

Bladder Pathway Toolkit

All questions need to be asked as many people have multiple continence problems to be addressed.
If the answer is YES to any of the questions, follow the Pathway Guidance.

Question	Urinary Symptoms	Pathway Guidance		
1	Do you drink less than 1.8 litres of fluid (about 8 cups) per day?	Daily Fluid Intake	➔	Key Message 1
2	Do you leak when you cough, sneeze, laugh, jump or shout ?	Stress Incontinence	➔	Key Message 2
3	Do you rush to the toilet, or leak urine when you start to feel the need to go?	Urinary Urgency	➔	Key Message 3
4	Going to the toilet more often or feeling that you can't travel or go to the cinema etc., because you know you would need the toilet?	Urinary Frequency	➔	Key Message 4
5	Feeling that your bladder has not completely emptied?	Incomplete Emptying	➔	Key Message 5
6	Do you leak urine during sexual intercourse?	Leakage	➔	Key Message 6
7	Does your bladder empty without any warning?	Spontaneous Emptying	➔	Key Message 7

Bladder Key Message 1

If YES to Question 1

This may be Insufficient

Daily Fluid Intake.

Fluid intake is important. If you restrict your fluid because you think that you might have an accident, you are more likely to have an accident.

If urine is very concentrated, i.e. dark orange or smells strong then it will irritate your bladder and make you urgent. Your body will want to get rid of this concentrated urine quickly. Urine should be pale yellow colour by mid afternoon.

Your body needs a minimum of 1 litre of fluid per day just to clear waste products from your body. It is advised that you should drink 1800 - 2000 mls of fluid (about 8 cups) per day. However, if you drink too much, that can also be bad for your bladder. Drinking more than 3 litres puts a lot of strain on your urinary system and this should be decreased.

Bladder Key Message 2

If YES to Question 2

This is possibly Stress Incontinence.

Lifestyle Advice

Does the person have a chronic cough or asthma?

If **YES**, then the advice is to see their practice nurse to try to get the cough or asthma more controlled.

Is the person constipated?

Constipation and the weight and hardness of the stool will contribute to symptoms of stress incontinence.

Does the person do a lot of heavy lifting or high impact exercises?

If **YES**, then the person should be advised to decrease the level of this activity for 3-4 months and concentrate on pelvic floor exercises.

Exercise Advice

Start Pelvic Floor Exercises. Give information leaflet. There are leaflets for women, men and teenagers.

Bladder Key Message 3

If YES to Question 3

This is possibly Urinary Urgency.

Lifestyle Advice

Urgency can go often with frequency so check that the person has not started to have an urgency/frequency pattern i.e. desperate to go, going just in case and then finding that they are going to the toilet so often that it starts to interrupt their life.

FIRST - Does the person have a bladder infection? They may need to have a urine sample checked by their practice nurse.

Urgency can be a symptom of a bladder infection.

Bladder irritants – Caffeine (coffee, tea, Diet Coke, Red Bull, Lucozade), undiluted pure fruit juice, fizzy drinks, tomatoes, acidic fruits, alcohol.

Not drinking enough – If urine becomes too concentrated by the person not drinking, it will irritate the bladder and make the person want to urinate more.

The urge to go to the toilet can be decreased by applying pressure to the perineum.

In a car, this can be done using a tennis ball.

At home, by sitting on a hard chair. By sitting on your heel. Holding on to the area with firm pressure.

Urge can also be helped by using pelvic floor exercises to control the urge.

If these tips do not help, the person should self refer to Physiotherapy or the Joint Continence Clinic for further help.

Bladder Key Message 4

If YES to Question 4

This could be due to Urinary Frequency.

Lifestyle Advice

This can happen if someone has had an accident and becomes frightened of having another so they keep emptying their bladder very regularly.

The result of this is that the bladder is never stretched large enough and starts to shrink and the person needs to go more often and a vicious cycle starts.

The way to control this is to see how long the person can go between voids and then use that as a base value.

The person should be asked to gradually try to hold on for a little longer, 5-10 minutes.

Then once they have managed this for several days the length of time between voids should be increased again, by achievable lengths of time.

The person should be encouraged to defer voiding at least once, as long as they are in a socially secure environment.

- The urge to go to the toilet can be decreased by applying pressure to the perineum. In a car this can be done using a tennis ball. At home by sitting on a hard chair. By sitting on your heel. Holding on to the area with firm pressure.
- Urgency can also be helped by using pelvic floor exercises to control the urge.

Eventually a person should be able to hold on for about 3 hours.

If a person has difficulty doing these activities then they should be referred or self refer to a Physiotherapy department or the Joint Continence Clinic.

Bladder Key Message 5

If YES to Question 5

This may be Incomplete Emptying

If the person feels that they do not empty their bladder completely they should try a technique call 'Double Voiding'.

- Complete their first void.
- Wait for a while. They may need to stand up and sit down again or wriggle their body slightly.
- They should then lean forward and try a gentle squeeze to empty their bladder.

Generally, a second small amount will be released that had been caught in a small side pouch of the bladder.

If this continues and despite doing 'Double Voiding' the person still feels that they have not emptied their bladder sufficiently then they should be referred for a bladder scan.

They can ask for this at their GP practice or by contacting the Joint Continence Clinic.

Bladder Key Message 6

If YES to Question 6

This is Leakage during Intercourse

This can be because there is a prolapse of the anterior vaginal wall, or a strong contraction of muscles of the pelvic floor at the point of climax.

What will help this is to try different positions for intercourse.
The woman could try being on top or directing the penis more posteriorly.

When there is a problem on climax it is possibly due to weak pelvic floor muscles that are contracting too high up on the urethra. Strengthening the pelvic floor using pelvic floor exercises should help this.

If there is still a problem then the person should self refer to Physiotherapy or visit their GP.

Bladder Key Message 7

If YES to Question 7

This is Spontaneous Emptying

If your bladder empties spontaneously and there is no warning often the amount that leaks is quite considerable and the effect can be devastating.

Does the person have a bladder infection?
This can cause the person to lose urine without any warning.

Sometimes a person can lose water spontaneously but they do get a weak or fleeting warning.
This could be bladder urgency or an over-active bladder but should not be confused with a Neurogenic Bladder.
This can be a sign of a bladder that is acting by itself. It does not have the brain inhibiting its emptying and therefore there may not be a warning perceived in the brain that this is going to happen. The bladder just decides that it is full enough and is going to empty and there is no control mechanism.

If this is truly the case, then the person should make an appointment with their GP.