

What is Incontinence?

There are four types of incontinence, two forms are more common than the others.

The most prevalent form of incontinence is **stress incontinence** due to abdominal pressure or stress that causes urine to leak uncontrollably and involuntary. This stress can be caused by coughing, sneezing, laughing, or lifting. Stress incontinence occurs because of a weakened or damaged pelvic muscle, bladder valve, and/or pelvic nerve supply.

The second most prevalent form of incontinence is **urge incontinence**. Urge incontinence is a strong, sudden desire to urinate resulting in an unwanted urine leakage, urine loss is often usually in larger amounts than with stress incontinence.

Mixed Incontinence is the combination of both stress and urge incontinence. One form may be more severe than the other, treatment will depend on which form is more problematic.

Overflow Incontinence occurs when more urine is produced than the bladder can hold usually resulting from one of the following conditions: diabetes, pelvic trauma, extensive pelvic surgery, injuries to the spinal cord, shingles, MS, or polio.

Please visit for more information:

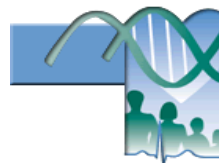
National Association Fro Continence
<http://www.nafc.org>

The AGS Foundation for Health in Aging
<http://www.healthinaging.org>

Resources for this brochure were located at the above sites.

Contact Us at:

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Living with Incontinence



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What are the Risk Factors for Developing Incontinence?

- Advanced age
- Depression
- Stroke
- Heart Attack
- Childbearing
- Medication
- Obesity
- Chronic Cough
- Impaired Activities of Daily Living
- Diabetes

When Should You Contact Your Doctor?

Any incontinence should be reported to your doctor; it could be an indication of a more serious underlying issue.

If any of the following symptoms occur suddenly, medical treatment should be sought.

- Pain with urination
- Blood in urine
- Difficulty urinating
- Loss of ability to pass urine
- Uncontrolled dribbling



How is Incontinence Diagnosed?

In order to diagnose incontinence a health care provider may need to perform the following tests:

- X-rays
- Cystoscopic examinations
- Blood chemistries
- Urine analysis
- Other testing to determine the bladder capacity, urethral pressure, sphincter condition, and the amount of urine left in the bladder after voiding



How can Incontinence be Managed?

About 80% of cases of incontinence can be either cured and/or improved. There are three methods of treatment, which include behavioral, pharmacological, and surgical. A combination of treatment may be necessary. Discuss with a physician options regarding pharmacological and surgical methods of treatment.

Behavioral Techniques

- Scheduled toileting is creating a routine voiding schedule.
- Bladder retraining involves scheduled toileting, increasing the length of time between trips to the bathroom progressively.
- Pelvic Muscle Rehabilitation is exercising the muscles of the pelvic wall. This can be done through Keagal's and other exercises provided by your doctor.
- Avoid caffeine and alcohol. Cut down on fluids at night if incontinence is a problem then. Avoid drinking more than 2 liters of fluid per day, make sure you are getting at least 1 liter per day.
- Use of incontinence products, which may include pads, absorbent garments, and urinary catheters.