



NATIONAL CENTRE FOR
**FARMER
HEALTH**

Wise Womens Health

Incontinence

Tackling a wee problem



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Incontinence

- Loss or partial loss of bladder or bowel control
- Affects
 - 1:3 women who have had a baby
 - 10 - 20% of men over 65 years
 - 40% of women over 50
 - 4.8 million Australians
- Affects people socially, emotionally, physically, psychologically and economically
- No barriers in relation to age, ethnicity or gender
- Tonight 100,000 children will wet the bed as will 40 – 80% of people in nursing homes (Continence Foundation Australia 2015)



Incontinence

- Bladder control problems can usually be cured or significantly improved
- You can be active in preventing problems
- Faecal & urinary incontinence is a common reason for residential care
- 70% of people with urinary leakage do not seek advice and treatment for their problem





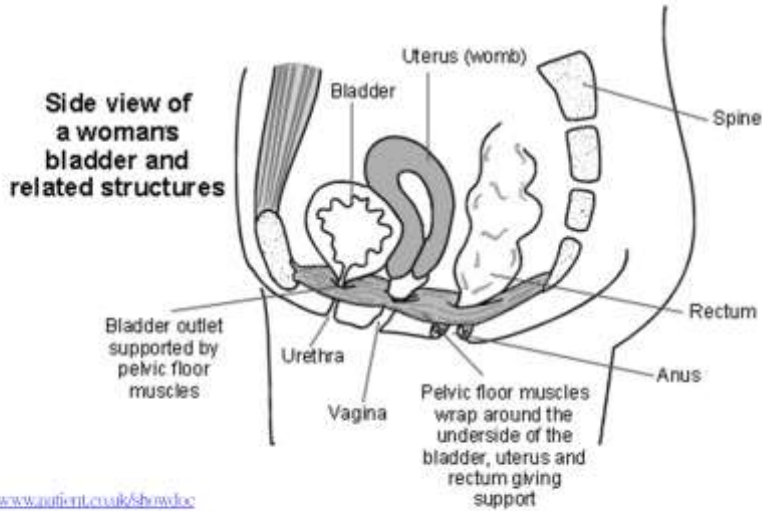
Causes of incontinence

- **Neurological** – multiple sclerosis, parkinsons, spinal injury
- **Psychological Causes** – anxiety, depression, confusion, dementia, stress
- **Environmental Causes** – poor lighting, clothing, toilet far away, getting out of bed
- **Medical Causes** – weak pelvic floor, infections, drugs, obesity, pregnancy, alcohol excess, lack of mobility, diabetes, prostate problems
- **Social Moers** – emptying bladder when it is not full



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Pelvic structures - women



Source: www.nuffield.co.uk/showdoc

wdhs
Western District
Health Service

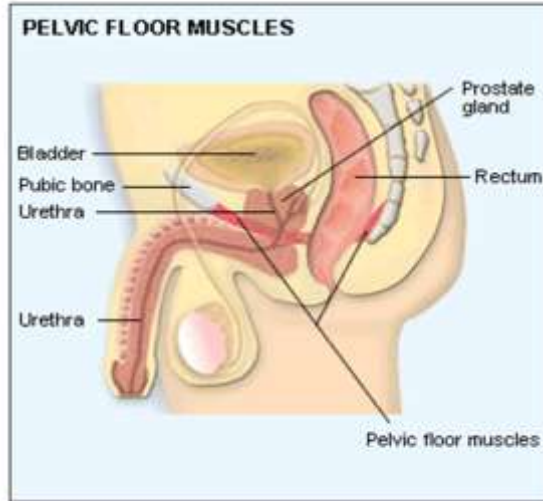
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Pelvic floor stretches like a hammock from the tail bone to the pubic bone and supports the bladder, uterus, vagina, urethra and rectum. It stretches, things sag...



Pelvic structures - men



Source: www.mydr.com.au



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Men also have pelvic floor muscles.



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Why does the pelvic floor weaken?

- Pregnancy and childbirth
- Continual straining
- Chronic cough – bronchitis, smoking
- Overweight
- Persistent heavy lifting
- Hormone levels
- Lack of general fitness
- Neurological
- Some prostate surgery



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Reinforce that ANYTHING that increases intra abdominal pressure puts pressure on the pelvic floor.



Why improve your pelvic floor?

- **Pelvic floor muscles (Kegel muscles)** - forms floor of the pelvis - acts as a hammock holding organs in place
- **If the pelvic floor falls**
 - Stress and urge incontinence
 - Reduced bowel control
 - Prolapse in terms of vaginal or rectal
- **Strong pelvic floor** -increased sexual sensation vaginally, increased orgasmic response and faster erection of the glans clitoris
- **Important in men** for bladder, bowel and sexual response



Factors in poor bladder control

- **Prolapse** - (vaginal, rectal)
- **Poor habits** – emptying the bladder too frequently
- **Medical conditions** – neurological, prostate
- **Cystitis** – inflammation of the bladder
- **Constipation** – pushing and straining against the pelvic floor muscles.
- **Body mass** – every kilo extra that you carry places additional load on your pelvic floor
- **Prostate surgery** - urge incontinence, is strongly associated with prostate disease



The bladder

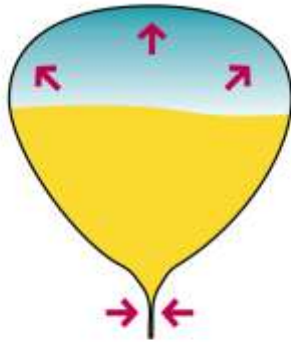
- Normal bladder capacity varies between 300 - 600ml
- The bladder has the ability to stretch up, and act as a reservoir for urine
- The bladder has the ability to contract down and expel urine



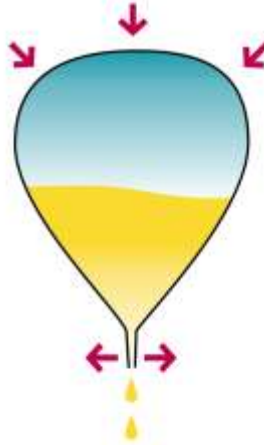
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The bladder

BLADDER FILLING



BLADDER EMPTYING



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Steps to a healthy bladder

- Drink adequate amounts of fluid
- Limit or avoid both caffeine and alcohol
- Avoid going to the toilet as matter of convenience
- Strengthen the pelvic floor muscles - regular pelvic floor exercises
- If cystitis is associated with sex - urinate following intercourse
- Maintain good bowel habits - wipe correctly

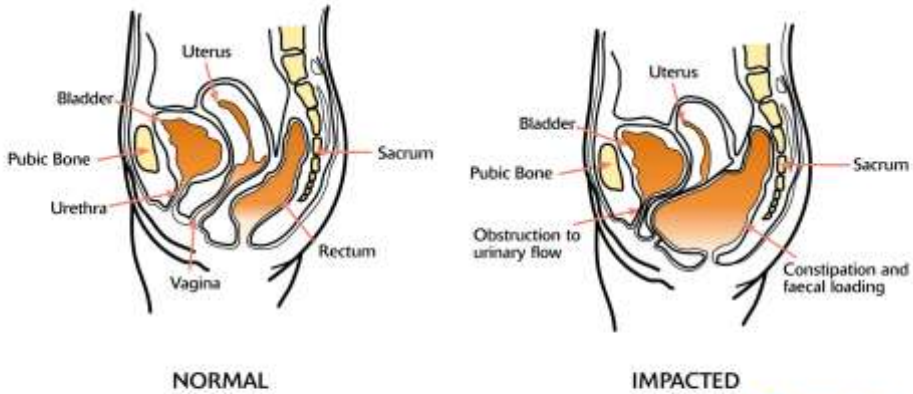


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Avoid constipation



Reinforce importance of not becoming constipated. Remember 25- 30 grams of fibre daily. Common in older people. When you feel the urge to use your bowels do so.



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Steps to a healthy bowel

- Drink 1.5-2 litres of fluid each day, unless directed by your doctor
- Eat a diet high in fibre – 25-30 grams per day is recommended
- Regular exercise
- “Putting off” the call of nature – makes constipation worse
- Privacy
- Patience – avoid straining



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Helping the bowel to empty

- **Don't ignore the urge to empty the bowel**
It is best to empty the bowel soon after the urge to empty is felt - a hot drink at breakfast can assist.
- **Take your time when emptying the bowel**
Defaecation - important aspect of gastro intestinal and pelvic floor health. Worth allocating several minutes to ensure proper emptying.



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Toilet position

- A 'seated squat' position improves rectal emptying.
- Using a footstool, sit in a leaning forward position with feet apart and forearms on thighs.
- Keep the back straight

(see diagram – Royal Women's Hospital 2006).



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Get participants to sit on a chair, as if on the toilet, and get the feeling for the correct position, as outlined in the slide.



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Pelvic floor exercises

- Turn to the National Continence Guidelines in your Resource Manual
- We are going to do pelvic floor exercises
- These need to be done everyday
- Part of your daily routine
- Further Information: **NATIONAL CONTINENCE HELPLINE FREECALL 1800 33 00 66**



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Thanks Wangaratta Hospital and the other facilitator ask participants to complete the EVALUATION FORM for this session



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INCONTINENCE VIDEO



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