

Incontinence FAQs

What should I do if I suffer from incontinence?

Talk to your health-care provider. Incontinence can sometimes be treated by a primary care physician or it may be necessary for you to see a urologist who specializes in treating incontinence. You can help your doctor by bringing a list of your medications to your appointment. Prior to the appointment, you might want to record for two to four days the amount and type of liquids that you consume, the number of times you urinate and the number of accidents you have.

What can I do about my incontinence prior to being seen by a health-care provider?

You can urinate every two to three hours during the day, drink six to eight glasses of water, avoid bladder irritants (e.g., coffee, tea, colas, chocolate and acidic fluid juices), avoid constipation and do pelvic floor exercises.

What foods or drinks are irritating to the bladder?

Caffeine is a common bladder irritant but there are other substances that can also cause bladder irritation. Not all incontinent patients are bothered by certain foods or drinks. The only way to know if diet is a factor is to eliminate possible irritants and see if continence is improved. Some of the most common bladder irritants are: alcohol, carbonated beverages (with and without caffeine), coffee or tea (with and without caffeine), chocolate, citrus fruits, tomatoes and acidic fruit juices.

How do I know if I am doing pelvic floor exercises properly?

When you do pelvic floor exercises only the pelvic floor should move. The pelvic floor muscles are tightened as if you wanted to stop urinating midstream or stop the passage of gas. The abdominal, buttock or leg muscles should not be tightened. By doing the exercises in front of a mirror or by placing a hand on the abdominal or buttock muscles you will be able to tell if you are contracting any of the wrong muscles. If the exercises are done properly, they can be done anywhere. There are written instructions available from support groups or from your health-care provider.

Could any of my medications be causing my incontinence?

Certain types of medications can cause or exacerbate incontinence. These medications include diuretics, sedatives, narcotics, antidepressants, antihistamines, calcium channel-blockers and alpha-blockers.

Will my incontinence get worse as I continue to get older?

Your urinary incontinence will not necessarily get worse, but it also will not improve without treatment.

I have a small amount of incontinence very infrequently that doesn't bother me. Is this abnormal and do I need to be treated?

Any leakage of urine is abnormal. You should consider treatment if your incontinence prevents you from doing the activities that you want to do. Although pads or diapers may prevent embarrassing accidents, there are other treatment options currently available that can eliminate your need to wear such protection.

I get up a lot at night and can't get to sleep properly... I am worried I will wet myself - is this normal?

Frequent nocturia affects a substantial proportion of men in Australia and the prevalence increases with advancing age, major depression, poor self-rated health, hypertension, and (among men 40 years old or older) BPH and prostate cancer. It is also common in women for similar reasons. Identification of patients who may have an increased risk of nocturia and providing treatment has important implications for improvement in quality of life.