



# Understanding and **managing urinary incontinence**

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## **This guide explains what urinary incontinence is and the options for managing it.**

You can discuss this information with your health care provider to help you decide what treatment you want.

Your health care provider may be a doctor, specialist, pelvic health physiotherapist or continence nurse specialist.

## **What is urinary incontinence?**



Urinary incontinence is when you leak urine when you're not intending to.

Incontinence can cause feelings of embarrassment or distress, but solutions are available to help you manage or relieve your symptoms.

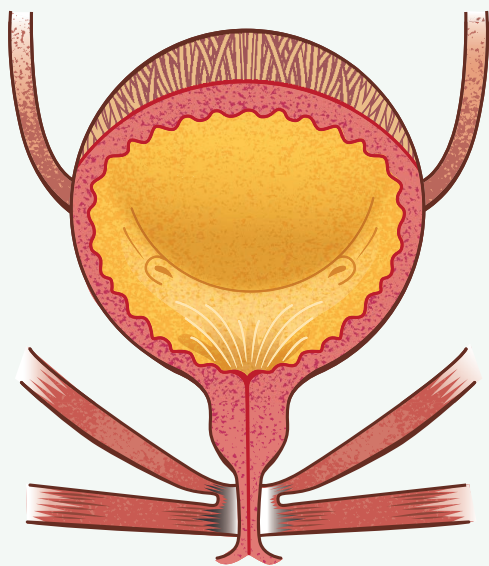
## **Acknowledgements:**

This guide was developed with health care professionals and independent consumers some of whom have lived experience of stress urinary incontinence. A list of sources used to develop the guide is available online at: [www.hqsc.govt.nz/incontinence](http://www.hqsc.govt.nz/incontinence).

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# How your bladder and pelvic floor work



The bladder is an organ in your body that holds urine, and the urethra is the tube that drains the urine from your bladder.

Your pelvic floor is a group of muscles and ligaments in the base (or 'floor') of your pelvis. It looks and works like a hammock to support and lift your pelvic organs – your bladder, uterus (womb), bowel and rectum (bottom).

The position of your pelvic organs can change if your pelvic floor is weakened or not working properly (called 'dysfunction').

## Pelvic floor dysfunction

Pelvic floor dysfunction occurs when the muscles, ligaments and connective tissue of the pelvis are weakened or damaged. This can happen during pregnancy or childbirth, with age, menopause, weight gain, long-term cough or constipation, and after pelvic surgery.

Symptoms of pelvic floor dysfunction can include:

- incontinence and problems controlling your bladder or bowel movements
- lower-back, hip or pelvic pain
- prolapse (when organs move from their normal position)
- needing to go to the toilet often or with urgency
- being unable to coordinate or relax your pelvic floor muscles (called 'non-relaxing' or 'overactive' pelvic floor muscles), resulting in leakage, incomplete bladder and bowel emptying and pain with sex, among other symptoms.

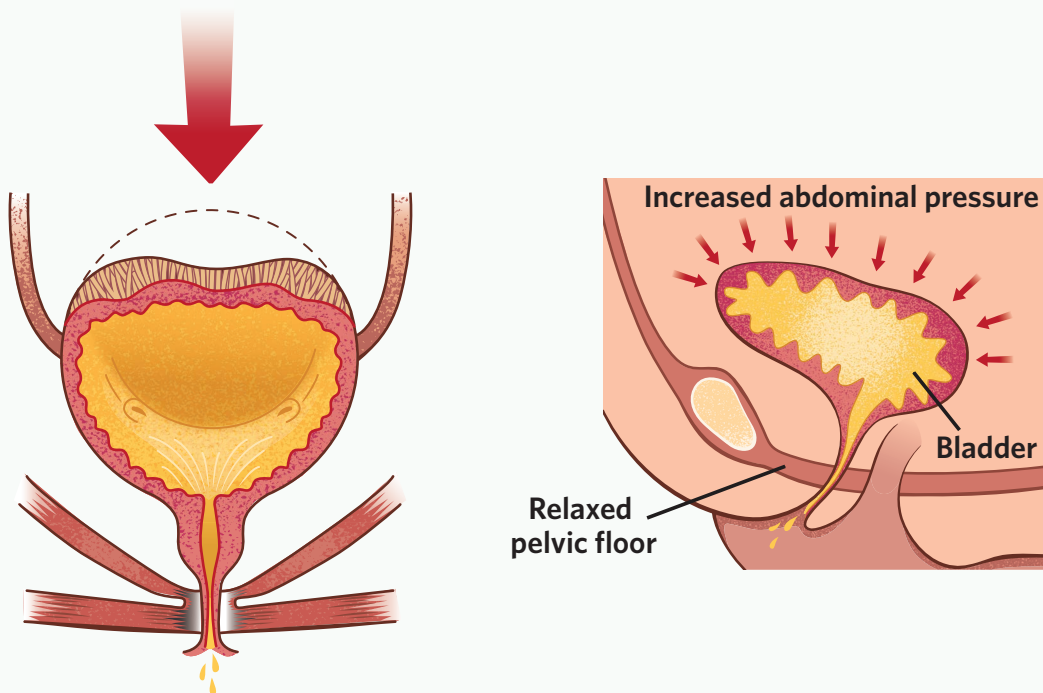
# Types of urinary incontinence

There are two main types of urinary incontinence: stress urinary incontinence and urge urinary incontinence. You can also have a mixture of both. These types are explained below and on the next page.

## Stress urinary incontinence

is when you accidentally leak urine during activity, such as when you cough, laugh, sneeze or run.

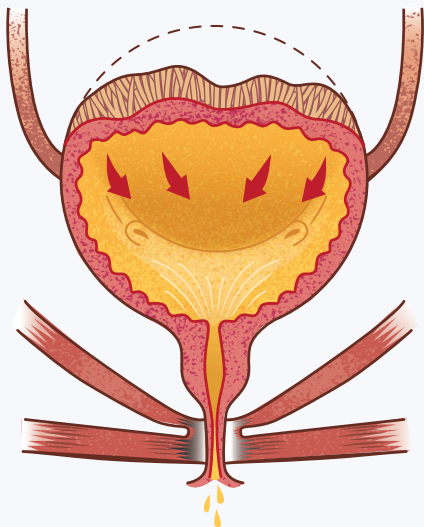
### Bladder and pelvic floor with stress urinary incontinence



## Urge urinary incontinence

is when you have a sudden, strong desire to urinate, followed by accidentally leaking urine.

### Bladder and pelvic floor with urge incontinence



You may also need to urinate more often, and this can happen throughout the night.

Urge incontinence can be caused by urinary tract infections, having non-relaxing or overactive pelvic floor muscles or bladder, and neurological disorders (disorders that affect the brain and nerves) that affect bladder control.

**Mixed incontinence** is a combination of both stress and urge urinary incontinence, where you experience leaking when you cough or sneeze, but also have the feelings of urgency to get to the toilet on time.

## You have this type of incontinence

(write it here, for your reference):

# Management options for urinary incontinence

There are many options available for managing urinary incontinence in Aotearoa New Zealand. The diagram below lists them, and they are described in detail further on. They are all safe and may be combined to give good results.

The options described do not involve surgery. It is recommended that non-surgical management options are tried first for **at least 3 months**. Your health care provider may discuss surgical

options with you if these options do not work for you, and you still leak more than you are happy with after trying them for at least 3 months.

Talking with your health care provider will help you to decide which non-surgical management options are best for you. Don't be afraid to ask them lots of questions. There is a space for writing notes at the end of this guide.

## Non-surgical options for managing urinary incontinence



### Lifestyle changes and self-management

- Adjusting food/fluid intake
- Weight management/adapting exercise
- Treating constipation



### Pelvic floor muscle training

(with supervision from a pelvic health physiotherapist or continence nurse specialist)

- Individualised advice and training over at least 3 months
- May include bladder re-training
- May include nerve stimulation



### Other options

- Pessaries
- Other devices, including:
  - Biofeedback devices
  - Pelvic floor muscle apps
  - Vaginal cones, weights or balls
- Pads and incontinence underwear
- Medication



## Lifestyle changes and self-management

### Adjusting food/fluid intake

Some types of food and drink, including alcohol, caffeine, soft drinks and acidic foods like citrus fruits and tomatoes, can make urge incontinence symptoms worse. Drinking and eating fewer of these may help ease your symptoms.

### Weight management/adapting exercise

Extra weight being placed on the pelvic floor muscles can make them weaker and make leakage more likely if you have stress incontinence. Some find that weight loss and adjusting the way you exercise relieves some stress incontinence symptoms.

### Treating constipation

Constipation can make your incontinence symptoms worse. Talk to a health care provider about treating constipation.

## Supervised pelvic floor muscle training

Over a period of at least 3 months, a pelvic health physiotherapist or continence nurse specialist can help you train your pelvic floor muscles to either strengthen or relax. This will help your muscles support your bladder and urethra. It is important to do this with a trained health professional to make sure the advice and exercises are the best ones for your type of incontinence.

This training may include bladder re-training.

It may also include nerve stimulation, which can reduce bladder urgency, frequency and urge incontinence. In nerve stimulation, a device sends a mild electric current through nerves to a place in the spinal cord involved in urination. This usually involves a machine called a TENS<sup>1</sup> and electrodes being placed on the ankle and lower leg. There is also a similar treatment that involves the use of a small needle (like an acupuncture needle) called 'percutaneous tibial nerve stimulation', but this is not as widely available.

Nerve stimulation should not be uncomfortable or painful.

These treatments may not be available in all regions, so please talk to your health care provider.

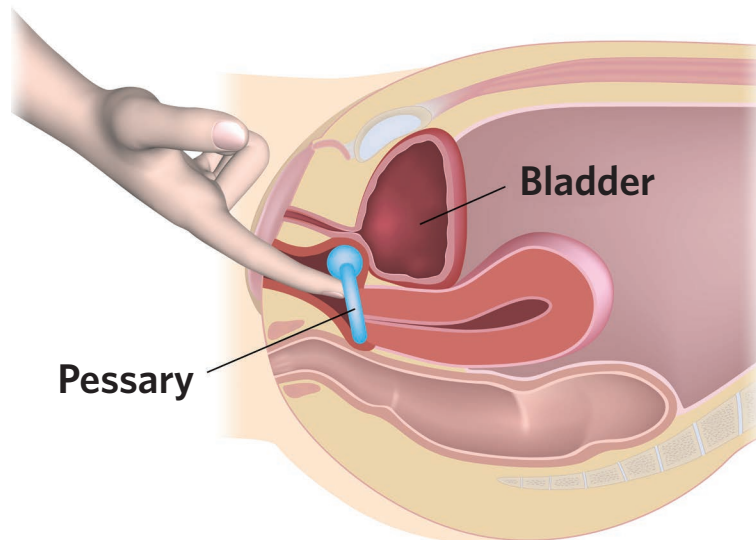
<sup>1</sup>This stands for transcutaneous electrical nerve stimulation.

# Other options

## Pessaries

A pessary is a soft, removable device that is placed inside the vagina to compress the urethra against the pubic bone and lift the neck of the bladder.

Pessaries may be useful for managing urine leakage during activity such as physical exercise.



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Pessaries are made from a variety of materials, including vinyl, silicone and latex, and come in different sizes and shapes. Most are made from silicone, which is a harmless, soft and non-absorbent material.

You may need to try a few types and sizes of pessary to find what works for you. If you have a pessary that is the right size and in the right position, you won't be

able to feel it and you'll be able to do all your normal activities.

Pessaries are easy to put in place but this must be done by a trained and experienced health professional.

Pessaries need to be checked by a health professional every 6-12 months, depending on the type being used.



## Other devices

Other types of devices available for helping with incontinence include:

- biofeedback devices
- pelvic floor training phone apps
- vaginal cones, weights and balls.

It is important to make sure any devices you use are right for your circumstances, so talk to your health care provider before deciding.

Use the QR code at the end of this guide to find online information about these devices.

## Pads and incontinence underwear

Pads or incontinence underwear and other ways to contain leakage can also be helpful alongside other management options, or you may use them as your main management option in the long term.

## Medication

Medication may ease some incontinence symptoms for some people. For example, topical oestrogen creams can help post-menopausal women manage symptoms of incontinence, such as urgency.

There are side effects to using medication and it may not be suitable for everyone.

**If you have questions about any of the non-surgical management options described above, please talk to your doctor, specialist, pelvic health physiotherapist or continence nurse specialist.**

# My plan

You can make notes in the plan below about the management options you are trying or have tried. This information can help you and your health care provider decide what else you may try in future. You can complete the plan with help from your health care provider.

Management option	What I'm doing	Started on (date)	Changes I noticed
Lifestyle changes and self-management: <ul style="list-style-type: none"> <li>▪ Adjusting food/ fluid intake</li> <li>▪ Weight management/ adapting exercise</li> <li>▪ Treating constipation</li> </ul>			
Pelvic floor muscle training (supervised): <ul style="list-style-type: none"> <li>▪ Bladder re-training</li> <li>▪ Nerve stimulation</li> </ul>			
Other options: <ul style="list-style-type: none"> <li>▪ Pessaries</li> <li>▪ Other devices</li> <li>▪ Pads and incontinence underwear</li> </ul>			
Medication			

## Surgery

Please ask your health care provider if you wish to be referred to discuss what surgical options may be available. Take the above plan with you to discuss what changes you have made and what results you have had so far. It is recommended that most people try some or all the non-surgical management options for at least 3 months before thinking about surgery.

## Notes

You can note down below any questions or concerns you would like to talk to your health care provider about.

### QR code or links to other resources

You can find more resources and information to help you at [www.hqsc.govt.nz/incontinence](http://www.hqsc.govt.nz/incontinence) or by scanning the QR code below:





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