

# The Bladder & Bowel UK Introduction to Incontinence



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## What is incontinence?

Incontinence is the loss of control of bladder and / or bowels that results in leakage of urine and / or faeces. The amount of leakage can vary between individuals or at different times. There are different causes for incontinence and many of these can be treated or improved, including in people with dementia and other long-term conditions.

## What are the common causes of incontinence?

### Constipation:

- Difficulty in completely emptying the rectum (the part of the bowel closest to the bottom) results in constipation, which can be uncomfortable, but may also cause leakage. When the bowel is not able to be emptied as effectively as it should be, the retained stools become hard. Softer or loose stools can leak around the hard lumps and may be confused with diarrhoea.

Constipation also results in the bowel taking up space that the bladder needs. This makes it more difficult for the bladder to empty completely but can also cause leakage of urine.

### Bowel conditions:

- Inflammatory bowel disease or irritable bowel syndrome, for example, may cause problems with faecal incontinence.

### Urinary Tract Infections (UTIs):

- UTIs are caused by bacteria getting into the urethra (the tube that urine comes out of) or the bladder. UTIs are more common in women than men and are more common in people with constipation. However, they can affect anyone at any time. They are often associated with a sudden and strong desire to empty the bladder, pain or burning sensations on passing urine, offensive smelling or cloudy urine, and urinary incontinence.

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## Dehydration:

- Dehydration happens when someone is not drinking sufficient water-based fluids. Dehydration can increase the likelihood of constipation and/or urinary tract infections. Concentrated urine: dark coloured urine that comes from not drinking sufficiently, can also irritate the bladder lining, resulting in the need to get to the toilet more frequently and more urgently. This can also lead to urinary incontinence.

## Pelvic floor problems:

- The pelvic floor is the group of muscles around the bladder, bottom, vagina in women and penis in men. If the pelvic floor becomes weakened, which is common after childbirth and after menopause in women, or surgery such as prostate surgery in men, then urinary incontinence is more likely.

## Medications:

- Some medications may make constipation or urinary incontinence more likely. However, medications should not be stopped without discussion with the healthcare professional who prescribed or recommended them. Speak to your healthcare professional if you think that medication may be causing incontinence or making it worse.

## What are the different types of urinary incontinence?

### Stress urinary incontinence:

- Stress Urinary Incontinence is urine leakage when the bladder is under extra pressure, such as when laughing or coughing. This is often related to pelvic floor muscle weakness.

### Overactive bladder:

- This is when the muscles in the bladder wall become twitchy, rather than staying relaxed during bladder filling. It is usually related to a sudden, unexpected need to pass urine urgently and more frequently than is usual (more than seven times a day). It may also result in incontinence if the person affected is not able to get to the toilet quickly enough.

### Urge incontinence:

- Urge incontinence is when urine leaks after a sudden and unexpected need to pass urine.

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## Urinary retention

- Urinary retention is when the bladder is unable to empty or fully empty. This can then cause frequent leakage.

## Functional incontinence:

- Functional incontinence is leakage because the person affected is unable to get to the toilet in time, although they are aware that they need to pass urine.

## Who can help with incontinence?

Initially, it can be helpful to speak to your GP, practice nurse or other healthcare professional. They can ensure that there is no underlying medical condition causing the incontinence and undertake or refer you for any investigations that they think may be necessary.

Most areas have a specialist nurse-led community bladder and bowel service. These offer assessment and treatment for many bladder and bowel conditions and can liaise with the hospital if they feel you need further support. Your healthcare professional should be able to refer you to this service.

If your issue is felt to be related to pelvic floor health, you may be referred to a specialist physiotherapist. Alternatively, if you are having difficulty getting to, or using the toilet due to mobility issues, for example, then you may be referred to an occupational therapist. They will look at any adaptations or equipment that might be helpful for you.

## Where can I get more support and advice about incontinence or other bladder or bowel issues?

You should speak to your healthcare professional (GP, practice nurse, consultant etc) about the problem, as there are lots of options that may help.

## Further information

Find more information about child bladder and bowel health in our information library at [www.bbuk.org.uk](http://www.bbuk.org.uk). You can also contact the [Bladder & Bowel UK confidential helpline \(0161 214 4591\)](tel:01612144591).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.