

BLADDER RETRAINING

This program is useful for retraining the bladder to improve symptoms of urgency, frequency and incontinence. There is a wide variation of how often 'normal' people visit the toilet to urinate (void). Most people void every 4-6 hours in the day, no more than once at night, can suppress the urge for 15-30 minutes until it is convenient to visit a toilet and pass about 1-2 cups of urine per void.

If you have suffered with a bladder problem for many years, it is more realistic to work towards an improvement in a step-wise fashion, instead of trying to achieve what is perceived to be 'normal' straightaway.

GOALS:

1. To reduce the number of visits to the toilet to pass urine
2. To reduce or eliminate the number of pads used
3. To reduce urgency or the need to rush to the toilet quickly
4. To improve lifestyle and sleep

BLADDER DIARY

Chart all your visits to the toilet, the volumes of urine passed and leakage events. This needs to be done for 24 hours. It is useful to record the type and amount of fluids you drank, as well as the use of any medications for your bladder symptoms.

If you passed urine but could not record the amount as you were not at home, please indicate if it was a 'small', 'medium' or 'large'.

If you had a leak, record the extent of the leak. For example, 'damp underwear', 'damp pad', 'soaked through clothes' or 'changed 1 heavy large pad'.

STEP 1

Urinate when you wake up in the morning. Empty your bladder and record the time. Every _____ hour(s), go to the toilet regardless of whether you need to or not. Set a timer if you have one. If you pass urine, record the time.

If you feel the urge before the scheduled time, try to distract yourself.

You could think about something you would enjoy doing, concentrate on a task, relax or engage in an activity. Some useful physical manoeuvres are slow and even breaths, curling up your toes and stretching your calf muscles. If you cannot hold on, use the toilet and record this in the chart. After that, resume the timed toilet visits.

Practice doing pelvic floor muscle exercises twice a day. Squeeze, count to five, then release. Do sets of 10.

STEP 2

Once you have achieved some control with Step 1, try to increase the length of time between toilet visits by 30 minutes. Practice distraction or relaxation techniques if you

have urges in between. **Occasionally relapses or accidents may happen, and it is important to persevere.** It may be several weeks before you notice any difference.

Practice doing pelvic floor muscle exercises three times a day. Squeeze, count to ten, then release. Do sets of 10. Try some strengthening exercises as well, by doing short, sudden and strong squeezes. Do sets of 5 twice a day.

STEP 3

Once you have had 4-5 days without leakage, increase the time between toilet visits by another 30 minutes. Continue doing the pelvic floor muscle exercises as often as you can. Introduce some variation by doing the exercises when lying down, sitting on a chair, standing up, walking around and during different activities.

USEFUL TIPS

1. Retraining the bladder and pelvic floor is like enrolling for a gym program. You will have better results if you exercise regularly and follow the timetable closely. Taking a 'holiday' may result in a set back and undo any progress you have made. Getting a close friend involved and regular visits to your doctor, physiotherapist or continence advisor will help motivate you and reinforce these changes.
2. Similar programs have helped many people, so try and stick to this for 3 months even if progress seems slow.
3. Drink small amounts of water regularly, aiming for 1.5 to 2 litres a day. Avoid alcohol and caffeinated drinks (coffee and tea) as these will worsen your symptoms.
4. Regulate your bowel habits. Avoid constipation by increasing the fibre in your diet, using a mild laxative and exercising regularly.
5. If you are overweight, losing weight may help.
6. Get plenty of rest, relaxation and stay warm. Bladder symptoms are often worse in winter, and when you are stressed, tired or unwell.
7. Do not go to the toilet 'just in case', as this may become a habit. You do not need to pass urine with every bladder signal.
8. Medications such as Ditropan and Vesicare are often used to relax the bladder and improve your symptoms.
9. If these non-invasive measures do not work, do not despair. There are minimally invasive procedures such as nerve stimulation and Botox bladder injections that are used to treat overactive bladder when medications and bladder retraining have failed.