



*The Road to Pelvic
Health for All!*

Part 6

*Urinary Incontinence:
Types of Urinary Incontinence*

Part 6

Urinary Incontinence:

Types of Urinary Incontinence

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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.

Introduction

Urinary incontinence (UI) can occur for a huge number of reasons, including; if your kidneys produce more urine than normal; your urethra is blocked; your bladder or urethra experience nerve damage; you are psychologically unable to urinate when you feel the urge; urine is constantly present in the urethra stimulating the urge to go; or you have inadvertently trained yourself to empty your bladder when it is not yet full.

A GP will diagnose the type of urinary incontinence you are suffering from by its causes and when it occurs. This leads to a specific treatment plan being developed, which looks to resolve issues permanently by amending your lifestyle alongside any conservative therapies and medical support.

Many men and women suffer from a degree of urinary incontinence, and do not report their symptoms to their doctor. Studies reveal that up to 55% of women suffer with urinary incontinence, with the true figure expected to be much higher. Whether for fear of embarrassment, or maybe it's seen as inevitable with age or childbirth. Even though urinary incontinence is rarely life threatening, it can be much more than an inconvenience, severely affecting your quality of life, and the life of those around you.

There may be an easily resolvable cause of your urinary incontinence, such as a urine infection, which can be treated quickly. As with most medical issues, the earlier you seek treatment, the quicker the resolution.

Or you could be experiencing overactive bladder (OAB) with urge incontinence or frequency issues. If so, a bladder retraining diary could be the simplest solution. Although retraining takes time and determination and will not work overnight, it will be successful if you keep to your schedule and don't give up. It will take time but it will be worth it in the end.

Within this and the next section, we will share the types of urinary incontinence; the symptoms, causes, risks and treatment.

However please note, this information is for educational purposes only and should you experience any of the symptoms, we would strongly suggest you consult your physician or specialist.

The Bladder and How it Works

The bladder sits in the pelvis, supported by the pelvic floor muscles and surrounding ligaments, which hold the bladder in a naturally elevated position. The bladder constantly fills with urine, and can hold 1.5 - 2 cups before giving you the urge to urinate.

The muscles around the bladder remain relaxed until you are able to reach a toilet, at which point they contract in coordination with the relaxation of your urethral sphincters (which are otherwise unconsciously contracted) to allow urine to flow out of your body in a steady stream.

What is Urinary Incontinence (UI)

Urinary incontinence (UI) is the involuntary leakage of urine from the bladder. It can be caused by increased bladder pressure, nerve damage, muscular dysfunction or medication.

Types of Urinary Incontinence

1. Coital Urinary Incontinence
2. Functional Urinary Incontinence
3. Giggle Urinary Incontinence (Laughter Leaks)
4. Nocturia (Excessive Night Time Urination)
5. Nocturnal Enuresis (Adult Bedwetting)
6. Overactive Bladder (OAB)
7. Overflow Urinary Incontinence
8. Stress Urinary Incontinence
9. Urge Urinary Incontinence
10. Mixed Urinary Incontinence

1. Coital Urinary Incontinence (UI)

Coital urinary incontinence is when you leak a small amount of urine, or fully empty your bladder, during sexual intercourse or masturbation.

In women this occurrence is often misinterpreted as female ejaculation, when in small amounts.

Coital incontinence is likely to occur if you are sexually active and suffer from another form of urinary incontinence. You can be left feeling unclean and no longer desirable. As such, studies suggest coital incontinence has the biggest impact on quality of life, more so than any other form of incontinence.

If you are suffering, be reassured that you are not alone, approximately 20% of women under 60 report suffering from coital incontinence. With true figures expected to be higher. Men can also suffer with coital incontinence, whether they themselves are incontinent or their partner suffers.

There are many treatments available to resolve Coital urinary incontinence. Read on to learn the specific ways you can reduce the amount you leak during sex.

Symptoms of Coital UI

Other than leaking during sex, there are other symptoms you may experience if you suffer from Coital incontinence.

These are:

- bladder pain
- urge and stress incontinence
- nocturia - excessive night time urination
- reduced stream when urinating
- urinary flow stopping without the bladder being empty

Causes of Coital Urinary Incontinence

If you suffer from any form of urinary incontinence, it is likely you may leak as a result of the penetration, and the contraction and relaxation of the pelvic muscles during coitus (sex).

Coital incontinence can be classified depending on when the urine leaks during sex: during penetration or intercourse, or during orgasm.

There are several events that can cause Coital urinary incontinence to occur in the moment:

- **Penetration incontinence associated with stress incontinence** - Penetration puts pressure on the bladder and/or urethra, causing them to leak urine.
- **Penetration incontinence due to a pelvic organ prolapse** - If your pelvic floor muscles are weak, your bladder and/or urethra can prolapse (bulge) into the vagina and even outside of the vagina (in advanced cases). This leaves the bladder and urethra more vulnerable to penetration incontinence.
- **During intercourse as a result of weak pelvic muscles** - If you have weak pelvic floor muscles, you will have less sensation around the opening to the vagina and urethra, meaning not only will sex feel less exciting, but you can leak urine without always realising.
- **During orgasm as a result of detrusor muscle over activity and/or an overactive bladder** - To empty your bladder, you voluntarily contract your detrusor muscles. If it contracts too often, whether involuntarily or provoked when under pressure, it can expel urine at inopportune moments, such as when you orgasm. During orgasm you may also relax your urethra, allowing the urine to leak.

Treatment of Coital Urinary Incontinence

Conservative Therapies

To avoid leaking during sex there are a few things you can do:

- **Pelvic floor (Kegel) exercises** - The most important thing you can do to reduce any form of incontinence is strengthen your pelvic floor muscles to give you better control. Other benefits include enhancing sexual sensation and improving your bowel movements.
- **Experiment with sexual positions** - Try out different positions, which put less pressure on your bladder.
- **Limit how much you drink and avoid bladder irritants (diuretics)** - This includes avoiding smoking, caffeine and spicy food.
- **Empty your bladder before sex** - If you suffer from overflow incontinence as well, you may not be able to fully empty your bladder. However, the less in your bladder, the less you can leak.
- **Have sex in the shower** - This will hide any leaks and keep you feeling fresh.
- **Maintain a healthy weight** - Carrying more weight puts you at a high risk of developing a form of incontinence. As the extra weight puts the pelvic floor under unnecessary strain, it causes it to weaken, which leads to leaking.
- **Speak to your GP** - Your GP will advise you on specific pharmaceuticals that will work best for you and can refer you to a physiotherapist that specializes in women's or men's health. This type of specialist can help you develop a specific pelvic floor exercise plan to suit your needs. This may include manual exercises with the help of an electronic pelvic floor toner for home use.

2. Functional Urinary Incontinence

Functional incontinence occurs when the bladder and urinary tract are functioning properly, however due to age, illness or disability the individual is unable or unconcerned about making their way to the bathroom to empty their bladder. Often resulting in a full bladder that leaks.

The term functional incontinence can also refer to urinary leaks as a result of medication, which cause a person to lose the urge to urinate or produces more urine than normal (diuretics).

The impact on quality of life can be widespread, effecting not only the individual that is suffering, but also their carers, family and friends.

An estimated 3 million people suffer from functional incontinence in the UK. With the majority unable to go to the toilet independently.

Symptoms of Functional Urinary Incontinence

An individual may suffer from functional incontinence if urine leaks or the bladder empties fully, as a result of:

- not having access to a toilet
- not having the mobility to get to a toilet in time
- being unable to communicate the need to go to the toilet
- being unable to find the way to a bathroom due to visual impairment
- being unable to undo clothes quick enough to reach the toilet
- not being bothered by urinating on oneself
- not realising the need for the toilet
- being uncomfortable using an available toilet, preferring to urinate on oneself

Causes of Functional Urinary Incontinence

There are many reasons why an individual may not be able to reach a suitable toilet in time.

These are:

- **Learning/cognitive disability** - In this case, it may take longer to develop the same bowel and bladder control as peers of the same age.
- **Mobility** - Issues with mobility may come about as a result of age, injury or illness. Using a toilet may be so challenging that using pads or a catheter may be a more suitable solution.
- **Inability to communicate** - This could be due to a lack of language skills, hearing issues, aphasia (as a result of a stroke or other brain injury), or dysphasia (as a result of multiple sclerosis or similar condition, which disrupts short-term memory, verbal fluency and attention). Speech issues resulting in the inability to ask where the bathroom is or express the need for the toilet.
- **Confusion** - Sufferers of Dementia may not be aware of where a toilet is located, or be anxious about asking the individuals around them.
- **Environmental factors** - People with Autistic Spectrum Disorders may be unable to use toilets in an unfamiliar place. Individuals with visual impairment may be unable to use inaccessible bathrooms without support.
- **Restrictive clothing** - Suffers of arthritis or muscular dystrophy, for example, may find it difficult to undo the buttons and zips on most trousers. They may be unable to remove these clothes in time to reach the toilet.
- **Anxiety** - Often due to one or more previous experiences, some individuals may feel embarrassment and stressed about using the bathroom. As a result, they limit toilet breaks and only go when they believe other people are unaware.
- **Attitudes from carers, friends and relatives** - If you begin to suffer as a result of one of the causes mentioned above, this can be further intensified if the attitude from those around you is negative and demeaning.

Treatment of Functional Urinary Incontinence

Conservative Therapies

There are a number of conservative therapies available, which the individual suffering can utilize and the caregiver (if available) can help with.

Patient directed techniques include:

- **Bladder retraining** - If there is the potential to voluntarily contract the pelvic floor, then there is the ability to increase its strength (and hence have control over your bladder) through regular pelvic floor exercises.
- **Behavioural management, timed voiding and habit retraining** - Train your bladder to better suit your situation, by urinating on a regular schedule, such as every hour. Then, slowly increase the time between bathroom trips until you meet an optimum schedule which suits your lifestyle whilst still preventing leaks.
- **Maintain a healthy weight** - To avoid unnecessary extra pressure put on the bladder.
- **Avoiding diuretics** - Such as caffeine and spicy food.

Caregiver dependent techniques include:

- **Prompted voiding** - Assisting the individual in going to the bathroom to routinely empty their bladder.
- **Supplying underwear and clothing that is easy to remove** - So the patient is able to independently use the bathroom.
- **Remove physical barriers** - This can be all that is needed to resolve functional incontinence. This may be as simple as making the bathroom more accessible by adding a grab bar and clearing the pathway to the bathroom and toilet.

- **Urinary catheter** - In situations where there is no carer around or funding available to improve bathroom accessibility, you may look for a solution that can allow urine to drain freely. This may be where a urinary catheter is a suitable treatment - a flexible tube that carries urine out of the bladder into a drainage bag, through your urethra or through a small opening in the lower tummy.

Using a urinary catheter comes with the responsibility of maintaining it correctly. Common issues include urinary tract infections; when the bag is not changed or when the area for drainage is not kept clean, as required

3. Giggle Urinary Incontinence (Laughter Leaks)

Giggle incontinence (also known as laughter leaks) is the sudden and involuntary leaking or complete emptying of the bladder, provoked by laughter. It is one of the least studied forms of urinary incontinence, and is associated with otherwise normal bladder function.

Giggle incontinence mostly occurs in young girls (sometimes boys), but is rarely a condition that persists into adulthood. However, if it does, it should be investigated and managed as an adult presenting with Urinary Incontinence (UI).

Symptoms of Giggle Urinary Incontinence

You may be suffering from giggle incontinence if you leak, or completely empty your bladder when you laugh only.

It is often mistaken as a symptom of stress incontinence. It should not be considered as such, as there is no leakage when you cough or sneeze.

Causes of Giggle Urinary Incontinence

Although the causes of giggle incontinence are not clear, studies suggest:

- that it is the involuntary contraction of the detrusor muscle induced by laughter
- that it may be hereditary and you can be trained to stop it

Its triggering mechanism is not clearly understood, but may be related to cataplexy, a sudden transient episode of loss of muscle tone often triggered by strong emotions.

Treatment of Giggle UI

Conservative Therapies

The treatments most successful in treating giggle incontinence are conservative therapies that require no surgical intervention.

These include:

- **Urotherapy** - This is a preferred treatment for children/teenagers as, if successful, it avoids the need for any medication or surgery. Urotherapy is the non-pharmacological and non-surgical treatment of lower urinary tract symptoms (LUTS) that involves education of child and caregivers, adequate hydration, timed voiding, and pelvic floor muscle awareness, aiming to optimize relaxation and contraction of muscles when appropriate.
- **Pelvic floor (Kegel) exercises** - As with all forms of incontinence, the pelvic floor needs to be kept strong and healthy in order to have control over your bladder and bowel movements.
- **Biofeedback therapy** - Biofeedback therapy aims to increase the patients awareness of the pelvic floor muscles and urethral sphincter. This may be with timed voiding and, when used alongside pelvic floor exercises, can see great improvements in bladder function.
- **Medication** - Some studies suggest the use of medication is not a suitable treatment for giggle incontinence due to the impact of the side effects thus dismissing the small benefits reported.

However, regardless of giggle incontinence severity, first-line treatment options include reassurance of cure and timed voiding or bowel management, followed by biofeedback and Kegel exercises. Second-line treatment of oxybutynin with timed voiding could be tried, followed by third-line treatment with methylphenidate.

4. Nocturia (Excessive Night Time Urination)

Nocturia is excessive night time urination; needing to get up in the night to empty your bladder two or more times. It occurs due to the overproduction of urine in the kidneys. 80% of reported nocturia cases are as a result of nocturnal polyuria (the overproduction of urine at night but normal production during the day). The other 20% are a result of global polyuria, the overproduction of urine all the time. Nocturia affects up to 40% of the adult population, affecting more people with age. The good news is that it can often be treated, or reduced, with a few lifestyle changes alone.

Symptoms of Nocturia

You may be suffering from nocturia if you get up two or more times from sleeping in order to urinate and can occur even if you reduce your intake of liquid in the hours before bed and fully empty your bladder before sleeping.

It is important that you seek diagnosis from your GP as early as possible. It may be that you are experiencing nocturia due to another condition which needs resolving. Such as diabetes mellitus and insipidus (which cause an overproduction of urine), high blood pressure, heart disease and congestive heart failure, vascular disease, restless leg syndrome or sleep disorders (including insomnia and sleep apnoea).

Causes of Nocturia

The overproduction of urine can be caused by:

- **Ageing** - Normally, the pituitary gland in the brain, produces the antidiuretic hormone as you sleep, telling your kidneys to reduce urine production. As you age, you produce less of this hormone.
- **Menopause (in women)** - The hormonal changes that occur during menopause cause urine storage issues.
- **Bladder prolapse (in women)** - Your bladder is more vulnerable to developing urinary incontinence if it has prolapsed.
- **Benign prostatic hyperplasia aka enlarged prostate (in men)** - Your prostate can put pressure on your bladder, causing you to have the urge to go more frequently.
- **Behaviour** - You may unconsciously have introduced this into your routine, with poor sleep patterns and routinely drinking too much fluid before bedtime.
- **Diuretics** - Medications or food and drink such as caffeine, alcohol.
- **Diminished nocturnal bladder capacity** - Your bladder may be unable to hold as much as it could previously.

Risks of Nocturia

If you suffer from nocturia you may think that the biggest issue is the lack of undisturbed sleep and potential for stubbing your toe in the dark.

However if you suffer from nocturia you are at a risk of:

- **Obesity**
- **Low mood and depression**
- **Daytime fatigue** - Exhaustion leads you to being more inefficient at everything you do, you will see the impact in your studies, work, relationships and activities.
- **Impaired physical function and early ageing** - Frequently having disturbed sleep can physically age you; you may experience weaker strength, slower walking speed, and the inability to be as active as you were before you began suffering.
- **Diabetes** - Sleep duration and quality have been connected to glycaemic control, the inability to control glucose levels in the body often progresses into diabetes.
- **Cardiovascular disease** - Due to lack of undisturbed sleep.
- **Increased risk of falls** - You are at twice the risk of fracturing a bone if you suffer from nocturia, as you will likely go 'bump in the dark'. The risk is increased further for the elderly and those that are already more unsteady.
- **Relationship issues** - Getting up in the night disturbs your partner and, depending on the location of your bathroom, other individuals in your house. This in turn causes them to experience sleep deprivation and ultimately puts them at risk of all the abovementioned issues as well.

Treatment of Nocturia

Conservative Therapies

Conservative therapies, such as lifestyle changes and non-surgical medical treatments, resolve many incontinence cases, and are the first course of treatment.

These include:

- **Not drinking as much fluid in the hours before you sleep**
- **Emptying your bladder just before going to bed**
- **Taking an afternoon nap** - As well as making you feel brighter and more rested whilst you nap (undisturbed) liquid is absorbed back into the bloodstream.
- **Elevating your legs and/or wearing compression stockings** - In the evening and when you sleep, elevating your legs can redistribute fluids so they can be more easily reabsorbed into the bloodstream.
- **Taking a prescribed diuretic** - Take a diuretic 6 or more hours before bedtime, it will encourage your kidneys to produce more urine so you can get rid of excess water before you go to bed.
- **Taking a prescribed synthetic antidiuretic hormone** - Available as a tablet or nasal spray to use before bed to prevent further urine from being created. However, be aware that these products come with many warnings, as they are associated with straining your heart.

5. Nocturnal Enuresis (Adult Bedwetting)

Bedwetting is often a term that is associated with infants and young children, however a grown adult can also suffer from bedwetting!

Enuresis is the medical term for bedwetting. This involves the involuntary release of urination at night. Throughout adult life, 1 in 100 people may be affected by nocturnal enuresis. This can lead to an array of social and psychological problems. You may not feel that you can attend social opportunities, such as business meetings and holidays, therefore compromising your lifestyle quality. It can also cause you stress and affect your self-esteem, possibly negatively impacting on relationships.

Did you know that wetting the bed as an adult can be a result of a hereditary issue. If both of your parents suffered from nocturnal enuresis, then you have a 77% chance of becoming a bedwetter too. You have a 40% chance of suffering from nocturnal enuresis if just one of your parents was a bedwetter. These probabilities continue from childhood into adulthood.

Types of Nocturnal Enuresis

There are two types of nocturnal enuresis:

- **Primary Nocturnal Enuresis** - The involuntary release of urine during the night that develops in childhood. Enuresis is considered as primary when bladder control has never been achieved.
- **Secondary Nocturnal Enuresis** - Enuresis is considered as secondary when incontinence reoccurs after at least six months of continence.

Causes of Nocturnal Enuresis

here are a variety of physical and psychological conditions that can lead to the development of nocturnal enuresis in adults.

Common causes include:

- **Hormone imbalance** - The antidiuretic hormone (ADH) has the main function of signalling the kidneys to decrease the amount of urine produced. Usually, the body produces more of this hormone at night to avoid nocturnal enuresis. However, some people are unable to produce the appropriate amount of this hormone at night, which can lead to high urine production. In other cases, the hormone is not acted upon by the kidneys, allowing them to continue to produce the same amount of urine.
- **A small bladder** - This is often the cause in patients who suffer from primary nocturnal enuresis. A common misconception is to believe that the bladder is smaller in size, this is not true. Instead, the physical size of the bladder is not small, rather it can only hold a smaller volume of urine. If the muscles of the bladder are overactive, primary nocturnal enuresis can occur; this is the case with 70% to 80% of patients.
- **Obstructive sleep apnoea** - This occurs when the walls of the throat relax and narrow, whilst you sleep. This can lead to your sleep becoming interrupted on a regular basis.
- **Neurological disorders** - Damage to the nervous system can cause problems that affect the bladder, the urethra, and the muscles that control the release of urine. People with neurological disorders can have problems with any of these.
- **Prostate problems** - Nocturnal enuresis can be a symptom of Benign Prostatic Hyperplasia, which is an enlarged prostate.
- **Bladder irritants** - Caffeine and alcohol can contribute to bladder muscles instability. This is why some people find they have involuntarily urinated during the night after consuming alcohol.
- **Bladder cancer** - Harmful cells can invade the bladder and destroy healthy cells, causing the bladder to not function correctly.

- **Diabetes** - People with diabetes can develop secondary nocturnal enuresis because diabetes can cause excessive amounts of urine, as well as excessive thirst.

Treatment of Nocturnal Enuresis

Conservative Therapies

Nocturnal enuresis can often be cured in most cases, and if not, a treatment can normally be found to improve the condition.

Many people are embarrassed to seek help for nocturnal enuresis, which will not improve the symptoms at all. Before your GP arranges a treatment, they will first want to diagnose the cause of your nocturnal enuresis.

A bladder diary may be given to you or you can use the bladder diary received as a downloadable PDF with PART 3, where you can note the following:

- When accidents occur (time of day or night to nearest hour if you are not sure of the time)
- The amount of urine voided (little or lots)
- Describe the nature of your urinary stream (is it strong and constant, difficult to initiate, or continuous dribble?)
- Your drinking patterns – Note the time (to see if you have an influx of fluid in the late afternoon or evening) as well as the types and quantities of fluids in the Fluid Check column of the Bladder Diary.
- In addition in the Fluid Check column please note, what you drink (sugary, caffeinated, artificially sweetened, carbonated, alcoholic drinks etc. as this can all impact on your condition)
- Any existing recurrent urinary tract infections
- The number of wet versus dry nights
- Any other symptoms

Further investigation may be required for your condition, such as a physical examination. Your urine may also be analysed to determine a cause.

Short-term Management of Nocturnal Enuresis Includes Purchasing:

- Absorbent pads
- Absorbent underwear
- Mattress covers or protectors

Long-term Management of Nocturnal Enuresis Includes:

- **Kegel exercises** - Pelvic floor exercises are often the recommended treatment to prevent and treat nocturnal enuresis in adults. You can increase your bladder control by strengthening your pelvic floor; this can prevent bedwetting episodes and allow you to reach the bathroom in time. Try an electronic pelvic toner if you find it hard to perform manual Kegel exercises; an electronic toner can stimulate 90% of pelvic floor muscles, compared to 40% through manual Kegel exercises alone.
- **Monitoring your fluid intake** - You can decrease the amount of urine that you produce at nighttime by limiting your fluid intake in the late afternoon and evening.
- **Waking** - Nocturnal enuresis can be treated by waking yourself up during the night to urinate. This can be done by randomly setting an alarm; keeping the time random ensures that your bladder is not trained to empty at a certain time.
- **Medication** - There are no pills that can totally eliminate nocturnal enuresis but your GP may prescribe you with medication to help provide relief.

Surgical Treatment

This is only considered when all other, less invasive treatments have been unsuccessful.

-----END OF PART 6 -----

Important Notices

[FIND 1x DOWNLOADABLE PDF BONUS ON THE PART 6 REPORT PAGE](#)

1. [Guide to Retraining Urge Incontinence.pdf](#)

KEEP AN EYE OUT FOR PART 7

**Urinary Incontinence:
Types of Urinary Incontinence Continued**

With BONUS: Retraining Diary.pdf

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

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