

Incontinence insights

Don't put up with leakage.
Incontinence is not just preventable,
but treatable – and in many cases, even curable.

By Sally Popplestone

It's very common. One in three women who have had a baby, and up to 10% of women who haven't, have urinary (bladder) incontinence.

In fact, women make up 80% of people who report incontinence, and more than half are aged 50 or younger.

Incontinence is the unwanted and involuntary leakage of urine, faeces or wind. It affects at least four million women in Australia and can have a significant impact on quality of life, as well as physical and mental health.

Various health conditions and life events can put women at an increased risk of either urinary or faecal incontinence. Yet incontinence is treatable, preventable and even curable.

"Doing daily pelvic floor exercises, eating a healthy diet and practising good toilet habits can keep incontinence at bay," says Jean Hailes pelvic floor physiotherapist Janetta Webb.

Jean Hailes physiotherapist Amy Steventon agrees. "Educating women about the importance of pelvic floor muscle exercises – and how to do them – is crucial in preventing and treating incontinence," says Ms Steventon.

Pelvic floor muscle training

The International Continence Society recommends that pelvic floor muscle training be the first treatment offered to women with stress, urge or mixed urinary incontinence. Like other muscles in the body, the pelvic floor muscles – the 'sling' of muscles that supports the bladder, bowel and uterus – can be strengthened by exercise.

A 2018 report in the Cochrane Review showed that women with incontinence who did pelvic floor exercises were twice as likely to have

an improvement, or even a cure, compared to women who did not do the exercises. Other reported benefits included less leakage less often, and improved quality of life.

This year, the Continence Foundation of Australia launched its national awareness campaign identifying pelvic floor exercises as key in the prevention and cure of incontinence.

"A simple behaviour change – that is making pelvic floor exercises a daily habit – can make the world of difference," says the Continence Foundation's CEO, Rowan Cockerell.

Why do women put up with it?

Many women don't seek treatment for incontinence because "they may not know it can be treated, or they believe that incontinence is normal," says Ms Webb.

"Or, some women are simply too busy raising a family to seek help and therefore resort to options like wearing pads to manage the condition."

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Ms Steventon says the large and often silent effect of incontinence should not be underestimated.

"It can impact a woman's mental health, personal relationships, social life, and her ability to exercise," she says. "And side effects of incontinence, such as skin rashes and irritation, can also negatively affect a woman."



What causes incontinence?

Anyone can develop incontinence at any age. Some health conditions and life events can stretch and weaken the pelvic floor muscles and other supports of the bladder, uterus and bowel, and affect the nerves that supply the pelvis, causing or contributing to incontinence.

Risk factors for urinary incontinence

Common risk factors include:

- hormonal changes of pregnancy and menopause
- childbirth via vaginal delivery – especially forceps deliveries, big babies (over 4kg) and pushing longer than two hours
- recurrent urinary tract infections (UTIs)
- constipation
- pelvic floor muscles that don't release (overactive)
- obesity
- smoking
- radiation therapy in the pelvic region
- abdominal or pelvic surgery

- physical disability that makes it difficult to reach the toilet in time
- neurological and musculoskeletal conditions such as multiple sclerosis (MS), Parkinson's disease, spinal cord injury, lower back pain and arthritis
- diabetes, stroke, sleep apnoea, heart conditions and respiratory conditions
- some medications.

Lifestyle factors such as going to the toilet 'just in case', incorrect fluid intake (too much or too little), or consuming drinks that can irritate the bladder (caffeine, fizzy drinks, alcohol, artificially sweetened drinks, juices) can also increase the risk of incontinence.

Bowel issues

In addition to the factors listed above, faecal incontinence can also be caused by poor stool consistency (too runny or hard), poor bowel emptying, large perineal/muscle tears during a vaginal childbirth, haemorrhoids, chronic diarrhoea and dementia.

Other treatment options

There are other lifestyle changes you can make:

- Bladder training – only go to the toilet when you need to, not ‘just in case’. If you need to train your bladder to hold more urine so you can pass an appropriate amount each time – between 250 and 500mls – try to delay for a few minutes after you first get the urge to go. Start by holding off for 10 minutes, then gradually increase the time until you’re only urinating every 2-3 hours.
- Bowel – get in to the correct sitting position on the toilet. Raise your feet on a small footstool. With elbows on knees, lean forward, keeping your back straight. Gently bulge out your lower tummy, widen your waist and let your back passage (anus) relax and open. Don’t hold your breath or strain.
- Healthy eating – eat fibre-rich foods that promote good stool formation (eg, fruits, vegetables, grains, nuts and legumes) and drink about two litres of fluid per day.
- Appropriate general exercise – incorrect exercise can adversely affect continence.
- Weight – being overweight strains and can weaken the pelvic floor, so it is important to maintain a healthy body weight.

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Other help

Pads and incontinence underwear – disposable (ie, single use) or reusable (ie, washable) pads and pants are widely available and come in all shapes and sizes. The National Continence Helpline (details below) can offer advice about products and funding.

If the above options have not been successful, medical treatments may be considered.

If poor bladder or bowel control, or symptoms of incontinence are worrying you, don’t put up with it. Speak to your doctor or call the National Continence Helpline on 1800 33 00 66.

Go to the Continence Foundation Australia website (continence.org.au) for general information and useful tools, such as ‘Find a Physio’, and a national map of public toilets. **SP**

Flex your floor

Our 2018 National Women’s Health Survey showed that while 96% of women said they knew about pelvic floor exercise, only 20% did their exercises daily.

Jean Hailes pelvic floor physiotherapist Janetta Webb says that, just like brushing your teeth, exercising your pelvic floor muscles needs to be a daily ritual.

“You can do the exercises anywhere. In a queue, watching television, sitting at a desk, cooking – basically any time you can focus your attention on strengthening your pelvic floor,” she says.

The right way to flex

Up to 30% of women perform their pelvic floor muscle contractions incorrectly (bearing down instead of lifting up).

To do the exercise correctly and strengthen your pelvic floor muscles, lie down or sit comfortably, then squeeze and lift the muscles for a few seconds, up to 10 times in a row.

Not sure how to squeeze and lift? It is the same action you do if you try to stop your flow of urine while sitting on the toilet (though don’t make a habit of that, as it can affect the effective emptying of your bladder).

Don’t hold your breath or tighten your upper tummy, buttock or thigh muscles at the same time.

For more instructions on pelvic floor exercises, go to www.jh.today/bb7

3 THINGS TO KNOW

1. Four million women in Australia are affected by incontinence.
2. Incontinence is not just treatable, but in some cases can be cured.
3. Pelvic floor exercises are the recommended first line of treatment for incontinence.



For more information,
go to www.jh.today/bb