

What  
**EVERYONE**  
**SHOULD KNOW**  
about  
*incontinence*

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# What is INCONTINENCE ?

**It's the inability to control the passing of urine  
or bowel movements.  
This may be caused by physical or emotional problems,  
or medication.**

## HOW THE URINARY SYSTEM WORKS

### THE KIDNEYS

filter impurities from blood  
and pass them through  
ureters to the bladder.

### THE BLADDER

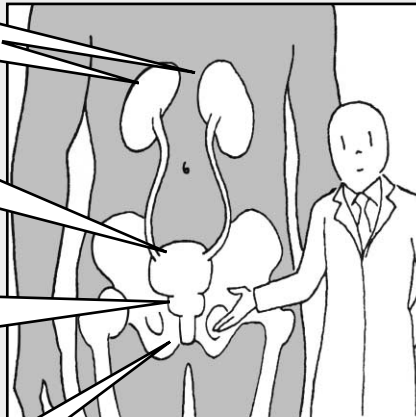
holds urine and signals  
the brain when full.

### THE SPHINCTERS (muscles)

respond to the brain's  
message to retain or  
release urine.

### THE URETHRA

passes urine to the  
outside of the body.



### IN THE DIGESTIVE SYSTEM,

bowel movements are controlled by  
the "anal sphincter", a muscle at  
the base of the rectum.

**Urinary incontinence is more common  
than faecal incontinence.**



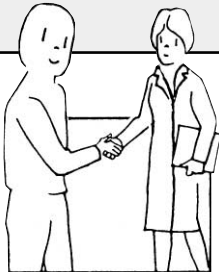
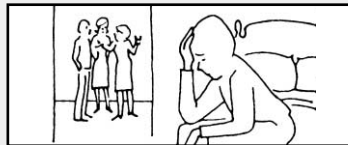
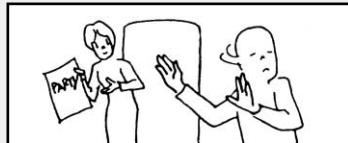
# WHY should I KNOW ABOUT incontinence ?

**Because it affects millions of people - young and old.**

## INCONTINENCE CAN INFLUENCE HOW PEOPLE FEEL ABOUT THEMSELVES

### Reactions may include:

- **ANGER**, frustration and shame about losing control of bodily functions.
- **FEAR** of having an “accident” in front of others and embarrassment if an accident does occur.
- **DEPRESSION**, hopelessness and isolation.



**BUT - THERE IS HOPE  
FOR PEOPLE WITH INCONTINENCE!**  
**With professional help, incontinence  
is a problem which can be treated  
and managed - even cured.**

# THERE ARE SEVERAL TY

Symptoms and causes may differ for each person.

## Stress incontinence

- **SYMPTOMS**

Person leaks a small amount of urine when laughing, coughing, exercising, etc.

- **CAUSES**

Weakness of pelvic floor muscles or change in position of the bladder and urethra due to injury, pregnancy, child-birth or surgery. (It's not caused by the "stress" of everyday living!).

- **WHO'S AFFECTED**

Usually women, especially those who are pregnant or have had children.

## Urge incontinence

- **SYMPTOMS**

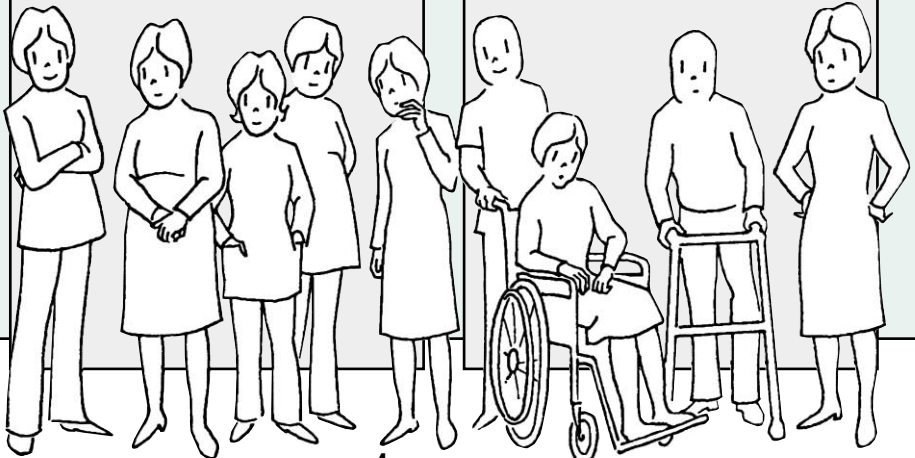
Person feels the urge to pass urine, but is unable to make it to the toilet in time.

- **CAUSES**

Often unknown, certain disorders of the nervous system, Multiple Sclerosis, Parkinson's Disease, general changes due to aging.

- **WHO'S AFFECTED**

The majority are elderly people and young women.



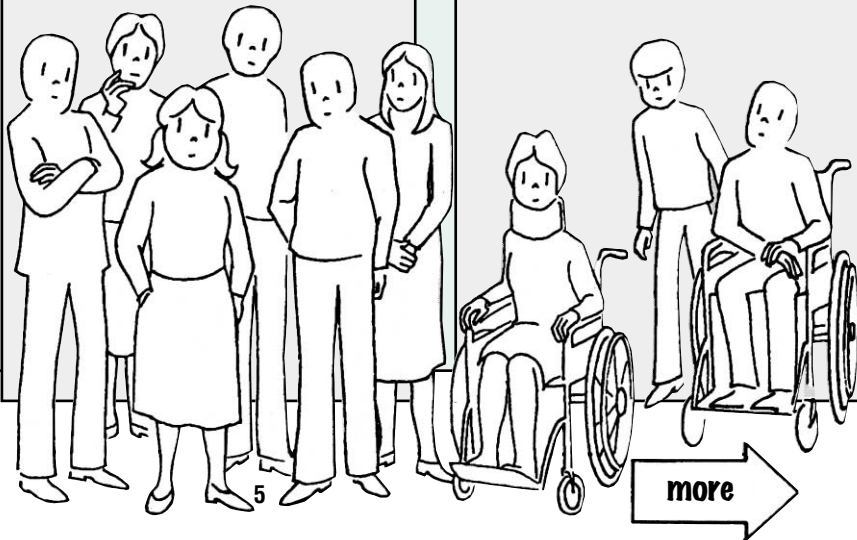
# TYPES OF INCONTINENCE

## Overflow incontinence

- **SYMPTOMS**  
Person's bladder is constantly full, but is unable to release urine. This results in the leakage as "overflow".
- **CAUSES**  
Obstructions due to chronic constipation, enlarged prostate in men, prolapse in women, diabetes, spinal cord injuries, medication.
- **WHO'S AFFECTED**  
People of all ages.

## Total incontinence

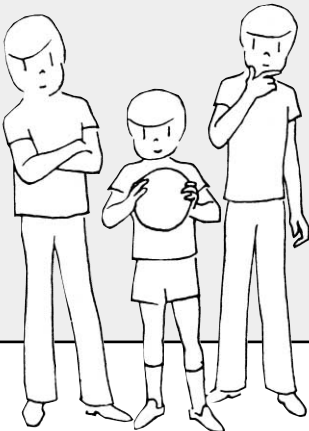
- **SYMPTOMS**  
Person is unable to control passage of urine, resulting in constant leakage or periodic loss of all urine in the bladder.
- **CAUSES**  
Birth defects, spinal cord injuries, injury to the urethra, trauma, etc.
- **WHO'S AFFECTED**  
People of all ages.



# OTHER TYPES OF INCONTINENCE

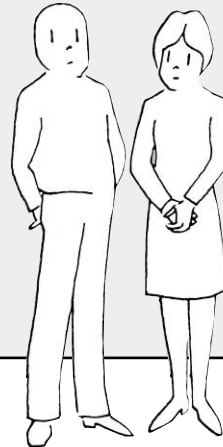
## Bed-wetting ("Nocturnal enuresis")

- **SYMPTOMS**  
Person involuntarily passes urine, usually during sleep.
- **CAUSES**  
May be traced to small bladder size, a delay in development of the nervous system, medication, a change of environment or emotional problems. (Often there is no known cause.)
- **WHO'S AFFECTED**  
Usually children and young men.

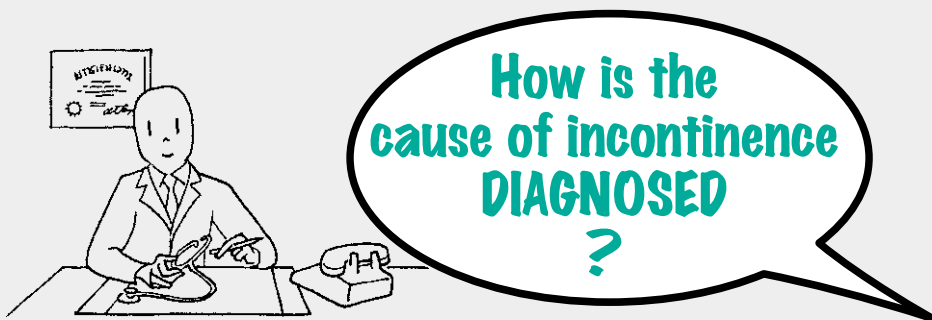


## Faecal incontinence

- **SYMPTOMS**  
Person has an uncontrollable leakage or a complete bowel movement (not to be confused with diarrhoea).
- **CAUSES**  
Weakening of or damage to the anal sphincter, diseases of the digestive system, eg. diverticulitis, damage to the spinal cord or brain, emotional problems.
- **WHO'S AFFECTED**  
Relatively few people; when elderly people are affected, it's often due to "faecal impaction" – a partial blockage of the bowels with hard faeces.







**A doctor can make a diagnosis based on:**

**Medical History,**

including any related health problems which may contribute to incontinence.



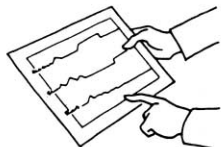
**Physical Examination,**

especially of the urinary, nervous, digestive and reproductive systems.



**Special tests**

of the sphincter muscles, if necessary, using a device called an “electromyogram” and evaluation of the bladder muscles using a “cystometrogram”.



**Possible referral**

to a urologist (a specialist in urinary tract problems).



**Once the cause of incontinence is diagnosed, treatment and self-management can begin...**

# How is incontinence TREATED ?

There are many ways to treat incontinence.

Your doctor can suggest the treatment best suited for your type of incontinence.

## Possible treatment methods include:

### **Bowel or Bladder training**

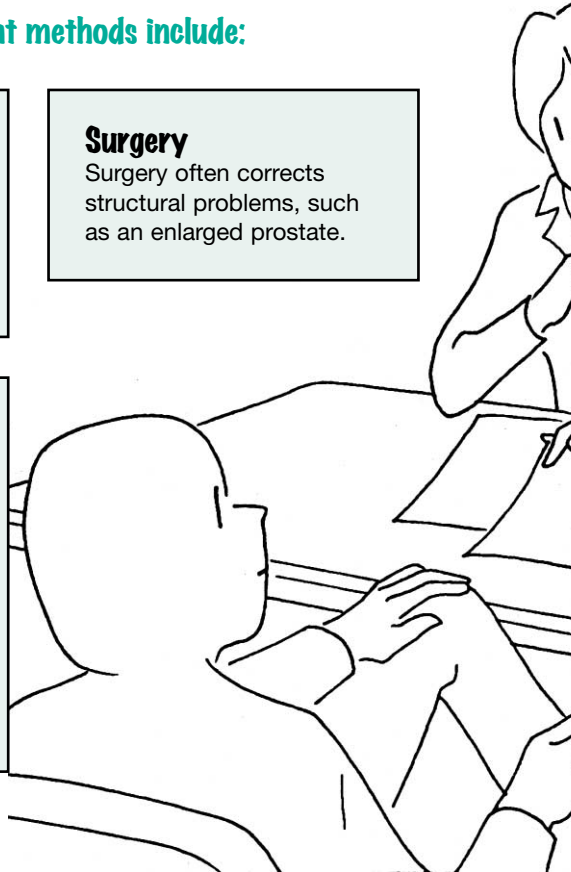
The person is put on a programme for toileting, according to his or her own pattern.

### **Surgery**

Surgery often corrects structural problems, such as an enlarged prostate.

### **Pelvic Floor Exercises**

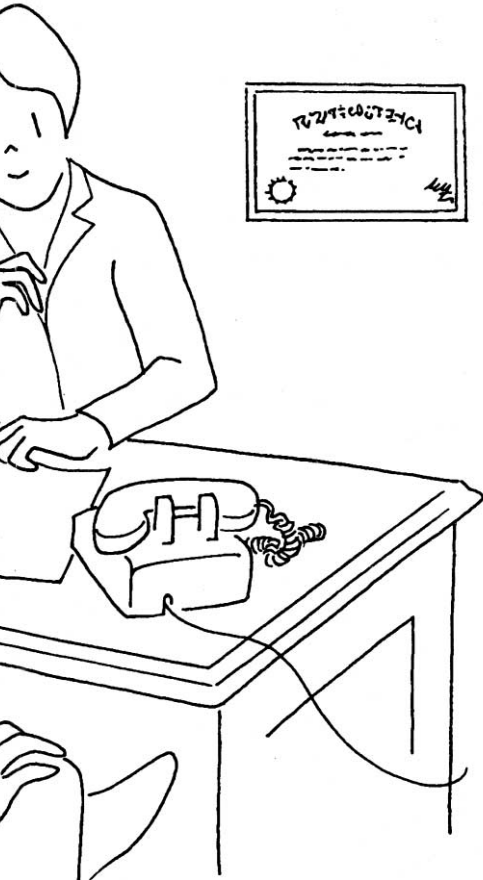
Exercises to strengthen the pelvic floor muscles may be prescribed for some women with stress incontinence. A doctor can determine whether they would be useful and refer you to a physiotherapist who can explain how to do them.



## Medication

Medication may be prescribed to treat:

- infection of the urinary tract
- urge incontinence (reduces bladder contractions)
- non-contracting bladders (stimulates bladder contractions).



## Biofeedback and Behaviour Modification

These programmes teach people how to train bladder muscles for regaining continence.

## Faecal incontinence maybe treated with:

- removal of faecal impaction, if present
- high fibre diet and increased fluids
- a programme for toileting
- exercises or drugs to strengthen the anal sphincter

# INCONTINENCE C

**If your incontinence can't be cured, self-management is possible in almost all cases. With careful planning and the appropriate equipment, you can regain control of your life.**

## Seek advice and information

from qualified professionals, such as:

- Your doctor
- District Nurses
- Continence Advisors
- Health Visitors.



# AN BE MANAGED

**Different types of self-management methods include:**

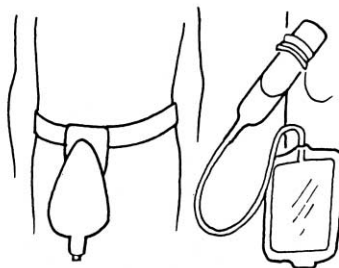
## Toilet adaptations

Special equipment (eg. handrails) is available if you have difficulty getting to a toilet, or getting on or off the toilet.



## External Collection Devices for Men

These devices collect urine and are worn under clothing (they must be fitted by an expert). There are two types of devices available: body worn urinals and sheaths.

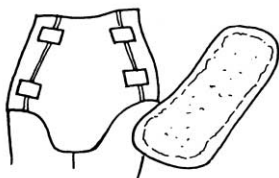


## Pants and Pads

There are many types of pant and pad products to choose from. When choosing a product, be sure to consider these features:

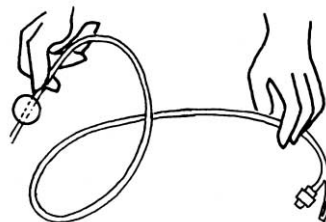
- comfort
- fit
- absorbency
- cost.

Ask your District Nurse if the National Health Service supplies these products in your area.



## Urinary Catheter

A tube is inserted into the urethra to allow for the passage of urine. It may be placed for long-term usage (Foley catheter) or inserted by the person several times a day.

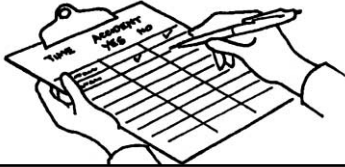


# SELF-HELP CARE

**There are steps you can take at home to help restore continence.**

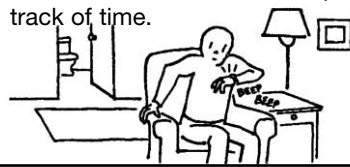
## Keep a diary

of symptoms and episodes of incontinence for one or two weeks.



## Go to the toilet regularly

at 2-3 hour intervals. Use memory aids or an alarm clock to keep track of time.



## Choose clothing

which is easily removed, especially if you have arthritis, are paralysed, etc.



## Eat a high-fibre diet

to regulate bowels. Drink at least 9 cups or 6 mugs of fluid per day, but limit tea and coffee.



## Keep a urinal or commode nearby

at night, or sleep in an area close to the toilet.



## Exercise regularly

for good health. Ask your doctor about a suitable exercise for you.



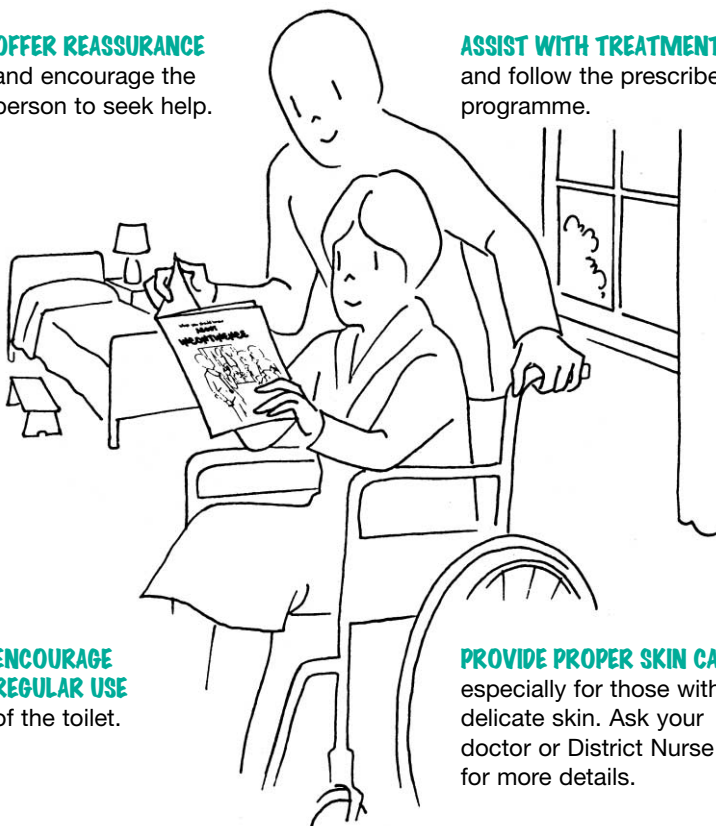
## Children with enuresis may be helped by:

- giving reassurance and relieving anxieties
- emptying the bladder before going to bed
- bladder-stretching exercises
- an “enuresis alarm” – a device attached to nightclothes or the bed.

# WHEN CARING FOR SOMEONE WHO IS INCONTINENT...

**OFFER REASSURANCE**  
and encourage the person to seek help.

**ASSIST WITH TREATMENT,**  
and follow the prescribed programme.



**ENCOURAGE REGULAR USE**  
of the toilet.

**PROVIDE PROPER SKIN CARE,**  
especially for those with delicate skin. Ask your doctor or District Nurse for more details.

## **PATIENCE AND UNDERSTANDING**

**are important aspects of a successful treatment programme.  
The quality of your care can make a difference.**

# SOME QUESTIONS and ANSWERS

**Is incontinence  
a DISEASE  
?**

NO. Incontinence is only a SYMPTOM. It may be related to illness, disease or other conditions.

**Does incontinence  
have to be a part  
of GROWING OLD  
?**

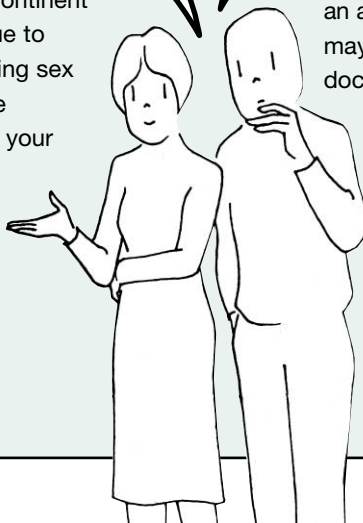
NO. Only about 1 in 10 older people experience the problem.

**Is it possible to be  
SEXUALLY ACTIVE  
if you're incontinent  
?**

YES. Many incontinent people continue to enjoy a satisfying sex life. If you have questions, ask your doctor.

**Does incontinence  
cause IMPOTENCE  
?**

NO, although sometimes an accompanying illness may. (Check with your doctor.)





# So - TAKE POSITIVE STEPS TOWARDS MANAGING INCONTINENCE!

If you're incontinent:

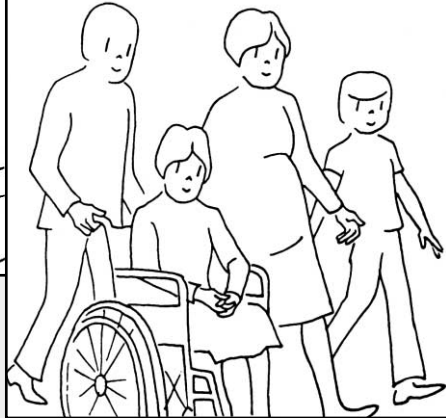
- ✓ **SEE** your doctor to find out the cause of your incontinence.



- ✓ **FOLLOW** the treatment plan prescribed.



- ✓ **KEEP** a positive outlook on life.



**REMEMBER** - you're not alone!  
Many people are learning how to live with  
- and even solve - this problem.

This booklet is not a substitute for an informed discussion  
between a patient and his or her doctor  
of the procedures or medications described in this booklet.





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