

Pelvic Health Physiotherapy

Bladder Retraining and Fluid Advice

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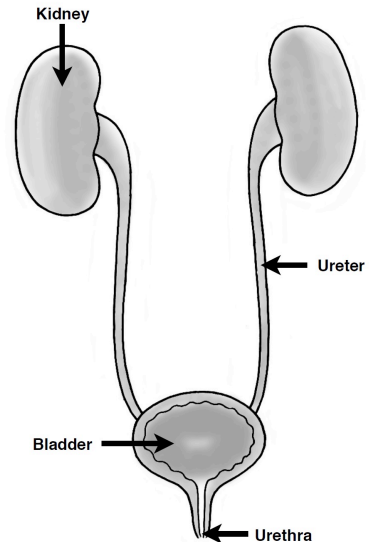
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How should my bladder work?

Urine is made in the kidneys and travels down two tubes called the ureters to the bladder. The bladder is a storage organ that expands to store the urine. The urethra is the tube that runs from the bladder to the outside of your body, just in front of the vagina, or through the penis.

A healthy bladder usually holds around 400ml-600mls (0.75–1 pint).

The number of times you pass urine each day depends on a number of things, including how much fluid you drink. It may be normal to pass urine up to seven times a day and up to once during the night. If you are older (more than 70 years old) passing urine once or twice at night may be normal.



- As the bladder starts to fill it sends a warning message to the brain. You normally feel the first warning when your bladder has about 200mls (1/3 of a pint) in it.
- If it is not convenient to go to the toilet at that time, your brain sends messages to your bladder telling it to relax. This allows you to continue with whatever you are doing at the time.
- The desire to empty your bladder will gradually become stronger and more difficult to put off or control.
- When you find an appropriate time to empty your bladder, you either sit on the toilet or stand in front of it, relax your pelvic floor muscles and your bladder muscle starts to contract, allowing your urine to come out.

What is an overactive bladder?

An overactive bladder, sometimes referred to as OAB, can cause a sudden urge to urinate that may be difficult to control. Three factors make up the diagnosis of an overactive bladder. You can have all three, just one or various combinations:

- Urinary frequency: Going to the toilet often during the day or the night, also called nocturia
- Urinary urgency: A sudden desperate desire to pass urine
- Urinary urge incontinence: Leaking urine if you don't get to the toilet on time.

How is an overactive bladder diagnosed?

A diagnosis is usually made from symptoms as identified above, from a bladder chart or diary, or following investigations such as ultrasound, urinalysis and urodynamics.

Bad habits

With an overactive bladder the urge can be very strong with little or no warning resulting in leakage, which can be distressing if you are caught short when out. If this sounds familiar you may have

developed habits such as going to the toilet “just in case” in order to avoid this distressing situation, which unfortunately may make the problem worse in the long term. Over time this may cause your bladder to now only be able to hold much smaller amounts.

What is bladder retraining?

Bladder retraining is a very effective form of treatment for an overactive bladder.

The aim of bladder retraining is for you to be able to hold on for longer, have less urinary leakage and to have more control of your bladder. You can train your bladder to hold more urine for longer periods of time by gradually increasing the time between going to toilet.

The aim is to get you in control of your bladder by getting it used to holding larger volumes of urine. In time, the bladder muscle will get used to this and you will gain more control of your bladder. Start by holding on for between 2-5 minutes when you get that urge.

Here are some tips to help you hang on:

- Stay calm and wait for the urge to pass
- Do pelvic floor exercises – long gentle squeezes
- Sit on a hard seat
- Count backwards from 100
- Use deep breathing techniques
- Curl your toes
- Stand on tip toes.

Helpful advice:

- Time yourself and try to hold on for longer. Start with a couple of minutes and gradually increase the time
- Avoid ‘just-in-case’ visits to the toilet
- Complete a bladder diary to help you monitor your progress
- Be positive, tell yourself you can do it.

Bladder retraining can be difficult, but becomes easier with time and perseverance.

With time you should find it becomes easier because your bladder gets used to holding larger amounts of urine. Start by retraining in a ‘safe’ environment for you, for example when you’re at home. As your confidence grows you’ll find that you can also do it when you’re out. It may be that accidents happen along the way, but don’t forget that this programme will help to reduce your symptoms.

What lifestyle changes can help?

- Drink 1.5 to 2 litres, or 3 to 4 pints, of fluid a day. Water is best
- Spread your drinking across the day
- Don’t drink three hours before bed to avoid getting up at night
- Avoid fluids that may irritate your bladder such as;
 - Caffeinated drinks including tea, coffee, green tea, hot chocolate
 - Alcohol
 - Fizzy drinks
 - Drinks containing artificial sweeteners

- Citrus fruit such as lemon, lime, grapefruit and orange
- Tomato juice and blackcurrant juice
- Drink instead:
 - Water
 - Milk
 - Decaffeinated tea and coffee
 - Herbal teas – mint, camomile or redbush
 - Milkshake
 - Diluted fruit juice
- Lose weight – did you know carrying excess weight can increase the strain on your bladder and pelvic floor, and might be making your symptoms worse?
- Stop smoking – the nicotine in cigarettes can irritate the bladder. Seek help from your GP to find out what local weight loss or smoking cessation schemes are available in your area.
- Constipation – If you struggle with constipation, this might be making your bladder symptoms worse. If you don't go to empty your bowel regularly, the build-up of hard stool can push against the bladder. This can make your urgency worse. It also means your pelvic floor muscles have extra weight to carry from the build up of stool, which makes it more difficult for them to help control your bladder.

How can pelvic floor muscle exercises help me?

The pelvic floor needs to be strong in order to send strong signals to the brain to override the desire to go. It is therefore important to practice these daily so that a pelvic floor squeeze is effective when you get the urge to go and want to hold on.

When you perform a long squeeze of your pelvic floor muscles, signals are sent along your nerves to the brain telling you that now is not a convenient time to go to the toilet. The brain then sends signals to your bladder to calm down, relax and hold for longer. This is called your perineodetrusor inhibitory reflex. Your physiotherapist will guide you with your pelvic floor exercises to help make this reflex work better.

Your Physiotherapist is:

Contact telephone number: 01493 452378

Additional information:

Feedback

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