What
everyone
should know
about
incontinence

THE MULTIPLE SCLEROSIS SOCIETY OF IRELAND
Dartmouth House, Grand Parade, Dublin 6.
Telephone: (01) 269 4599. Fax: (01) 269 3746
MS Helpline: 1850 233 233
E-mail: mscontact@ms-society.ie
www.ms-society.ie

Registered Charity No. 5365
What EVERYONE SHOULD KNOW about incontinence

Published by

MS Ireland
THE MULTIPLE SCLEROSIS SOCIETY OF IRELAND
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.
PES 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.
How is the cause of incontinence **DIAGNOSED**?

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 toiletting, 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.
Biofeedback and Behaviour Modification
These programmes teach people how to train bladder muscles for regaining continence.

Medication
Medication may be prescribed to treat:
- infection of the urinary tract
- urge incontinence (reduces bladder contractions)
- non-contracting bladders (stimulates bladder contractions).

Faecal incontinence may be treated with:
- removal of faecal impaction, if present
- high fibre diet and increased fluids
- a programme for toiletting
- exercises or drugs to strengthen the anal sphincter
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 (e.g., 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.

ENCOURAGE
REGULAR USE
of the toilet.

ASSIST WITH TREATMENT,
and follow the prescribed programme.

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 -
TAKING 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.