



## Information on bladder problems



### BLADDER PROBLEMS

If you pass urine when you do not mean to this is called urinary incontinence. This can occur for many reasons. The ability to pass urine is controlled by two areas of the nervous system.

1. The lower part of the spinal cord sends signals to the brain when it receives messages from the bladder indicating it is full and needs emptying.
2. The front of the brain controls the choice of where and when to pass urine and affects our ability to control the release of urine from the bladder.

Damage through trauma or disease to these two areas can lead to urinary incontinence. Physical problems in the bladder or surrounding area can also cause incontinence.

### CAUSES OF URINARY INCONTINENCE

#### 1. Urinary frequency and urgency

As the name suggests this means going to the toilet often, for example, every 1/2 - 1 hour because of the, sometimes urgent, need to pass urine. Usually only small amounts are passed each time. This is because the bladder wall, which is a muscle, contracts too often because of nerve damage. You may hear this called *bladder spasm*. If you are less mobile this may lead to urinary incontinence as you cannot get to the toilet in time (*urge incontinence*).

Sometimes when people have a urine infection they can have temporary incontinence because the bladder is more sensitive and empties more often.

#### What can be done?

- The times you empty your bladder and the amount you pass may be written on a chart to look for any patterns in your bladder habit. The amount you drink may also be recorded
- Any medication you take may be reviewed
- Medication can be prescribed by the doctor which reduces bladder spasm

- A urine test will be taken and the doctor may prescribe antibiotics if your urine is infected
- A bladder scan can be done on the ward to check if your bladder is emptying fully
- Try to drink at least a 6-8 glasses daily to flush out the bladder (water or cranberry juice are best – speak to your nurse about this). Avoid excessive coffee, tea, coke, irn bru or high-energy drinks because they contain caffeine
- You can train your bladder to hold more urine by trying to wait a little bit longer each time before going to the toilet. A chart may help you to keep track.

## **2. Urinary Retention**

This means you are not able to pass urine when you need to. This happens because the muscle at the exit of the bladder does not fully open or stay open long enough to let the urine out. The bladder is never totally empty – this means urine may leak from the bladder causing incontinence. You may feel as if you need to go often to the toilet as your bladder may sometimes still feel full. There is an increased chance of you developing a urine infection because of old urine lying in the bladder.

### **What can be done?**

- The Continence Nurse can advise you of different ways to help empty your bladder
- Intermittent catheterisation -  
A catheter (a narrow plastic tube) is passed into the bladder through your urethra (the passage you would normally pass urine through). The urine drains away. This is usually done every 6-8 hours. This reduces the likelihood of infection, prevents the bladder from getting too stretched and improves continence.

## **3. Stress Incontinence**

The pelvic floor muscles - those around the bladder area - may be damaged or weak. When a person laughs, coughs or sneezes, for example, a small amount of urine leaks out. This sometimes occurs with women after childbirth, or with chronic constipation.

### **What can be done?**

- You can be taught special exercises which strengthen the muscles. Ask your nurse for the leaflet which describes these exercises.

## **4. Numbness**

You may have lost the sensation in the area of your bottom and do not know if you need to go or not.

### **What can be done?**

- Choose a regular time to go to the toilet even if you do not feel the need to go. Around mealtimes can be helpful, to remind you. A chart might help you to remember.

## **5. Lack of Awareness**

If you have damaged the front part of the brain, you may be unaware of the need to go to the toilet or be unconcerned about where or when to pass urine. Therefore you may do so at odd times and places.

### **What other people can do?**

- Look for any pattern to the passing of urine.
- Take him or her to the toilet regularly, every 2 hours at first, to avoid incontinence.
- Really encourage him or her when they use the toilet successfully.
- Try not to comment if he or she has an 'accident'.
- Also respond positively when they remain dry.

## **Where to get more information**

If you have any questions about this information or any other problems with your bladder ask your nurse to discuss it with you, or speak to the Continence Nurse.

Neurorehabilitation Unit Astley Ainslie Hospital 2008
--