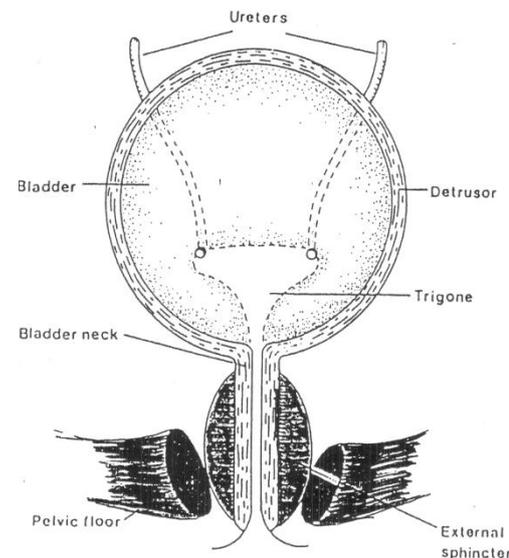




Urge incontinence

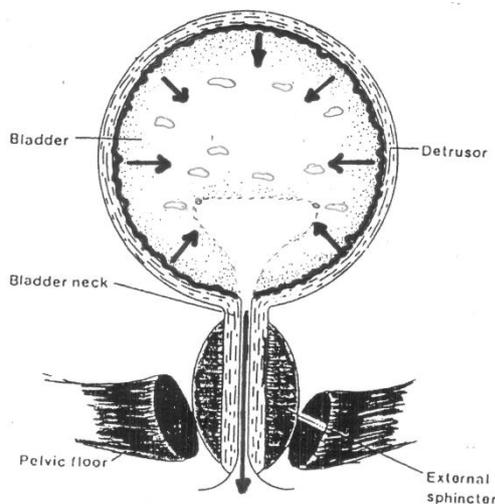
How Normal Bladder Works:

The bladder is a muscular reservoir which expands as it fills with urine. It can store 350-500mls of urine at a time. Once the bladder is full, it sends a message to the brain and we feel an urge to pass urine. Normally, we can suppress the urgency, and delay going to the toilet until it is convenient. When urinating, the bladder muscle contracts and empties the urine.



With Urgency:

- You may experience a sudden strong urge to pass urine, with little prior warning
- You may feel 'desperate' to go, and when you get there, pass very little urine.
- You may leak a little (or a lot) before you get to the toilet
- There may be situations that trigger your urgency, like putting the key in the front door, hearing running water, or cold weather



N.B. Often the bladder may want to empty even when it's not full. The bladder is giving the brain 'mixed messages'.

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What causes urge incontinence?

The cause of urge incontinence is not fully understood however it seems to become more common with age. Symptoms may get worse at times of stress and may also be made worse by caffeine in tea, coffee and soft drink or by alcohol.

Managing urge incontinence:

The aim of managing urge incontinence is to improve control of your bladder by:

- Reducing the degree of urgency and accidental leakage of urine
- Gradually increasing the storage capacity or size of your bladder
- Increasing the period of time between visits to the toilet

A bladder training program and pelvic floor muscle exercises instructed by your physiotherapist will help with this. Your doctor may also prescribe specific medication to help relax the bladder muscle and therefore improve the success of the bladder training program. You may also be asked to keep an accurate diary or record (for three days) of how often you pass urine. This will help your physiotherapist identify your bladder patterns and tailor the treatment to suit your needs.

- ❖ This information is a general overview of non-specific PGP. It is not intended to be diagnostic and must be considered in conjunction with the individual's complete medical history and a comprehensive physical examination. Individuals with PGP should contact their doctor and / or the Australian Physiotherapy Association to find a local physiotherapist to assist with their management.