

HOW TO HELP CONTROL YOUR BLADDER SYMPTOMS

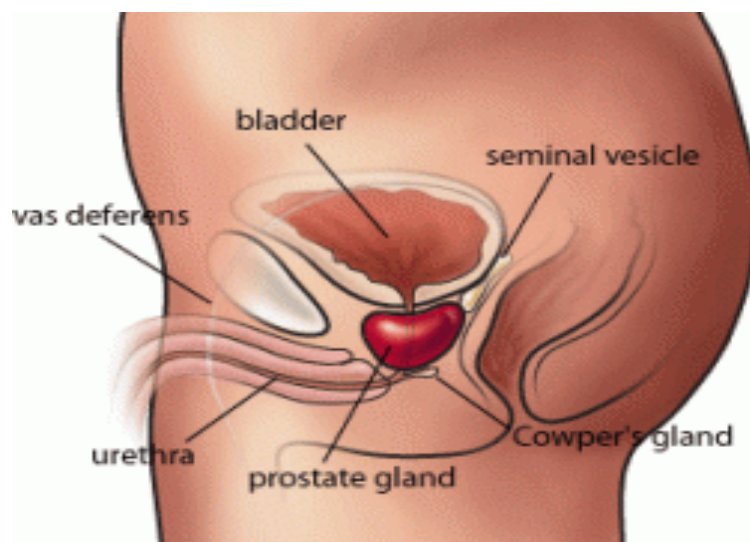
Your doctor has identified that you may have problems with an overactive bladder. Some of the commonest symptoms are having to pass water very frequently (frequency), and without much warning (urgency). This may be associated with leakage of urine (urge incontinence). You may also have problems with passing urine more frequently at night (nocturia).

Men can also experience leakage of urine after finishing voiding and then on walking away from the toilet (post-micturation dribble).

WHAT IS NORMAL BLADDER FUNCTION?

The kidneys are continuously filtering blood to produce urine which is stored in the bladder. The bladder will hold 400-500mls of urine, and an urge to pass urine is normally felt when the bladder is half full, thus giving you time to reach the toilet. Sometimes this message may become blurred so that you want to pass water more frequently, or your bladder may contract to empty without warning, causing incontinence.

At the base of the bladder is the prostate gland, which circles the water pipe (urethra). In men over the age of 60, it is quite common for this gland to become enlarged and also give rise to the above urinary symptoms. You may have been asked to fill in a prostate questionnaire, called the International Prostate Symptom Score (IPSS) that will measure the severity of your symptoms.



Keeping a fluid input-output chart (a frequency / volume chart) is also a useful tool to use and should be completed over a full 24 hour period for 3 days. You may be given one of these to complete. The chart will show how much fluid you are drinking, how often, and how much you are passing each time you pass urine. The chart will also show how often leakage is occurring (if at all). It will help to identify any triggers to your symptoms, guiding management and treatment.

Going to the toilet up to 8 times in 24 hours, with one of these occurring at night is considered normal.

There are several strategies that can be employed to control symptoms of urgency and frequency.

FLUID MANAGEMENT

A fluid intake of 1.5 – 2 litres per day is recommended. This is approximately 5-7 mugs. Caffeine tends to act as an irritant to the bladder, so it is recommended that caffeine free products are tried, which is widely available. Substitute caffeinated drinks with water or fruit squashes.

Caffeine is found in;

- Tea

- Coffee

- Chocolate

- High energy drinks (red bull, lucozade, coke)

If you drink large quantities of caffeinated drinks you should cut down gradually over a fortnight to reduce withdrawal effects.

Large volumes of fluid within a short period of time and fizzy drinks can cause rapid filling of the bladder, leading to frequency and urgency. Drinks should be spaced evenly through the day.

If you cut down on fluids to try to control frequency, this means urine will become more concentrated and will irritate the bladder more. You will also be more prone to constipation which can make bladder symptoms worse.

Ideally urine should be a light straw colour. Very dark and strong smelling urine may mean it is too concentrated, and you should drink a bit more. If urine is very pale with no smell, then you may be drinking too much.

You will need to drink more than normal during hot weather, air travel, after exercising and when you are ill.

Certain foods, such as spicy foods can also irritate the bladder.

Cranberry juice is good for bladder symptoms, but should be limited to 400mls a day, and should be avoided if you are prescribed Warfarin.

DRUG MANAGEMENT

A number of medications can be prescribed by your GP to help control urgency and urge incontinence, and to treat prostate disease. You can discuss these with your GP.

Some prescribed drugs may also worsen bladder symptoms, and your G.P. will review your medication to exclude these.

Taking a prescribed diuretic (water tablet) will cause you to go to the toilet more frequently than normal a few hours after you have taken it. It is important for your health that you continue to take prescribed medications unless they are stopped by your G.P.

BAD HABITS

Going to the toilet 'just-in-case'
Straining to empty your bladder or bowel

GOOD TIPS

Give your bladder time to empty properly. If you feel you are not emptying completely, make sure you have fully emptied by waiting a few seconds and then try to empty more.

If you are troubled by getting up to empty your bladder during the night, do not drink directly before you go to bed, and try to limit the amount you have to drink after 6.00pm to 250mls, avoiding the drinks above that irritate the bladder. If you feel thirsty in the evening, chewing gum or boiled sweets can help.

If you wake up thirsty during the night, have a few sips of water only.

BLADDER RETRAINING

This is a process whereby you train your bladder to hold a greater volume of urine.

To help you hold on;

Try not to rush to the toilet

Try and hold on for a minute longer each day before you go to the toilet, until you find you don't have to rush at all

Try to sit or stand still when you get the urge to go, until the urge passes

PELVIC FLOOR EXERCISES

The pelvic floor muscles form a hammock underneath your pelvis to provide support and control the bladder and bowel. The muscles attach to the pubic bone at the front, then span backwards to the coccyx (tailbone) behind. The openings to your bladder and your bowel both pass through the pelvic floor muscle.

The pelvic floor supports your pelvic organs and abdominal contents, especially when standing or on exertion. It also supports the bladder to help stop leaking. The muscles need to work gently at all times and be able to work harder when you cough and sneeze to avoid leaking. When these muscles are not working effectively you may suffer from urinary incontinence.

Additionally, the pelvic floor is used to control wind and for 'holding on' with your bowels.

You can often help your bladder symptoms by performing pelvic floor exercises. A pelvic floor exercise programme will help to maintain and /or improve their strength. It is useful to follow these general rules, but if they are not effective you may be referred for a more formal and individualised programme.

A pelvic floor contraction is performed by closing and drawing up you front and back passages. Imagine you are trying to stop yourself from passing wind and at the same time try to stop the flow of urine.

The feeling is one of 'squeeze and lift'. You can do this lying, sitting or standing. You can see if you are contracting the correct muscles by standing in front of a mirror, and if you are contracting the correct muscle you will see the penis and testicles lift. Start gently and stop if it hurts.

DON'T

- Pull in your tummy muscles excessively
- Squeeze your legs together
- Tighten your buttocks

You should aim to perform at least 8 contractions of the muscles, 3 times during the day, everyday.

Develop a habit of bracing your pelvic floor muscles gently during everyday activities (lifting, carrying and during strenuous exercise).

Excessive weight also puts a strain on the pelvic floor, so if you feel you are overweight you should talk to your G.P. about methods of weight loss.

SMOKING

Research suggests that smokers are more likely to experience urinary incontinence and this is due to the excessive strain that repetitive coughing puts on the pelvic floor.

AVOIDING CONSTIPATION

Many people find symptoms are worse if they are constipated. As the bladder and bowel are next to each other, a full bowel will affect bladder function.

To keep a healthy bowel, eat a balanced diet, which includes both soluble fibre (oats, barley, berries and fruit) and insoluble fibre (wheat-based foods, cereal, vegetables and nuts), and eat regular meals.

This information has been developed for your by Owen Cole, Consultant Urologist at the Medical Specialist Group LLP, and Pierre Herve and Trish Mcdermott, Senior Community Urology Nurses. www.msg.gg.