do not have any infections, then you need to look into proper functioning of your urinary bladder. Sometimes improper contractions of the bladder retains some urine in your bladder, which overflows with exertion. You can measure such overflowing of the bladder through ultrasonography. Normally, less than fifty ml of urine can remain in your bladder after urination. If there is more than 200 ml of urine after urination, then you have problem of overflow bladder.

If you do not have any of the above symptoms, you need to check yourself for urge or stress incontinence. Stress incontinence is due to malfunctioning of the

urethral sphincter muscles. Urge incontinence is due to uncontrollable contractions because of an overactive urinary bladder. You can determine such condition through a thorough check of your history, cotton-swab testing, cystometrography, pad testing, and Urodynamic testing. These also reveal the condition of your nerves like multiple sclerosis, or spinal cord injuries.

### **Treatments and Medications**

Sometimes you could have both urge and stress incontinence. Hence, you need treatment or medication for the more predominant one to cure your ailment.

Urge incontinence responds to certain medications though therapy can be more effective. Such therapies are behavior control like bladder training or drill and Kegel exercises. Some medications like tolterodine (Detrol) and oxybutynin (Ditropan; Oxytrol), which are anticholinergic agents prove to be effective in treating such incontinence. These medications are available in both short and long oral forms and in patch forms. They also have few side-effects.

**Transdermal oxybutynin** is the newest medication for urge incontinence. This is effective and has much reduced side effects. It relieves conditions of mild to moderate urge incontinence.

**Electrical therapy** is effective for those who do not respond to medications or therapy. Mild electric currents stimulate your sacral nerves through your lower back regions. Your nerves then start regular muscular contractions reducing problems of incontinence. These treatments are expensive but effective.

**Stress incontinence** is more common among women. You can treat yourself with urethral plugs, intravaginal support devices, pessaries, and collagen injections. They improve functioning of the urethra. Another therapy is an electromagnetic chair, which improves and strengthens pelvic floor muscles.

**Alpha-adrenergic agonists** stimulate normal functioning of the urethra. Pseudoephedrine (Sudafed) and phenylpropanolamine are other effective medications. Duloxetine is effective against depression as it increases levels of serotonin and norepinephrine in the spinal cord. This activates your nerves, which in turn activates the pudendal nerve. This nerve mainly controls functioning and contracting of urethral sphincter muscles. This solves problems of incontinence.

**Duloxetine** provides good relief from stress incontinence. However, the common side effect is nausea, which is the result of long-term usage of this medicine. Hence, this is useful for occasional problems of stress incontinence.

**Estrogen and such replacement therapy** are helpful for many incontinent women. Urinary antispasmodics reduce urinary urgencies and frequencies of urination. Vasopression increases the content of water in kidneys. This reduces instances of urinary disorders. Most medications for stress incontinence help to tighten the urethral sphincter muscles. Such tightening reduces leakages and resultant urinary incontinence.

Normally most of the patients prefer medications, therapy, and exercises to deal with their incontinence problems. Surgeries are always the last resort as they inadvertently lead to many more complications. Besides, medications provide much relief and pose fewer side-effects. Some surgeries lead to further surgeries for a total cure. You end spending more money for such surgeries. Hence, medications, behavior therapy, and exercises provide long-term and sure relief from incontinence problems for men and women although it may take a longer time to be effective.

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## 23. Surgical Treatments

All types of incontinence find solutions in surgical treatments. You can undergo surgery if no forms of treatment yields positive results. Most surgeries involve only small cuts and you are back to your work soon afterwards. Some surgical treatments for incontinence are-

**Support Sling:** This popular surgery involves placing a support underneath the neck of your urinary bladder. The strip connects to the abdominal wall or pelvic bone through permanent fixtures. This support material is either some connective tissue from your body or from a cadaver. Such support enables your bladder to hold your urine. These surgeries could be Raz vaginal wall sling or pubovaginal sling, each offering a cure for stress incontinence.

**Bladder neck suspension:** A cut through your abdomen allows stitching tissues around the urethra. These stitches then attach around the muscles of your pubic bone. This stabilizes your urethra and is successful in curing stress incontinence largely. Such suspensions include Marshall-Marchetti-Krantz cystourethropexy, and Burch colposuspension.

**Transvaginal needle suspensions:** This is similar to bladder neck suspension. Here urethral stitches are from the vaginal side and then a separate abdominal cut places these stitches in the abdomen. These stitches attach either to your pelvic bone or to abdominal wall. Such suspension treatments include Gittes, Raz, and Stamey procedures for curing incontinence problems.

**Artificial sphincter:** As the name suggests this is an artificial device. This device is common in cases of men with prostate surgery and supplements

functioning of sphincter muscles. This device around your urethra does not allow urine to leak out. Instead, these devices contain fluids and are under your control. You close your sphincter cuff to store urine in your urinary bladder. When you squeeze a pump in your scrotum, urine empties out of your bladder. This is possible as the cuffs are devoid of fluids now. After urination, fluid by itself refills cuffs and your bladder is ready to store more urine.

**Implantable electronic stimulator:** This relatively new technique solves incontinency by stimulating your nerves. This treatment is very common for urge incontinence patients, who do not find relief in other medical treatments. This pacemaker type of device is within your body. It gives mild electric currents to your sacral nerves, which are mainly responsible for your incontinence. The current passes to your sacral bone to control the functioning of the pelvic floor muscles and bladder. These surgical treatments provide long-term relief. However, chances of recurrence and complications could be through infections, accidents injuring your bladder, retaining urine for long periods, and usage of catheters. Normally you could encounter certain specific complications after surgical treatments. These are urethral obstructions. Some of them are lack of total emptying of the bladder, irritation, urinary infections, problems with retention with urine, hesitancy for passage of urine, or a decrease in force of urine.

There is a cure for such urethral obstructions too. Urethrolisis cuts through such obstructions of fibrous tissue and fixes urethra to pubic bone. When this is through your vaginal slit, it is transvaginal urethrolisis. It helps in setting right many abnormalities of the vagina.

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## 24. Complications of Surgery

**S**urgeries are normally the last resort for treating incontinence problems.

Sometimes specific surgeries cause incontinence, mainly due to damage to nerves and their consequent malfunctioning.

Pelvic surgery helps in curing problems of the female genital tract, removal of the uterus, intestinal cancer, hysterectomy for non-cancerous ailments, or stress urinary incontinence. However, such surgeries weaken pelvic floor muscles and at times even damage them. They are then unable to offer support to your urinary system and their organs. The urethra and bladder neck sag with little physical exertion and cause incontinence problems. This is a state of hyper mobility as your urethra is unable to handle abdominal pressure on your urinary bladder.

Sometimes incontinence problems arise due to operations, causing damage to your nerves in your urinary system. Your urinary bladder is no longer stable leading to detrusor instability. Your bladder pushes downwards. Otherwise the bladder neck or urethra functions abnormally, which now necessitates additional surgeries.

A catheter is an artificial tube passing through the urethra into your bladder, which then takes out your urine through a bag outside your body.

Diabetes in advanced stages causes total loss of sensation in the urinary bladder. This is diabetes mellitus, which further leads to diabetic cystopathy. This causes incontinence and needs the help of catheters.

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## **25. Noninvasive Devices - Will They Work for You?**

Incontinency problems are not acute in many people. They can use special garments or pads to gain support for problems of incontinency. For accidental leakages bed pads, full-length undergarments, liners like pads, shields, or inserts, disposable adult diapers, or a combination of pants and pads are useful. These need your doctor’s approval first as improper usage could lead to bladder control problems and cause skin irritation, infections of the urinary tract, and other skin injuries.

Catheters are mainly for severe urge incontinence. This thin and flexible tube is in your urethra for few hours intermittently. This empties your bladder completely and you can carry on with your normal work. Risks of infection are few if you use sterilized catheters, wash before, and after catheterization in public toilets, carry a separate bag for antiseptic lotion, and another plastic bag to carry all of them.

Permanent catheterization is necessary for mentally and physically challenged people. Such a permanent catheter is in your bladder and an inflated cuff holds the tube. Urine collects into a device externally, which needs regular emptying. There are risks for infection in such catheterization.

Condom Catheters are for full day usage in males with incontinency problems. You can remove them at night. A pouch around the penis in male patients collects urine and empties into a bag, which attaches to your leg. You can empty the bag regularly. Urethral irritations are higher due to constant contact with urine.

Specific new devices offer modern solutions to incontinence in women. A urethral plug is for onetime usage. You place this in the urethra with the help of an applicator. A push fills air into a balloon, which holds the device. You pull a string to deflate balloon and remove plug when you want to urinate. You can then insert a new device. This however, carries a high risk of infection.

Miniguard patch is an external pad of foam. This fixes and fits the urethra opening and prevents leakage. You can remove this before urinating and fix another afterwards. All such devices are according to personal needs and comforts.

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## 26. Overcoming Fecal Incontinence

Fecal incontinence is your inability to control passage of stool through your anus. This is a minor issue for some while for others it is total lack of control of bowel movements. This dire situation necessitates immediate treatment. It is common among elderly, normally over sixty-five and more so in women. Many do not seek medical aid due to embarrassment.

### Causes and symptoms

- ⇒ Fecal incontinence is mainly due to anal injuries during vaginal childbirths, nervous problems, and injuries to rectum or anus.
- ⇒ Anal sphincter muscles encircle the anus and retain your stools within until time for defecation. These muscles could sustain injuries during vaginal childbirths and such women lose control over defecation.
- ⇒ Infections in the anus and rectum from different diseases cause muscular damage. These anal muscles are unable to control your defecation.
- ⇒ Old age weakens anal muscles causing such incontinence.
- ⇒ Sometimes nervous problems like brain tumors, strokes, multiple sclerosis, dementia, and mental disorders do not pass messages through your nerves to your excretory organs.
- ⇒ Diabetes mellitus for long periods causes nerve damage leading to incontinence.

## **Analysis and Examination**

Doctors analyze your situation through total physical examination, medical history, and testing functioning of the anus and rectum. Your doctor needs to know your total history of your ailment and its severity. Frequency of occurrence and any partial control over your defecation are also important points for consideration.

A full inspection of your anus and perineum region helps your doctor in diagnosing your problem better. Perineum area is between your genitals and anus. You need to bear down for better medical examination. Such bearing down brings forth rectal prolapse. Prolapse is dropping of the anus due to weakening of your rectum. A stroke over perianal skin contracts sphincter muscles of your anus. However, if your incontinence problem is due to nerve damage, your doctor cannot view such contraction of sphincter muscles. The doctor tests incontinence capacities of your anal muscles by inserting a well-lubricated and gloved finger into your anus. This examination reveals other scars or rectal masses causing incontinence.

A doctor’s diagnosis needs further justification from other laboratory tests. Anorectal manometry is inserting a small catheter type of device into your rectum to check your rectal sensation, pressure levels in the anal canal, and other reflexes of the anus and rectum. An ultrasound probe can analyze specific images of sphincter muscles of the anus and assess damage. Magnetic resonance imaging produces useful results at many times.

## **Treatments**

- ⇒ If laboratory tests and a doctor’s diagnosis detect any diabetic neuropathy, specific treatments for the same produce good relief.

- ⇒ If it is not due to such ailments, you could use an enema for defecation at regular timings every day. This soon regulates bowel movements and relieves your fecal incontinence.
- ⇒ Imodium and codeine phosphate are effective against liquid stools.
- ⇒ Exercises and dietary changes strengthen your anal muscles. You can perform these simple exercises at home.
- ⇒ Biofeedback training is effective in certain specific cases.
- ⇒ Surgical treatments for correcting sphincter muscle damage, building artificial sphincter, and colostomy are popular surgeries for controlling fecal incontinence.

Normally you can overcome fecal incontinence problems through proper medical treatments. You are sure to get partial control over your bowel movements if your problems are acute. However, if you do not respond well to any treatment, you could use disposable under wear and other similar products to deal with fecal incontinence.

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## Author’s Note

I am not a doctor. I'm just a person who had to deal with this problem and I know other people suffer, too.

Always consult your Doctor or other qualified medical professional about any concerns, questions or activities concerning your health and lifestyle.

Please do not be embarrassed to talk to your doctor about any medical problems.

Please keep positive thoughts in your life. Sometimes, when things seem to just go wrong, you just need to think of all the things that really are going right. This is the first book that I've written or had compiled without throwing in things to make you laugh. I really had to keep an eye on my sense of humor. Laughing is great! Let's get the answer to your problem so you can laugh without worry.

Remember, children find reasons to laugh on the average of 400 times per day, while an average adult laughs an average of 15 times per day.

## The End

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## **Special Bonus Report - Canine Incontinence**

### **Understanding and Treatment**

Canine Incontinence is uncontrolled wetting of your pet within your house.

Early signs of such incontinence in your dog are wet beddings, puddles or dribble on your carpets, and damp fur at the back of your pet. Sometimes blood in urine and larger frequency of urination also hint towards incontinence in your pet. Such changes in urinary patterns could lead to serious problems in future.

Sometimes, infective incontinence in your pets leads to dark colored and smelly urine. You can notice higher body temperatures, restlessness, and dull eyes of your pet dog. This is due to infection in the urinary tract and vets normally recommend antibiotic treatment for a total cure.

I've met so many people with dogs who have urinary problems, and added this information to this book. Now, you know you are not alone. Millions of people have incontinence and so do dogs!

### ***Causes for Canine Incontinence***

Many causes are responsible for canine incontinence. Your dog does not pass out total urine and there is something left inside. This residue keeps increasing with further formations of urine. This in turn leads to swelling or irritation of urinary bladder and urethra. This irritation damages in mucous lining of urinary organs lowering your dog's defense to external infections. Sometimes blockages in form of stones, cancerous or non-cancerous growth, diseases like

Diabetes, Cushing's Syndrome, and renal failures also harm the immune system of your pet.

### ***Treatments for Canine Incontinence***

Total treatment for canine incontinence problems are through a thorough understanding of the problem and then curing the same. Herbal treatments offer remedies for such incontinence.

A mixture of Echinacea, Rosehips, Alfalfa, Garlic, Buchu, Yarrow, and Uva Ursi herbs offers total solution. It soothes cures, removes infections, and maintains general health in your dog. This is both a cure and preventive for incontinence problems.

### **Structural Incontinence**

Structural Incontinence is due to lack of any physical control over urinary bladder and its functions. Such incontinence in your dog could be due to anatomical abnormalities from birth. Hence, nerves are unable to control functioning of sphincter muscles. Such incontinence could also be a result of spay incontinence. Spaying leads to many structural changes in urinary tract and resultant infections. Old age, trauma, and nervous disorders are other causes for such problems. Herbal mix of Horsetail, Couch grass, Mugwort, Saw Palmetto, Comfrey offers good remedy for structural incontinence in dogs and bitches. These soothe nerves, strengthen sphincter muscles, and heal up any effects of trauma.

### ***Other Causes for Incontinence***

Kidney failure, diabetes, liver diseases, and Cushing's syndrome increase thirst and urination. Sometimes they are unable to control urination and wet themselves. Old age and arthritis reduces bladder capacity and restricts

movements. Accidental leakages are due to excitement, fear, and punishments. You should take care to notice sudden change in urinary patterns of your dog to detect any incontinence problems in early stages.

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