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University Hospitals of Leicester

# Urinary incontinence

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Information for Patients	Leaflet number: 935 Version: 2	

### What is urinary incontinence?

Urinary incontinence is the passing of pee (urine) when you don't want to. It can range from a small dribble sometimes to a complete bladder emptying. It can affect people of all ages, but it is more likely to develop as you get older. It is not a normal part of getting older. It can be managed and is often treatable.

There are 3 main types of bladder dysfunction:

- Overactive bladder
- Stress incontinence
- Voiding difficulties

#### What is an overactive bladder?

If you have an overactive bladder, you may not have incontinence but have symptoms that greatly affect your quality of life.

Symptoms of an overactive bladder include:

- **frequency** needing to pass urine frequently.
- urgency an urgent need to pass urine; sometimes you may not reach the toilet in time and be incontinent.
- **nocturia** waking during the night to pass urine.

#### Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk



### What is stress incontinence?

Urine leaks out at times when your bladder is under pressure; for example, when you cough, laugh or sneeze. It is a problem that mostly affects women. It is usually caused by a weakness to the pelvic floor muscle (the muscle which supports the bladder and controls its output of urine).

It is possible to have a mixture of both stress and urge urinary incontinence.

#### Weakness to the pelvic floor muscle can happen through:

- surgery particularly in men following prostate surgery
- pregnancy and childbirth
- obesity
- menopause
- chronic cough
- chronic constipation



### What are voiding difficulties?

Difficulty passing urine can happen for a number of different reasons, including constipation and an enlarged prostate (common to men as they get older). This can result in:

- passing small amounts of urine
- passing urine frequently
- delay or slow in starting to pass urine
- poor urine flow
- the bladder being full of urine but you can't pass it (urinary retention)

### Other factors

- **Medication**: some medications can stop the normal way of storing and passing urine, or increase the amount of urine produced. Speak to your GP or pharmacist if you have any concerns.
- **Dementia**: people with dementia may be aware they need to go to the toilet but may not be able to say. They may show this by a change in behaviour, such as agitation or restlessness. They may have forgotten where the toilet is or be in unfamiliar surroundings.
- **Physical problems:** such as poor eyesight, mobility or dexterity can all lead to difficulty accessing the toilet. Other reasons can be fear of falling, depression and anxiety, poor lighting, low chairs, stairs or steps and unusual surroundings. Unsuitable toilet facilities or a fear of using them can also lead to someone being incontinent.

## What other things can affect your bladder?

- **Constipation:** your bladder is next to your bowels, and constipation can put pressure on the bladder and make it difficult to pass urine.
- Weight: being overweight can put pressure on your bladder. If you have a body mass index (BMI) of 30 or more, losing weight is recommended.
- **Smoking:** nicotine is thought to irritate the bladder. Smoking can also cause a cough resulting in stress incontinence.
- Some types of drinks can irritate the bladder including:

- caffeinated drinks such as tea, coffee and energy drinks.

- fizzy drinks, e.g. colas, Lucozade.
- alcohol can increase urine production.
- sugary drinks particularly if you are a diabetic.

# Am I drinking enough?

Not drinking enough in a day can make your symptoms worse. It can also increase your risk of getting a urinary tract infection.

Check the colour of your urine against this colour chart.

Drink the right type of fluids as detailed on the next page.



### Managing symptoms and making lifestyle changes

#### Drink the right type of fluids:

- Decaffeinated tea or coffee
- Water
- Milk
- Diluted fruit juice
- Fruit teas

### Drink the right amount of fluids:



- 6 to 10 glasses per day is recommended (this can help with constipation too if it is an issue).
- You may not want to drink a lot to help you manage your incontinence, but drinking too little can irritate the bladder and make it worse.
- If waking during the night is a problem, have your last big drink 2 hours before bedtime.

### Eat a healthy diet:

Eating a balanced diet, including fibre and 5 pieces of fruit and vegetables daily can:

- help treat or prevent constipation, which puts pressure on the bladder (as does straining).
- help you to lose weight if your BMI is over 30; this can ease pressure on the bladder.

Exercise can also help with both of these. Just remember to empty your bladder before you start.

### Stop smoking:

To get help or to find your local stop smoking services, go to the NHS 'Better Health: Quit smoking' website <u>www.nhs.uk/better-health/quit-smoking</u> or talk to your doctor or nurse.

### Pelvic floor exercises:

This technique strengthens the pelvic floor muscles and is an effective treatment for stress and urge incontinence, especially if the muscle has been weakened.

For further information speak to your GP or go to: <u>https://www.nhs.uk/common-health-questions/womens-health/what-are-pelvic-floor-exercises/</u>

### Medication:

Medication is sometimes prescribed to help ease the symptoms of urinary incontinence. Your doctor will discuss this with you so you have the right medications for your needs.

#### Continence aids:

It is important to understand that incontinence pads are not the only product available to manage urinary incontinence; there are many choices that should be tried first. A number of products are available to help deal with incontinence including:

- handheld urinals (female and male urine collection bottles) prescribed by GP.
- commodes ask your doctor to refer you to Occupational Therapy.
- toilet frame ask your doctor to refer you to Occupational Therapy.
- absorbent products, such as incontinence pants or pads speak to your GP for a referral to the Community Continence Service.
- a range of over-the-counter products are available.

### Tips for managing urinary incontinence

- Have regular times to use the toilet which can help to remind you to go to the toilet e.g. when you wake up; before meals; before bedtime.
- To help orientate someone with dementia, have clear signs on the toilet door with both words and a picture of a toilet.
- Make sure there are suitable handrails in the toilet.
- Wear clothing which is easier to take off, for example trousers with an elasticated waist rather than a buttoned fly.
- Make the toilet easy to see. Some may find a white toilet with a black seat easier to identify.
- Use a urine bottle instead of a toilet.





### Further information and support

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- If you are currently an inpatient at Leicester's Hospitals, and would like to be seen by one of the continence specialist nurses, then please ask your doctor or nurse to make a referral.
- If you are not currently a patient, and you feel that you have a bladder (or bowel) problem, please speak to your GP and ask to be referred to our outpatient service at the Castleden Bladder & Bowel Clinic, Leicester General Hospital.
- For further information on different continence aids and suggestions for ways to manage incontinence, visit the Bladder & Bowel UK website: <u>www.bbuk.org.uk</u>
- Bladder & Bowel Community: <u>www.bladderandbowel.org</u>

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk

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