



Bladder Retaining Program for URINARY URGENCY and URGE INCONTINENCE

Urinary urgency is the feeling of the urgent need to urinate. Women who experience urgency usually know where the nearest bathroom is located just in case). When the urge strikes they will rush to the bathroom to urinate and usually relieve the uncomfortable urge sensation. If they fail to get there in time, the accidental loss of urine may occur and is called urge incontinence or detrusor instability. The amount of urine loss can vary with the intensity of the urge, the volume of urine in the bladder, and the strength of the pelvic floor tissues. Urgency and urge incontinence are often associated with frequent urination (called frequency) and getting up at night to urinate (called nocturia). Women who regularly experience urinary urgency and frequency (with or without nocturia) have what is called urinary urgency syndrome or unstable bladder, and they may or may not experience incontinence.

The causes of urinary urgency syndrome can be both physical and non-physical. Physical causes are usually temporary such as infection of the bladder (cystitis) and/or urethra (urethritis), and are corrected with treatment of the infection. There are other physical causes such as chronic inflammation of the bladder, polyps or tumors, and even taking certain medications. When no physical cause can be found, the cause is usually a result of a progressively learned habit.

Treatment for urge incontinence is multifaceted. In addition to Kegel exercises and pelvic floor exercises, bladder retraining helps urge incontinence. Bladder retraining can reduce symptoms of urge incontinence by slowly increasing the amount of urine the bladder holds, and therefore the time interval between voids. The regimen retrains the nerves and pelvic muscles, which can improve control of bladder contractions.

It is normal to urinate approximately every three to four hours during the day and awaken from sleeping zero to one times. With bladder retraining, urinate at specific intervals through the day, starting with a small time interval. For example, if current voiding occurs every 30 to 45 minutes, start timed voiding every 45 minutes, whether there is an urge or need to go or not.

Bladder Retraining is referred to as a Timed Voiding Program. When followed consistently you will have significantly improved control over your urgency symptoms, including any urge incontinence. In essence, you can be in control of your bladder, rather than your bladder habitually controlling your life.

A normal fluid intake is 1500-2000 cc's (50-70 oz.) per day, which should produce 1200-1500 cc's (40-50 oz.) of urine output. The normal bladder capacity before you feel any sensation of urge is about 300 cc's (10 oz.). Normal voiding volumes are 210-300 cc's (7-10 oz) with the first morning voiding usually being the largest at 400-500cc's. Your Voiding Diary record will have indicated if any modification is required in the volume or type of fluids you drink.

Your goal with the Timed Voiding Program is to increase your bladder's capacity and prolong the time interval between voidings up to a minimum of three or more hours. The initial time interval between voidings will be determined by the frequency of urination as recorded in your voiding diary. The voiding interval can start at as little as one hour. It is determined by your current schedule.

A voiding diary should include: Scheduled (predetermined voiding interval), Unscheduled (unable to suppress the urge without accidental wetting), and Accidental (incontinence) voiding episodes. Fill in the time for any of the three types of voiding (scheduled, unscheduled, or accidental) and measure the amount

(normal, large or small). If you are unable to suppress your urge to urinate and you void at an Unscheduled time, you should still urinate at the Scheduled time, even if it is only a few minutes later!

Learning to Control the Urge to Urinate:

When you feel the urge to urinate before the timer clock sounds, do not rush to the bathroom. Stop and try to distract yourself by thinking of something else. Once the bladder relaxes, the feeling of urgency should pass and you may be able to wait until the timed interval has elapsed. If you cannot wait, go ahead and urinate. Indicate the time on your chart as an unscheduled void. When you are able to consistently urinate according to the scheduled time you are ready to progress and increase your time interval. Your goal is to be back in control of your bladder function.

During the first week of the timed voiding, urinate when you first get up in the morning and indicate the time. If you have a difficult time making it to the toilet, squeeze the pelvic floor muscles (Kegel exercise) before you get out of bed and count slowly to five. Get out of bed slowly and walk slowly to the toilet. Empty your bladder as completely as you can. Set your clock or timer for the predetermined interval. When the timer sounds, go to the toilet even if you do not feel the need to empty your bladder. Fill in your chart and reset your timer for the next interval. Repeat this sequence throughout the entire day until you go to bed. If you get up at night to urinate, indicate the time and indicate it is an unscheduled voiding. If you reached your goal during the first week of voiding only at the predetermined timed intervals, then you will increase the time interval by 15 to 30 minutes during the second week. If you still have an uncomfortable urgency or accidental voiding when you first get up, then increase your slow count to ten before getting up and walk slowly to the toilet. Repeat the timed interval voiding routine throughout the day as you did in the first week. Once you have had a few days of consistently voiding at the increased predetermined scheduled times, you are ready to progress again. In each of the next few weeks you will increase the time intervals between scheduled voidings by 15 to 30 minutes each week. If you started at one hour intervals, you can be voiding every three hours by the end of week six. Compare your charts from week to week to see your progress.

Tips for success:

- Believe that you will be successful and give yourself time.
- Remember to do your Kegel pelvic floor muscle exercises for one minute after each scheduled voiding.
- Don't be discouraged by setbacks. Your bladder control may be worse when:
 - You are tired, tense or nervous or distracted.
 - You are premenstrual.
 - You have increased your alcohol, caffeine or carbonated beverages
 - Cold, rainy, or windy days.
- Drink plain water. Avoid alcohol, caffeinated drinks, and acidic juices.
- Avoid going to the toilet "just in case". Follow your schedule.
- Avoid constipation by using fiber or bulk stool softeners.

If you are still having problems with an unstable bladder despite the above measures, you may need urodynamics. Urodynamic testing measures the bladder capacity, residual urine left in the bladder after voiding and the pattern of voiding. Cystoscopy is a fiberoptic scope that the physician uses to look inside the bladder to rule out tumors or other conditions that may affect the bladder. You may also benefit from medication. Please schedule a consultation with your physician.