



**URINARY INCONTINENCE:
DON'T IGNORE YOUR PELVIC FLOOR**

“Leaking may be common, but it’s never normal. And more importantly, it’s curable.”¹ 35-40% of community dwelling individuals over the age of 65 have incontinence and 50% of people living in nursing homes have urinary incontinence.¹ Urinary incontinence is defined as the unintentional loss of urine that is sufficient enough in frequency and amount to cause physical and/or emotional distress in the person experiencing it.

There are a number of different types of urinary incontinence: stress incontinence, urge incontinence, mixed incontinence, overflow incontinence, and functional incontinence. Stress incontinence is the most common and is defined as leaking that occurs when there is increased pressure or stress in your abdominal cavity caused by actions such as coughing, laughing, sneezing, or exercising. Urge incontinence is the really strong need to void which, if ignored could cause some individuals to leak. Mixed incontinence is a combination of the symptoms of both stress and urge incontinence. Overflow incontinence is leaking from a full bladder because the bladder retains urine after voiding. It is usually caused by an obstruction at the bladder outlet. Lastly, there is functional incontinence which is the inability to void in appropriate places due to a physical disability or mental confusion.² There is also a condition called overactive bladder. People with overactive bladders may not have incontinence per se, but they feel the need to empty their bladder often with only short periods between voids. Normal voiding frequency is approximately 7 or less voids during waking hours and once or less during the night.³

If the incontinence is caused by pelvic muscle dysfunction or bladder irritability, it is treatable! The first step in addressing urinary incontinence is to have an evaluation done by a healthcare practitioner (gynecologist, urogynecologist, urologist, or PCP). Their evaluation can determine the appropriate level of treatment to eliminate urinary incontinence in most cases. There are a number of methods used to treat urinary incontinence. Some of the most common conservative treatments include: medications, exercise, and biofeedback. Exercise and biofeedback, a training device often used with a computer software program that detects pelvic floor muscle activity, is normally provided by physical therapists with specialized training in treating urinary incontinence and pelvic floor dysfunction. Physical therapists work with individuals experiencing urinary incontinence in order to assess and treat components of the musculoskeletal system that may be contributing to their urinary incontinence.²

Don't ignore your pelvic floor! Your pelvic floor muscles are the key group of muscles designed to support your bladder. When pelvic floor muscles become weak, incontinence can develop. Pregnancy, childbirth, obesity, prostate surgery, and menopause are some of the many factors that can weaken the pelvic floor muscles and lead to urinary incontinence. Pelvic floor physical therapists can prescribe appropriate pelvic floor strengthening exercises, also called Kegel exercises, that when done on a daily basis has cured incontinence. There are some complex cases of urinary incontinence that may need surgery to correct. However, pelvic floor strengthening prior to surgery and post-operatively has led to quicker recovery times. The first step is to tell your healthcare provider about your symptoms. Take charge of your pelvic floor and don't let your bladder rule your life. Remember, that urinary incontinence may be common, but it is curable and does not need to be accepted as a part of getting older.

References

¹ Chiarelli P. *Women's Waterworks: Curing Incontinence*. 2007.

² Hulme JA. *Beyond Kegels*. 1997

³ Sapsford R, Bullock-Saxton J, Markwell S. *Women's Health: A Textbook for Physiotherapists*. 1998.

