

Controlling Incontinence

Incontinence—or the inability to control urination and/or bowel movements—can be an embarrassing and inconvenient problem. Although women are more likely to develop this problem, because of pregnancy, childbirth, menopause and the structure of the female urinary tract, men, too, can have it.

As a caregiver, you will want to do everything you can to make your care recipient comfortable, even when they suffer from incontinence. Although incontinence often can not be eliminated, its severity and its impact on their life can be lessened

KINDS OF INCONTINENCE

- **Stress incontinence:** Leaks happen unexpectedly when coughing, laughing, sneezing or exercising. Often caused by childbirth, lack of muscle tone or surgery.
- **Urge incontinence:** Sudden loss of control of bladder. May be made worse by caffeine or some medications.
- **Functional incontinence:** Regular inability to reach the toilet in time, the result of the deterioration of mental or motor skills, as with people with Alzheimer's disease or other forms of dementia.
- **Overflow incontinence:** A blockage, scar tissue or other physical problem prevents thorough emptying of the bladder.
- **Total incontinence:** Complete inability to control the sphincter muscle, usually due to an injury or a genetic defect. Surgery may be a possibility for repairing this problem.
- **Temporary incontinence:** A temporary inability to control urination, due to a urinary tract infection, constipation or reaction to a medication.

LIVING WITH INCONTINENCE

- Limit fluid intake before the person goes out or goes to bed.
- Encourage double-voiding—emptying the bladder as much as possible, stopping, then trying again.
- Encourage exercises to strengthen the sphincter—squeezing the urination muscles periodically throughout the day, with five sets at a time and three-second relaxation breaks between each squeeze.
- Avoid caffeine.
- Encourage weight loss. Extra weight can put undue pressure on the bladder.
- Use disposable underwear and change frequently, or every 2-3 hours, and at least 30-45 minutes after every meal.

TREATMENTS

- A variety of medications is available to treat incontinence. A doctor can determine which of these medications, if any, is appropriate.
- Shields are available to cover the urethra and stop urine leakage.
- A Reliance Urinary Control Insert, which is a balloon-like device that can be inflated and deflated with an applicator, can be inserted into the urethra by a doctor.
- A Pessary—a plastic device available only by prescription—can be inserted into the vagina to raise and support the bladder's neck.
- Insterstim Continence Control Therapy uses electrical nerve stimulation to treat urge incontinence.
- Neocontrol therapy uses magnetic fields to contract and strengthen pelvic muscles.
- Collagen can be implanted into the urethra to give it more mass and allow it to close.
- Various kinds of surgery can be used to repair physical problems that cause incontinence.