# *The Road to Pelvic Health for All!*

## *Part 8*

## *Double Incontinence (Bowel & Bladder)*

Report Compiled by Beta Marketing (2019)

# Part 8
# Double Incontinence Bowel & Bladder

**Content:** **Page**



**IMPORTANT NOTE**

The information in this report is for educational purposes only.
**It is not medical advice**. Should you have any of these issues or problems please consult your Doctor.

# Double Incontinence (Bowel & Bladder)

Double incontinence (combined incontinence) is when you suffer from, one or more forms of both bowel and bladder incontinence.

Often you will suffer from urinary incontinence first, and if you do not seek treatment soon enough, bowel incontinence will follow. Both forms of incontinence occur as a result of weak and/or damaged pelvic floor muscles (including the sphincters), related ligaments and nerves. This often also results in a pelvic organ prolapse occurring alongside the double incontinence.

Double incontinence is considered to be the most debilitating and isolating consequence of pelvic floor dysfunction. It is thought that at least 9.4% of the population suffer from double incontinence, the majority of which are over 45 years old.

1 in 3 women that suffer from urinary incontinence will also suffer from bowel incontinence. The most common combination is believed to be stress urinary incontinence alongside flatus incontinence, and can be experienced by women who have had one or more children and are going through the menopause.

Urge urinary incontinence most commonly occurs alongside faecal incontinence.

All these statements are considered only as estimations, however, true figures remain unknown, as many individuals do not seek diagnosis or treatment for fear of embarrassment.

If you are suffering from double incontinence your physician/specialist will diagnose the cause(s) of each form of incontinence you are experiencing. A treatment plan will then be designed that treats the symptoms alongside the causes. **It is important that you do not delay treatment as other pelvic floor disorders can follow, further threatening your quality of life.**

# Symptoms of Double Incontinence

There are many symptoms you can possibly experience with double incontinence, depending on the types of urinary incontinence and bowel incontinence you are experiencing.

This list below is just a few of the most common symptoms you may encounter.

<u>You may:</u>

- leak urine and soft to watery faeces when your pelvis is put under stress (i.e. during exercise, when you sneeze etc)
- frequently leak urine without any warning
- have the sensation to visit the toilet frequently
- often suffer from stomach pain
- have a reduced or broken stream of urine
- do not feel as if you can fully empty your bladder and/or bowel
- frequently soil your underwear
- are unable to prevent wind from escaping (flatulence)

It is important to consult your physician/specialist for a formal diagnosis to confirm that your symptoms are not related to a more serious condition; such as Irritable Bowel Syndrome (IBS) or a pelvic organ prolapse.

# Causes of Double Incontinence

Any event that reduces the strength of your pelvic floor muscles, and sensitivity of your nerves, can cause incontinence. It may be a sudden event such as childbirth, or long-term such as ageing.

Causes include:

- Age - The prevalence of incontinence increases with age as a result of losing muscle tone and strength.
- Neurological diseases - Double incontinence is often a feature of conditions such as multiple sclerosis, Parkinson's disease and dementia. These can result in functional incontinence, where you are unable to reach a toilet due to mobility, or are no longer concerned about soiling yourself. These conditions can also result in nerve damage, leading to faecal incontinence and urge urinary incontinence.
- Nerve damage - Usually as a result of injury or trauma, nerves can be damaged through vaginal childbirth, a stroke, or chronic straining (from constipation). The reduced sensitivity can often leave you without the sensation of needing to use a toilet, or not being aware of when you soil yourself.
- Childbirth - 1 in 3 women who have an uncomplicated vaginal delivery, or a complicated delivery, which requires the use of a vacuum, experience double incontinence. Symptoms are often not immediate, and can arise 18 months postpartum.
  Being overweight - If your BMI is over 30, you are at an increased risk of developing a pelvic floor disorder due to the damage the extra weight causes to the pelvic floor.
- Chronic cough - You may cough as a result of chronic bronchitis, smoking, or allergies. Chronic coughing strains your pelvic floor as it consistently adds pressure to it.
- Genetic predisposition - Unfortunately you can be more likely to develop a pelvic floor disorder due to your genetics.

# Treatment of Double Incontinence

Most treatments for double incontinence aim to resolve the muscle and nerve weakness that is stopping you from having control. The physician/specialist will likely recommend multiple treatments which can occur in conjunction with each other.

Double incontinence should be considered as a lifelong condition, and therefore conservative therapies should be followed throughout your life as maintenance, to prevent any incontinence from returning.

Conservative Therapies

- Lifestyle changes - Including a review of your diet, medications and weight. Good practice suggests the introduction of more low impact exercise into your daily/weekly routine and, if you are a smoker to work towards stopping.
- **Non-surgical therapy** - includes among other treatments; Pelvic floor exercises (Kegels), alongside biofeedback therapy and electrical stimulation. In a lot of cases this can be all you need to see a resolution in your incontinence.

See Part 3 as well as Parts 4, 5, 6 & 7 of this report to review all conservative therapy options in detail.

Surgical Treatments

Surgery cannot be considered as a one-time solution to resolving your pelvic floor disorder(s).

Surgery should only be considered as a last resort and when applied, should include a programme of conservative therapies with lifestyle changes and non-surgical treatments to be followed throughout your life.

- Injected bulking agents - Under local anaesthetic, bulking agents can be injected into your weak or damaged sphincters to increase their strength. This procedure is often not as effective as other procedures and be sure to ask your physician about any potential complications.

- Sacral neuromodulation (SNM) - If conservative therapies have not resolved your incontinence, and you continue to experience an episode of incontinence at least once a week, you can undergo SNM. Considered minimally invasive, this treatment was originally developed to resolve urinary incontinence, but recently is being used to also resolve faecal incontinence that occurs as a result of an anal sphincter tear or stretch, or neurological causes. To ensure you are suitable for this treatment you will be tested over a two week period with an external stimulator. If it reduces your incontinence you will have electrodes implanted under the skin of your lower back. On an external stimulator, you will work with you doctor to determine the electrical pulse that can stimulate the sacral nerve to reduce your incontinence episodes. Although not yet fully understood, it is believed SNM improves muscle strength, as well as nerve sensation and reflexes. Studies suggest that this treatment often sees an improvement in quality of life (70-80% patients), although over time the effectiveness does fall.
- Antegrade irrigation (malone) - This surgical treatment aims to keep the colon empty by creating a caecostomy, where a section of the colon (the caecum) is brought through the abdomen to allow you to irrigate your colon yourself when needed. The treatment is often combined with an artificial urinary sphincter, to treat urinary incontinence as well. Studies have shown its success in restoring continence in children suffering from myelomeningocele (a type of spina bifida).
- Artificial urinary or anal sphincter - This procedure has limited success, and associated risks include infection and erosion. Originally designed for the urethra, the procedure has now been adapted to be used on the anus. Compromising of an inflatable cuff which is placed around the sphincter; a balloon (placed in the abdomen); and a pump (placed in the labia in women and scrotum in men). The cuff is filled with fluid to keep the sphincter closed, the pump is activated when you wish to use the toilet, causing the fluid to move to the balloon which allows the cuff to relax. Advice from the Australian Safety and Efficacy Register of New Interventional Procedures-Surgical and the National Institute for Health and Care Excellence, is for the procedure to currently only be done within the context of research.

----- END OF PART 8 -----

# Important Notices

**FIND 1x DOWNLOADABLE PDF BONUS ON THE PART 8 REPORT PAGE**

1. Food Diary

**PART 8 IS THE FINAL SECTOR OF THIS REPORT**

**However remember to keep an eye out for our monthly "Pelvic Health for All Newsletter"**

*You have been added to our email list and you can unsubscribe at any time*
*We will not share your information with any 3rd parties*

Medical knowledge is always advancing and in light of this we acknowledge that this information herein is current as of the date of publication (July 2019) and that some information may no longer be valid in the future.

For updates and a first world understanding of what the current medical practices are, visit the National Institute for Health and Care Excellence (www.nice.org.uk) for advice into procedures you are offered .

If you have not yet subscribed for the full 8-part report titled, **The Road to Pelvic Health for All**, you can do so here: www.pelvichealthsubscribe.betamarketing.co.za

# Sources


1. National Association for Continence www.nafc.org
2. Women's Health http://www.idph.state.il.us/about/womenshealth/factsheets/inc.htm
3. Bladder & Bowel Community https://www.bladderandbowel.org/bladder/bladder-conditions-and-symptoms/overflow-incontinence
4. Bladder & Bowel Community https://www.bladderandbowel.org/bladder/bladder-conditions-and-symptoms/stress-urinary-incontinence
5. Bladder & Bowel Community https://www.bladderandbowel.org/bladder/bladder-conditions-and-symptoms/urgency-and-urge-incontinence
6. Bladder & Bowel Community https://www.bladderandbowel.org/bladder/bladder-conditions-and-symptoms/overactive-bladder
7. Bladder & Bowel Community https://www.bladderandbowel.org/bowel/bowel-problems/faecal-incontinence/
8. American College of Gastroenterology https://gi.org/topics/fecal-incontinence/
9. International Journal of Contemporary Medical Research Review Article: Risk Factors for Stress Urinary Incontinence in Women https://www.ijcmr.com/uploads/7/7/4/6/77464738/ijcmr_1694_v1.pdf
10. Kegel8 https://www.kegel8.co.uk
11. The Pelvic Pain Clinic UK https://www.thepelvicpainclinic.co.uk
12. NHS (UK) https://www.nhs.uk/news
13. NHS (UK) https://www.nhs.uk/conditions/urinary-incontinence
14. NHS (UK) https://www.nhs.uk/conditions/urinary-incontinence/treatment
15. NHS (UK) https://www.nhs.uk/conditions/bowel-incontinence
16. NHS (UK) https://www.nhs.uk/conditions/bowel-incontinence/treatment
17. NHS (UK) https://www.nhs.uk/conditions/prostatitis
18. NHS (UK) https://www.nhs.uk/conditions/urinary-incontinence
19. National Institute for Health and Care Excellence NICE (UK) https://www.nice.org.uk/news/blog
20. Continence Foundation of Australia https://www.continence.org.au/pages/key-statistics.html
21. Continence Foundation (AU) https://www.continence.org.au/pages/what-can-happen-to-the-pelvic-floor-muscles.html
22. Continence Foundation (AU) https://www.continence.org.au/pages/men.html
23. Continence Foundation (AU) https://www.continence.org.au/pages/women.html

21. Continence Foundation (AU) https://www.continence.org.au/pages/what-can-happen-to-the-pelvic-floor-muscles.html
22. Continence Foundation (AU) https://www.continence.org.au/pages/men.html
23. Continence Foundation (AU) https://www.continence.org.au/pages/women.html
24. UCSF Health (USA) https://www.ucsfhealth.org/education/bladder_training
25. Healthline https://www.healthline.com/nutrition/12-benefits-of-meditation#section2
26. Bowel Incontinence Definition – Medline Plus https://medlineplus.gov/ency/article/003135.htm
27. Cochrane Research Body https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007471.pub3/full?highlightAbstract=incontinence%7Cincontin%7Cwithdrawn%7Cintervention%7Cintervent%7Cearly%7Cearli%7Cincontinenc
28. Medical News Today- Fecal Impaction https://www.medicalnewstoday.com/articles/322150.php
29. Incontinence UK https://www.incontinence.co.uk/what-is-double-incontinence
30. Medical Dictionary https://medical-dictionary.thefreedictionary.com
31. Merriam-Webster Medical Definitions - https://www.merriam-webster.com/medical
32. Wikipedia https://en.wikipedia.org/wiki/Giggle_incontinence
33. NCBI (USA) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5999241
34. Webmd.com https://www.webmd.com/urinary-incontinence-oab/bladder-training-techniques#1
35. Susan hunter (naturopath) https://susan-hunter.squarespace.com/