

Just can't wait

Help for people who have to rush to the loo

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“The Bladder and Bowel Community is very close to my heart. Being an ostomate and living my life battling bowel disease and a chronic illness I know the importance of the Bladder and Bowel Community all too well. My aim has always been to break the taboo of living life with a Bowel or Bladder dysfunction/diversion or condition, raise awareness, and help people to understand that we are not defined by our condition. We won't let it stop us from achieving our goals and aspirations in life.”

Blake Beckford

Who is this booklet for?

If you get sudden urges to go to the toilet, you could be suffering from an **overactive bladder**. This is sometimes called an **unstable** or **irritable bladder**, or **detrusor overactivity**. It means that your bladder wants to squeeze out urine - even if it is not full and you are not ready.

The sudden urge to go to the toilet is called **urgency**. If you do not get there in time and have an accident, it is called **urge incontinence**.

You may also have to go to the toilet many times during the day (**frequency**) or more than twice at night (**nocturia**). Some people find that at night they do not wake up in time and will wet the bed - this is called nocturnal enuresis. Urgency, urge incontinence, frequency, nocturia and **nocturnal enuresis** are all symptoms of overactive bladder.

An overactive bladder can affect men and women at any age and in the UK 1 in 5 people over the age of 40 years have the condition. It is more common than you would think and it is not simply a part of getting older. The good news is that for some people a cure is possible whilst for others their symptoms can be managed with appropriate treatments and products so it does not get in the way of everyday life. This booklet explains how you can regain control of your bladder and where to get professional help.

B&BC has a Fact Sheet available on Nocturia, please contact us for a copy or download it from our website at: www.bladderandbowel.org

How does the bladder work?

The bladder is formed from muscle - the detrusor muscle. Normally, this muscle is relaxed. As the bladder fills up, the detrusor muscle gradually stretches. Most people feel the need to go to the toilet when the bladder is about half full. But they can usually hold on for some time after that. When they are ready to pass urine, the detrusor muscle contracts and the urine comes out. Normally a bladder needs to be emptied about 4-8 times a day.

What is the cause of an overactive bladder?

Why do some of us have a sudden urge to go - even when our bladder is not full? It is often hard to say what causes an overactive bladder. But we know that some things can irritate the bladder and make the symptoms worse.

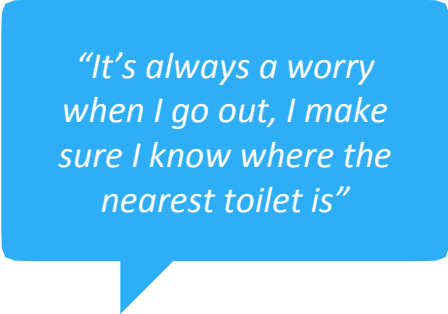
The fluids we drink can cause problems – caffeine, fizzy and sweetened drinks or alcohol may irritate the bladder and cause urgency and frequency - see the section on Healthy drinking habits on page 4. On the other hand, some people do not drink enough fluids - their urine becomes very concentrated and this can also irritate the bladder.

A common cause of urgency is infection. Your doctor or nurse can do a simple test on a sample of your urine to see if there is an infection present. Urgency can also be caused by bladder stones and bladder tumours - your doctor or nurse will investigate this.

An overactive bladder can be caused by a number of other conditions. People who have diabetes can develop an overactive bladder. Men with prostate problems and women who have operations for stress incontinence (see our booklet 'Only When I Laugh') are also at risk.

Any condition that affects the nervous system can cause problems. Stroke, Multiple Sclerosis, Parkinson's Disease and Alzheimer's are all possible causes. Some of these conditions can also cause problems in getting around - people affected may not be able to get to a toilet quickly enough.

However, for many people with an overactive bladder the cause is never found. It can be a relief to know that there is no other health problem causing your incontinence - but it can also feel frustrating and confusing not having a reason for the problem.



"It's always a worry when I go out, I make sure I know where the nearest toilet is"

Can stress incontinence be prevented?

The first thing to do is to talk to your doctor, practice nurse or local NHS continence nurse or continence physiotherapist. This is a nurse or physiotherapist who specialises in bladder and bowel problems. B&BC can help you find your nearest NHS Continence Advisory Service.

The doctor or nurse will assess you. Be ready to answer these questions:

- How often do you go to the loo?
- How often do you leak or have an accident?
- When do you leak or have accidents?
- What medicines do you take?
- What do you normally eat and drink?
- Is it painful or uncomfortable when you go to the loo?
- How many times do you get up at night?
- Do you ever wet the bed?

Here are some tests that your doctor or nurse may recommend. Ask him or her to explain what any test involves and how it can help.

Urinalysis - this test just needs a sample of urine to find out if there is any infection, blood or abnormalities in your urine.

Residual urine - this is to find out if there is any urine left in your bladder after you have gone to the toilet. If you have problems emptying your bladder the doctor or nurse will check residual urine using an ultrasound machine to take a scan of your bladder. Another way to check is to insert a catheter into the bladder through the bladder outlet tube (urethra), this can sometimes be a little uncomfortable.

Internal investigations - the doctor, continence nurse or specialist physiotherapist will gently place a finger into the vagina (for women) or back passage (for men) and ask you to squeeze your muscles. This can show how strong the pelvic floor muscles are. For men an examination of the back passage may also be used to detect if the prostate gland is enlarged.

Urodynamics (cystometry)- This is a more advanced test to help find the cause of bladder problems (women should not need this test before non-surgical treatments). It involves putting a thin catheter (a small soft plastic tube) into the bladder through the urethra, and another into the rectum through the anus. This can be a bit uncomfortable but the catheter is removed as soon as the test is over. This test is usually carried out in a Urology or Gynaecology outpatients department.

Treatment

Once you know what is causing your problem, you will be able to discuss possible treatments with your doctor or continence nurse. They will explain what the problem is and how the different treatments can help. They will explain any side effects too - these are extra problems that can be caused by the treatment. Together, you can decide which treatment is the most suitable. The following pages give some information about treatments that you may be offered, as well as ways of helping yourself.

Healthy drinking habits

It is important to drink enough fluids every day. Try to drink at least six cups or glasses of fluid each day (1.5 to 2 litres of fluid). If you drink less than this, then gradually increase the amount you drink each day.

Drinks containing caffeine, for example, coffee, strong teas and chocolate, or fizzy drinks, especially the Lite or Diet variety, and some fruit teas containing hibiscus can make your problems worse. It's worth trying to cut down on these type of drinks to see if this helps you. Alcoholic drinks can also irritate the bladder. Drink plain water, fruit juice, some fruit or herbal teas and cordials. If you pay attention to what you drink you will start to notice which drinks cause problems. People with diabetes should make sure their blood sugar is well controlled – out of control diabetes can increase the risk of urine infections. Do not cut down on the amount you drink, this makes your urine more concentrated and can make bladder problems worse.

Bladder retraining

Many people with urgency will get into the habit of going to the toilet too often - trying to make sure they are never 'caught short'. This can make the problem of urgency even worse because the bladder gets used to holding less and less urine - causing it to shrink. It becomes even more sensitive or overactive. Bladder retraining can help improve or even cure the problem of an overactive bladder. This is a method that helps the bladder hold more urine and become less overactive.

Bladder retraining takes time and determination. A cure does not happen overnight, but it can be very successful.

Keep a diary or record of how often you pass urine and how much and what you drink - like the example on the page 7. Keep a record for at least three days. See how often you usually go to the loo. Now gradually increase the time in between visits to the toilet. For example, if you normally go to the loo every hour, try and hold on a little bit longer.

When you get the urge to pass water, hold on for a bit - just a minute or two to start with. Try to hold on a little bit longer each time you feel the urge to go. The urge often stops if you hold on when you feel the first urge to go. Try not to think about going to the toilet - distract yourself by doing something.

Bladder retraining slowly stretches the bladder muscle. As it becomes used to holding more urine, the problems of overactive bladder and urgency are reduced.

Some people find bladder retraining easy and can do it quickly. Others find it harder and it can take longer. Persevere, it will get easier to overcome the urge to pass urine. One day you may realise that you have forgotten all about the toilet for quite some time.



Keeping a chart or record throughout training will help you to see the progress you are making. Bladder retraining like this can help to control urgency (rushing to pass water) as well as frequency (going very often).

It is important to drink enough liquid for bladder retraining to work - see the section about healthy drinking habits on page 4.

You can see examples of a completed bladder diary or download a blank diary to fill in yourself by visiting our website at www.bladderandbowelfoundation.org and going to our Bladder Treatment Section.

Pelvic floor muscle exercises

Pelvic floor muscle exercises can be a big help when you are doing bladder retraining. A pelvic floor muscle squeeze will help you hold on longer when you have urgency and have to rush to the toilet.

These exercises can help you reduce the number of times you have to rush to the toilet. Every time you work your pelvic floor muscles it encourages your bladder to relax, making it easier to hold more urine.

The exercises can help keep your pelvic floor muscles in good shape and give you more control over your bladder and bowel. They can also be used to help you if you already have symptoms of pelvic floor weakness. You should aim to exercise your pelvic floor 3 times a day and it may take up to 3 months to see a result, so please persevere. For more information on how to do these exercises please visit our website at www.bladderandbowel.org where you can download a copy of B&BC's Fact Sheet on Pelvic Floor Muscle Exercises for men or women. You can also find more information in our other booklets; Healthy Bladder and Only When I Laugh – a guide to stress incontinence.

Bladder retraining diary

Make copies of this chart and fill in a page a day for a week. This will help you and your doctor/continence advisor gain an insight into your problem and may help your treatment.

Time (Add minutes past the hour)	Liquid intake	Urine passed	Leakage: damp/wet/soaked
Example: (00.17)	Cup of tea	250ml	Damp
Midnight: (00.)			
1am: (01.)			
2am: (02.)			
3am: (03.)			
4am: (04.)			
5am: (05.)			
6am: (06.)			
7am: (07.)			
8am: (08.)			
9am: (09.)			
10am: (10.)			
11am: (11.)			
Noon: (12.)			
1pm: (13.)			
2pm: (14.)			
3pm: (15.)			
4pm: (16.)			
5pm: (17.)			
6pm: (18.)			
7pm: (19.)			
8pm: (20.)			
9pm: (21.)			
10pm: (22.)			
11pm: (23.)			

Medication

There are several medications available which can help you to control your bladder and reduce wetting, these are called antimuscarinic or anticholinergic drugs. These medicines are available as tablets, as a liquid or as a patch. In some cases drugs may be the best long-term way to control your symptoms. Your nurse or doctor should mention these to you - if you find that bladder training is not helping you, please ask your clinician about them. They can help people with both daytime and night-time problems, as well as reduce the number of times you leak. These drugs can be very effective although, like all drugs, they sometimes have side effects, for instance dry mouth or nausea. It is important that once you start taking these drugs you stick to them for as long as your doctor tells you to. It can take several weeks before you really notice a difference in your symptoms. However, if the side effects become troublesome you should go back to your nurse or doctor as different people respond differently to medicines. Remember, it is worth asking your doctor if you can try another type, so you can find the one which suits you best.

Electrical stimulation

Some people can be helped by electrical stimulation of the pelvic floor and it can help reduce urgency and frequency symptoms associated with overactive bladder. Both men and women can try this treatment. A probe is placed in the vagina (for women) or back passage (for men). The probe carries an electrical current, which can help to exercise and strengthen the pelvic floor muscles. This is very useful for people who find it hard to do pelvic floor muscle exercises on their own.

This treatment is generally carried out under the supervision of a continence nurse or specialist physiotherapist, although machines may be available for you to treat yourself at home. Please phone our helpline to find out more about this treatment or speak to your GP or health professional.

Neuromodulation

PTNS - Percutaneous Tibial Nerve Stimulation is indicated for Overactive Bladder (OAB) symptoms of urinary urgency, urinary frequency and urge incontinence.

Percutaneous Tibial Nerve Stimulation (PTNS) is designed to indirectly stimulate the nerves responsible for bladder control using a nerve in the lower leg, called the tibial nerve.

This treatment acts on the tibial nerve which passes through your ankle to target the nerves in the spinal cord that control pelvic floor function called the sacral nerve plexus. A small, fine needle is inserted near your tibial nerve in your ankle and this is connected to a stimulator device. The impulses travel along your nerve pathways and help to retrain your bladder function, thereby alleviating your OAB symptoms.

Please phone our helpline to find out more about this treatment or speak to your GP or health professional to discuss your options.



Surgery

Your doctor can tell you what operations may be suitable for you, what they involve, the chances of success, and any side effects. Always ask if you are unsure about anything.

Botulinum toxin (Botox® & Dysport®) - Botulinum toxin is currently unlicensed for non neurogenic detrusor overactivity, and as such may not be funded as it is an “off licence” application. However in many hospitals in the UK it will be used, but this should only be after all licensed or conventional treatments have been tried. Botox is injected directly into the bladder wall under local or general anaesthetic via a cystoscope into the urethra. Around 20 small injections are given and the process can be repeated once the effects have worn off, usually between 9 to 12 months. Your GP will need to refer you to a urologist or urogynaecologist for consideration of the treatment.

Sacral nerve stimulation - bladder function is regulated by a group of nerves at the base of the spine called the sacral nerve plexus. By stimulating these nerves through gentle electrical impulses

(neurostimulation), your bladder activity can be changed. For people with severe over activity who have failed other treatments implantable nerve stimulators can be used to control the bladder.

Sacral nerve stimulation can be used to treat both bladder and bowel problems. Please speak to your GP about this treatment as you will need to be referred to a specialist centre for treatment.

Bladder Augmentation - this operation involves cutting open the bladder and bowel and putting a patch of bowel into the bladder to make it bigger.

This surgery would only be considered for very severe cases of overactive bladder. After the operation up to 50% of people need to catheterise themselves to empty their bladder properly. Your doctor should advise you carefully about this operation.

You can find more information on the types of treatment and surgery available on our website at www.bladderandbowel.org You can also download a copy of B&BC's factsheet from our website, which outlines some of the operations available.

Living with an overactive bladder

Some people cannot be completely cured of a bladder problem and others may need extra help while they are waiting for treatment. For these people, special products and devices are available to help manage symptoms and allow you to get on with your life.

The use of disabled toilets can also be a great help to many people with urgency. Special keys are available from www.disabilityrightsuk.org

Pads and pants

Specially designed pads and pants absorb leaks from the bladder, and can be used during the day or night. Some are disposable, others can be washed and re-used. You may be able to get free pads from your local health authority - otherwise there are many varieties available for sale in shops, pharmacies or by mail order.

Other Products

There are a wide range of different products available to help you manage your symptoms, like pads, portable urinals, sheaths and leg bags. Please visit our website, www.bladderandbowel.org for more information on product choices or to download one of our product fact sheets.

Bladder & Bowel Community Just Can't Wait card

A big problem with an overactive bladder is finding a toilet in time. B&BC has a 'Just Can't Wait' toilet card for you to use when you're out and about, shopping or socialising. It may help you gain access to toilets.

It doesn't guarantee you access to toilets but it states that you have a medical condition which requires the urgent use of a toilet, and most places you visit will try and help you.



The Just Can't Wait card is now absolutely free. To apply for a toilet card please visit our website at www.bladderandbowel.org



Bladder & Bowel Community - Listening, guiding and supporting you

We provide information that allows you to make educated and informed choices, which will enable you to enjoy a greater quality of life.

We campaign for better services, treatments and products on your behalf, provide user-friendly booklets and fact sheets; offer online support forums and a magazine twice a year. It is not just a problem for the elderly and is not an inevitable part of ageing. There is help available.

We aim to:

- **Help break down isolation**
- **Promote emotional well being**
- **Encourage self help**

Get in touch:

- Find the contact details of your nearest NHS Continence Advisory Service by calling 01926 357220 or visit our website at www.bladderandbowel.org.
- Email us at help@bladderandbowel.org or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.
- Visit the website for information on how to manage your bladder or bowel control problems. You can also register on our Forum, which offers support, encouragement and understanding from people with similar problems.
www.bladderandbowel.org/forum

Please contact us today to find out more about the work of Bladder & Bowel Community and how we can help you. For all general enquiries, please call 01926 357220.



Join the

Community Support Network

Sign up to our forum for support, advice and to join the conversation.

www.bladderandbowel.org/forum



Bladder & Bowel
Community

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The Bladder and Bowel Community provides information and support for people with bladder and bowel issues. We publish a wide range of user friendly booklets and factsheets.

For more information please call us on 01926 357220, email help@bladderandbowel.org or write to us at The Bladder and Bowel Community, 7 The Court, Holywell Business Park, Northfield Road, Southam, CV47 0FS.

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