

Tips for talking to your health care professional

- Make an appointment specifically to discuss your incontinence
- Keep track of how much you drink, how often you go to the bathroom and how often you leak urine
- Prepare a list of all medicines you take, or bring all of them with you to the appointment
- Don't wait until the end of an appointment to mention it – your doctor needs time to discuss it with you
- If your doctor doesn't have much experience with incontinence, ask for a referral to another health care professional such as a urologist, urogynaecologist, or Nurse Continence Advisor.

Remember:

You don't have to tolerate incontinence – you can do something about it!

Treatment options

Depending on the type of incontinence you have, treatment could involve:

- Pelvic floor muscle training
(also known as Kegel exercises)
- Bladder retraining
- Diet and fluid intake changes
- Pessaries
- Medication
- Mobility aids
- Surgery

Products and devices

Pads are not an ideal treatment for incontinence, but they can be helpful while the assessment, treatment and management of your incontinence is ongoing.

Most incontinence products and devices are either disposable or machine-washable. Some examples are:

- Pads, liners, pull-up disposable briefs
- Bed, chair and mattress protectors
- Condom drainage (*external catheters*) for men

A Nurse Continence Advisor or pharmacy staff can help you make the best choice for your particular needs.

Who can help

The Canadian Continence Foundation:

P.O. Box 417, Peterborough, ON K9J 6Z3

Tel: (705) 750-4600

Toll free: 1 800-265-9575

www.continence-fdn.ca

- Books, videotapes, newsletters
- List of professionals

Health care professionals:

- Family Doctor
- Urologist or Urogynaecologist
- Nurse Continence Advisor
- Nurse Practitioner
- Physiotherapist

Fact:

More than half of those with incontinence don't talk to a doctor about it. Make a point of speaking with a health care professional – almost all forms of incontinence can be helped.



Dribble? Leak?

Can't make it in time when you have to go? It's not you – it's incontinence.

Don't take it sitting down – do something about incontinence!



*Touching Lives Since
Au cœur de la vie depuis 1897*

You may have incontinence if you:

- Lose urine when you don't want to, day or night
- Have to go right away, or can't make it to the toilet
- Leak when you laugh, cough, sneeze or lift objects
- Use disposable pads, adult diapers or anything else to absorb urine
- Are affected personally (e.g., avoiding activities like exercise, social outings or sex) or professionally (e.g., avoiding meetings, or retiring early) because you can't control when you go

- Incontinence affects 1 in 4 women and 1 in 10 men
- It can be treated, managed or cured
- It is not a normal sign of aging or a normal result of childbirth

Incontinence is *"losing urine when you don't want to, and having to change your lifestyle in order to manage your bladder and urine control."* The Canadian Continence Foundation

Type of incontinence

Incontinence is **not** a disease and it is **not** a normal sign of aging or result of childbirth.

There are four main types: stress, urge, overflow and functional incontinence. The treatment you need depends on what kind you have.

Stress Incontinence: losing urine when you sneeze, cough or laugh; get up from a chair or out of bed; go for a walk; climb stairs; bend over; lift heavy objects; or have sex.

Urge Incontinence (also known as *Overactive Bladder, Unstable Bladder, Irritable Bladder*): a strong need to go to the bathroom; not being able to get to the bathroom quickly enough when you feel the need to go; losing urine when you hear or touch running water.

Overflow Incontinence: a feeling that your bladder is never completely empty; loss of small amounts of urine when you sneeze, cough, laugh or lift objects; getting up often at night to go to the bathroom; a feeling that you need to urinate, but can't; passing a small amount of urine but still feeling as if your bladder is partly full; spending a long time at the toilet but producing only a dribble of urine.

Functional Incontinence: problems getting to the bathroom or removing clothing in time because of physical barriers like difficulty moving around, arthritis, poor vision or cognitive impairment.

Causes

Sometimes incontinence can be caused by something as straightforward as too much caffeine, urinary tract infections or certain medications and sometimes constipation.

Some other causes include:

- Damaged or weak pelvic floor muscles
- Decreased bladder capacity
- Enlarged prostate
- Mobility problems
- Overactive bladder muscle
- Some neurological disorders such as multiple sclerosis

Talk to a health care professional to find out what may be causing your incontinence.

Fact:

More than 3.3 million Canadians of all ages experience incontinence.

Fact:

Canadians spend more than \$2.6 billion on incontinence each year (i.e., buying pads and liners, doing more laundry, missing or quitting work).

Fact:

Embarrassment, frustration and isolation are common, as incontinence affects a person's quality of life both personally and professionally.