

How to Prevent, Ease, or Stop Incontinence

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What is Incontinence?

As many as 13 million people in the United States----male and female, young and old----experience *urinary incontinence*----or the unintentional loss of urine.

Women experience incontinence twice as often as men. Pregnancy and childbirth, menopause, and the structure of the female urinary tract account for this difference.

Generally, the most common form of incontinence in women is stress incontinence. It is treatable.

Stress incontinence, most often caused by a weakening of the pelvic floor muscles, allows urine to leak when you sneeze, laugh, cough or even, perhaps, walk or swing a golf club. A weakening of the pelvic floor muscles may result from pregnancy, childbirth, and menopause. Women who participate in sports and exercise may be particularly susceptible to incontinence because impact can weaken the pelvic floor muscles.

Pelvic floor muscles support your bladder. If these muscles weaken, your bladder can move downward, pushing slightly out of the bottom of the pelvis toward the vagina. Stress incontinence occurs if the muscles that do the squeezing weaken, and exercise of that muscle function can help prevent this problem.

Stress incontinence can worsen during the week before your menstrual period. At that time, lowered estrogen levels might lead to lower muscular pressure around the urethra, increasing chances of leakage. The incidence of stress incontinence increases following menopause.

There are other types of incontinence:

Urge Incontinence results when an overactive bladder contracts without your wanting it to do so. Your bladder can become overactive because of an infection, nerve problem or unclear reason. Women with this type leak urine without warning. Often there are triggers such as “key in the door” or running water.

Overflow Incontinence occurs when the bladder becomes full and overflows due to an obstruction of neurological impairment. This type is seen more commonly in men due to an enlarged prostate, but it can happen in women who are diabetics or heavy alcohol users or who experience decreased nerve function.

Functional Incontinence occurs when a person cannot get to the toilet in time. The urinary system may be working fine, but other disabilities or circumstances prevent normal toilet usage.

How is incontinence treated?

Various treatments, including drugs and surgery, can effectively treat incontinence. But many women find help with much less dramatic measures.

Bladder “Habits”

Try not to strain or push when emptying your bladder. Take your time.

Don't wait too long before you urinate; waiting more than four hours between toileting can be unhealthy for your bladder. On the other hand, avoid going “just in case”; toileting when you don't really have the urge can train your bladder to go too often.

Fluid and Food

Avoid drinking too little fluid. Limiting your fluids can cause the bladder to contract and hold less urine. You should drink six to eight 8-ounce glasses of fluid a day. Two-thirds of your fluid intake should be water. *Don't* limit your fluid intake before, during, and after exercise. Limit your fluid intake after 6 p.m. if you have problems with waking up at night to urinate or with bedwetting. Also, add fiber to your diet to avoid constipation.

Limit bladder irritants like nicotine, caffeine, alcohol, carbonated drinks, tea, chocolate, citrus fruits, tomatoes, apple juice, cranberry juice, spicy food, and foods with the sweetener aspartame.

Activity Selection

Certain activities and sports may increase your occurrence of incontinence by adding pressure to the pelvic floor muscles. Activities that can increase this pressure are gymnastics, volleyball, basketball, handball, karate, horseback riding, high-impact aerobics, and dance. Medium-risk activities are jogging, tennis, skiing, and skating.

Here's the good news: activities with little risk include swimming, bicycling, walking, rowing, low-impact aerobics, and others in which at least one foot touches the floor at all times.

It may help to change sports awhile. Or modify your sport.

If you insist on continuing a sport that makes you incontinent, do Kegel exercises (discussed below) before and during your workout.

Kegel Exercises

A vital step in treating stress incontinence is pelvic floor, or Kegel (rhymes with eagle), exercises.

The pelvic floor muscles lie deep in your pelvis, and strengthening them can help you better control your urine flow.

Your goal is to stop urine leakage when exercising, coughing, sneezing, laughing, or lifting. All of these can put pressure on the bladder. Eventually, you'll be able to do Kegel exercises anywhere at anytime.

Ask a physical therapist to show you how to do Kegel exercises. He or she will feel your pelvic floor muscles with a finger while you try to contract these muscles. If you still can't locate your pelvic floor muscles, a PT can help you by using other aids and techniques.

A Kegel exercise should feel like you are stopping your urine stream or preventing the passage of stool. Firmly tense the muscles around your vagina and anus by inwardly lifting and squeezing them. Hold this contraction to the count of 5 (gradually work up to 10), then relax.

At first, do your exercises while lying on your back with your head and shoulders supported by a pillow and your arms at your sides. Bend your knees and place your feet flat on the floor about 12 inches apart. Eventually do Kegels while sitting and standing. Start with one set of 10, three times a day. Work up to 20 sets of 10 each day.

Here are other helpful hints for doing Kegel exercises:

- ❖ Contract your pelvic floor muscles without lifting your buttocks, tightening your stomach or thigh muscles, or moving your legs.
- ❖ Do not practice stopping your flow of urine. It will disrupt your voiding patterns.
- ❖ Do not hold your breath or strain.
- ❖ Be patient and faithful. Improvement takes 6 to 8 weeks. You need to do Kegel exercises indefinitely.

If your incontinence problem persists, call us. At Santa Maria Valley Physical Therapy Group, an outpatient orthopedic clinic that has served Santa Maria for 19 years, we have two trained therapists-----Samantha Stollberg, PT and Karen Bailey, PT----who *specialize* in this problem. We'll work to develop a personalized exercise program with one-on-one instruction for you.