

Bladder Training

(for Overactive bladder, Urinary urgency/frequency, Urge Incontinence)

Bladder training is a highly effective form of behavior therapy to treat urinary symptoms of urgency, frequency, and leakage.

Goals

- To increase the amount of time between “voiding” or emptying your bladder
- To create a normal bladder “capacity” meaning that it will fill to a normal amount.

Essentially, the bladder is a smooth hollow organ which has two jobs:

1. It stores urine by relaxing and allowing urine to collect (filling)
2. It expels urine by contracting fully (emptying)

The normal bladder capacity is approximately 1-2 cups (varying from person-to-person). Depending on the amount and timing of fluids consumed, a person usually urinates every 2-4 hours during the day, resulting in approximately 5-8 trips to the bathroom daily. Many people develop bothersome bladder symptoms which has to do with a disruption in the normal filling and emptying functions of the bladder.

Definitions:

Frequency : the average time between emptying your bladder (voiding interval).

Urgency of urination (“*gotta go right now*”): a sudden, strong desire to empty your bladder. It may indicate that the bladder is full and ready to empty, OR it may just be a signal, but your bladder is not completely full. Urge is just a message from your bladder, and it’s up to you to figure out whether to pay attention and find a bathroom, or “suppress” the urge and disregard the message.

Urge Incontinence is the loss of urine associated with a strong urge to urinate. (This is different than “stress incontinence”, which occurs with a change of pressure in the abdomen such as with jumping, coughing, sneezing, laughing.) The two can co-exist but stem from different reasons.

Overactive Bladder: urinary urgency, usually with daytime and nighttime frequency, and sometimes with leakage associated with the urge

There are many reasons for the above conditions to occur. Keep in mind that urination is caused by a bladder contraction, but the bladder contraction is under the control of the brain. In some people the ability of the brain to control the bladder is diminished or lost. This loss of brain control over the bladder is a common cause of bladder symptoms. The goal of bladder training is to re-establish the control of the brain over the bladder. If the instructions are carried out with real determination, the results are excellent for most people. Your attitude is one of the most important aspects of this treatment! Although the program will be broken down into simple steps, it takes time to get used to. Please give yourself 4-6 weeks to get used to the steps before determining if it is starting to help. It usually takes 6-12 weeks of effort to reach your potential.

Bladder Training involves the following:

1. A healthy amount and selection of daily fluid intake
2. A predictable voiding schedule
3. “Urge Suppression” techniques
4. Pelvic floor muscle strengthening (Kegels)
5. A bladder diary

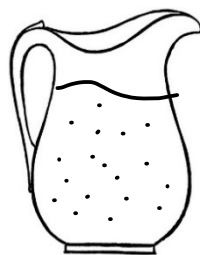
** Bladder Training is often most effective with a trained physical therapist. However - by giving you this information to read at home, we can also help you to develop a successful training program at home.

FLUIDS:

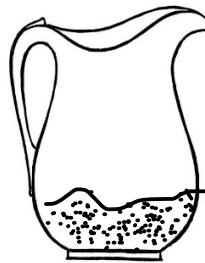
Why are fluids so important? Fluids are crucial to all functions of the body and have a tremendous impact on how the bladder works.

Many people with bladder control problems think that if they limit fluids they will go to the bathroom less and therefore less leakage. It is true that the less you drink the less you will urinate, but bladder control problems will actually *worsen* with too little fluids. The less a person drinks the more concentrated the urine will be. Consider making a pitcher of lemonade from a powder mix. If you add half of the water to the mix, the lemonade will be stronger and more concentrate. Adding more water will dilute the lemonade.

Just as concentrated lemonade may make your mouth “pucker”, strong or concentrated urine can make your bladder “pucker” or contract (increasing urgency). Just as your mouth is irritated more with a small amount of concentrated lemonade, your bladder will contract stronger with a smaller amount of concentrated urine. This acts as a stimulant to the bladder and gives a person a quick urge or need to go to the bathroom. Therefore, cutting back fluids too much only increases the urge and/or leakage with a smaller amount in the bladder.



Dilute



Concentrated

Amount: If you consume a diet including daily fruits and vegetables, fluids can be restricted to **6 eight-ounce glasses per day** including all fluids such as water, juices, coffee, tea, beverages, alcoholic drinks, etc.

- Goal fluids: 4 eight oz glasses of water, 2 eight oz glasses of anything else
- Add an extra 8 oz glass of water if you feel dehydrated, exercise, don't consume many fruits or vegetables, or if it's a warm day. The urine should be lightly colored or almost clear.

HARBOUR WOMEN'S HEALTH



- Please do not under-hydrate to lessen bladder symptoms. As stated previously, if a person drinks too little, the urine becomes more concentrated and may increase bladder irritability and leakage. Dehydration is also dangerous for the rest of the body, and can cause dizziness, confusion, irritability, heat exhaustion and even coma.

Timing:

- Sipping on fluids throughout the day improves bladder symptoms rather than large amounts all at once. Drinking a large amount at once causes a large amount to get into the bladder at one time creating urgency.
- Stop fluids 2 hrs prior to bed (to prevent nocturia, or waking up at night to urinate)
- Consume most of your fluids between waking and 6 hours before bedtime. Reserve 8 oz to sip on for the last part of the day, stopping all fluids 2 hours before bedtime.

Type of fluids:

- Water is the preferred and best tolerated fluid for the bladder.
- Some fluids (or foods) can be bladder “stimulants” when they reach the bladder. These “**irritants**” can increase bladder activity, urgency and leakage. When the bladder lining is irritated, urgency, frequency and incontinence increases.
- Common bladder irritants: caffeine, carbonated beverages, citrus, artificial sweeteners, alcohol, tomatoes, and spicy foods. Many foods also contribute to bladder pain, frequency and urgency. (Please see “Acid reduced diet” on last page)
- For many people, avoidance or limitation of the above beverages is enough to significantly improve bladder symptoms.

FLUID RECOMMENDATIONS FOR YOU:

Consume _____

Between hours of _____

Avoid _____

Stop all fluids by _____

VOIDING SCHEDULE/Bladder retraining:

The bladder is stretchy organ and can adapt to any pattern or habit. The bladder can be trained to go too frequently or not frequently enough. If you are prone to urinating frequently or “just in case”, such as when leaving the house, or going out for a walk - the bladder will learn to be small and then will signal the need to urinate at smaller and smaller amounts, resulting in more of a need to urinate. The opposite is also true. If you wait too long between voids, the bladder may stretch beyond a healthy capacity and then lose its ability to contract well when it is time to empty.

It is best to try to empty the bladder regularly, on a schedule, with the goal of voiding every 3-4 hours during the daytime (based on 48oz of fluids daily) starting from waking to bedtime, and with minimal-to-no trips to the bathroom overnight.

HARBOUR WOMEN'S HEALTH



Instructions for bladder retraining:

1. Empty your bladder first thing in the morning.
2. Start by voiding every 2 hours, if you can wait that long. If you are unable to wait that long. *** If you are having urgency/frequency or urge incontinence sooner than every 2 hours, your provider will help you determine your starting point.
3. Stick to the scheduled time whether you have an urge to void or not. If you have an urge before the scheduled time use “urge suppression” techniques to try and relax the bladder (see Urge suppression section).
4. If you are successful with that schedule, then increase by 15-30 minutes per interval until you are able to stretch the voiding interval to every 3-4 hours (again based on 48oz of fluid daily, the interval may be shorter if you are drinking more).
5. Try to “double void”, which means that after urination is complete, wait for a few seconds and try to empty again. Often there is a second “contraction” of the bladder and more urine will be expelled. This is particularly helpful for people who describe “dribbling” as they stand up after voiding.
6. Bladder training should stop while you are asleep - i.e., do not wake yourself up to maintain your voiding schedule.
7. DO empty your bladder right before bedtime to minimize nighttime voids.

YOUR STARTING POINT:

Urinate in the toilet every _____ hours whether you need to go or not.

Once you feel successful with that, increase the time between voids by _____.

Urge Suppression techniques:

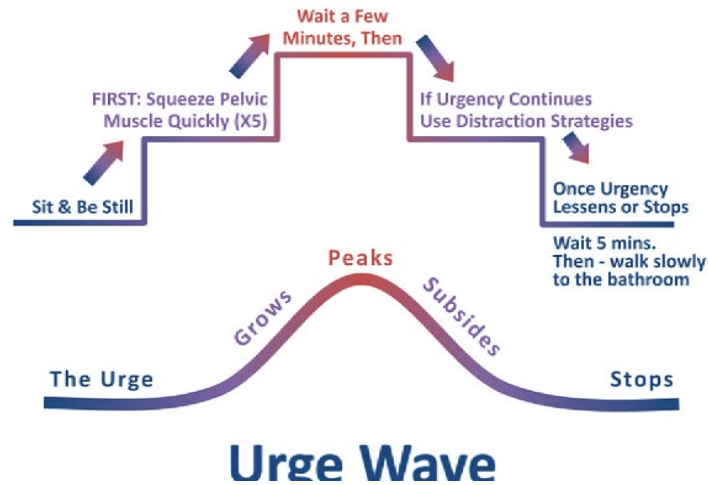
Urgency is a strong sudden desire to empty the bladder. It is only a feeling or a message from your bladder, but it does not mean that you must empty it immediately. The normal bladder has learned to wait to empty until a toilet is reached. Over time some bladders forget that lesson. Luckily, the bladder is very retrainable.

Urge suppression techniques work best in conjunction with managing your fluid intake and voiding according to a schedule as outlined above.

Understanding how the bladder works helps with urge suppression techniques. Normal urge feelings come in waves. First you feel a small urge. Then it grows, peaks and finally it subsides. People with urge incontinence have difficulty making the urge subside or forget to take the time to make it subside.

As urgency increases most people rush to get to the bathroom believing the faster they get there the better. In reality, *rushing* is the worst thing to do. It increases leakage for a few different reasons:

1. Rushing jiggles your bladder, increasing your awareness of how full it feels, making the urgency worse
2. Movement can stimulate the bladder to contract and empty
3. Rushing puts extra abdominal pressure on the bladder pushing the urine down
4. Rushing interferes with the contraction that you need to control your bladder

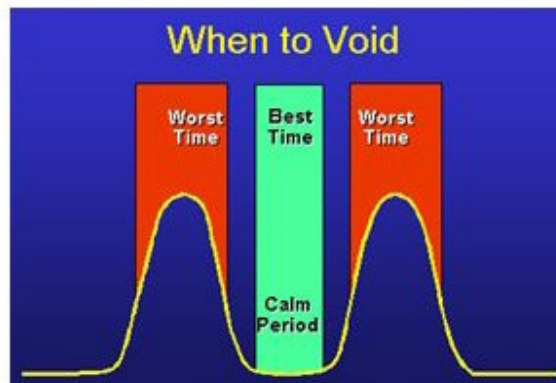


Published in Neurourology and urodynamics 2018, Structured behavioral treatment research protocol for women with mixed urinary incontinence and overactive bladder symptoms. Diane K. Newman, Diane F Borello-France, Vivian W. Sung

Rushing itself increases urgency, but rushing to the bathroom in particular may make it even worse. Approaching the toilet can be the most difficult time for anyone to control the bladder. Have you ever noticed sometimes just thinking about the bladder gives you urgency, or the closer you get to the bathroom the worse the urge gets? The bathroom has become a “trigger”. After many years of going to the bathroom to urinate, the bathroom becomes associated with urination. You become conditioned so that the bathroom triggers the desire to urinate. Another common trigger is arriving home from being away. Retraining the bladder can eliminate triggers.

Remember urges are not commands, they should just function as an early warning to get ready to find a place to void if necessary.

To reduce the urge to void you can use your pelvic floor muscles. When you start to feel an urge, squeeze your pelvic floor muscles quickly several times. This can help send a message to your bladder to stop contracting. Once the urge has subsided, you have a safe period when the bladder is calm, and you can get to the bathroom.



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If you feel a strong urge to urinate before your scheduled time to void, try the following techniques:

1. Stop moving and sit down, as pressure on the perineum (the area between the vagina and the anus) will help quiet bladder contractions.
2. Relax your whole body and take deep breaths.
3. Distract your mind and concentrate on something else. Count backwards from 100 by 7's, make a list of what you need at the grocery store, or leave a puzzle or book nearby to pick up when you need to shift your focus.
4. Do small Kegel contractions (“quick flicks”) see Kegel section.

If the urge is suppressed, adhere to your schedule. If you cannot suppress the urge, wait 5 minutes and then slowly make your way to the bathroom (continue Kegels along the way) and then re-establish your voiding schedule.

Remember that the coordination of all of these practices takes time and consistent effort. Some days will be better than others, so try to pay attention and take notes on what might be different if you are having a bad day. It will help us learn what makes your brain-bladder connection tick, so that we can help you find strategies to be successful! At the end of 12 weeks, we may ask you to complete another 3-day voiding diary to see your progress more clearly. If you need more help, medication and other treatments are available which may be useful. Make sure to keep your follow up appointment so that we can help you!

Voiding diary

To better understand your specific bladder problems, your provider may ask you to perform a voiding or bladder diary. Though bladder problems are quite common, the reasons for them differ dramatically from person to person. Common issues are too much or too little fluid, inappropriate types of fluids and/or “triggers” related to urgency or leakage (a trigger is a situation which due to repetition, causes the bladder to begin to contract even if it’s not full ie. arriving home and walking into the house or running water). By completing a bladder diary, we can help you identify problem areas and then make recommendations on how to best treat your problem. We will provide you a form (Voiding Diary) and a “hat” (used to measure urine output). We ask that you complete the bladder diary over 3 consecutive days. Then we will see you back in order to tailor a treatment plan just for you.

Pelvic Floor Muscle Exercises (Kegels)

Kegel exercises are exercises that strengthen your pelvic floor muscles. Strong and elastic pelvic floor muscles will prove helpful to control your bladder. Pelvic floor muscles can become stretched and weakened as a result of childbirth, aging, genetics, chronic cough, constipation or heavy lifting.

Why do Kegels?

1. Contracting (squeezing) the pelvic floor muscles helps to squeeze the urethra shut so that urine does not leak out. This squeeze pressure is important to hold back urine when there is pressure on the bladder, like during coughing or lifting.
2. Contracting these muscles helps decrease the feeling of urgency. The pelvic floor muscles send a message to the bladder muscle (the Detrusor) that the bladder should be in “holding mode” vs. “emptying mode”.
3. Contracting these muscles builds strength for lifetime support of the pelvic organs. Women with weak pelvic floor muscles are at higher risk for prolapse (a “dropped” bladder, uterus or rectum).
4. Contracting these muscles improves your posture. The pelvic floor muscles are the floor of the “Pelvic Pyramid”. When energized and engaged with two other muscles (Transverse Abdominus and Multifidus), it helps you stand taller and straighter!
5. Contracting these muscles improves blood flow to the area, and improved blood flow improves general tissue health and heightens sexual response.

How to do Kegels:

1. Kegels are a gentle UP and IN movement, first squeezing around the vaginal and anal openings starting at the base of the pelvis, then pulling in (think gliding) toward the body, as if you are trying to keep from passing gas or stopping the urge to urinate.
2. Breathe!! Do not hold your breath during your exercises. Breathe lightly, especially as you hold longer contractions.
3. When doing your exercises, squeeze and contract the muscles as above, and try to hold the contraction for a count of 5 seconds. Do this 10 times as you are able, but allow the muscles to relax completely for a count of 5 between contractions. When you feel successful, increase contractions to 10 seconds. Do this entire set of exercises twice per day.
4. Try Kegel “Waltzes”, which is a shorter hold. Think “squeeze, rest-rest; squeeze, rest-rest; squeeze rest-rest”, and perform 2 sets of 10-15 per day.
5. Try “quick-flicks” (2-3 second holds) before known triggers (getting up from a chair, getting out of the car, running water for shower, doing dishes, etc.)

ACID REDUCED DIET

LIST 1: these foods are very unlikely to cause increase in urinary symptoms:

Bread (no rye or sourdough), pasta, potatoes, rice, chicken, fish, most lean meats (avoid cured, processed or smoked), pears, honeydew, *watermelon, all vegetables, garlic, honey, butter, oils. (* please note that watermelon will not irritate the bladder, but does act like a diuretic which means it increases urine output after eating).

LIST 2: after you have remained on the “LIST 1” diet for 2 weeks, try the following foods to assess if they irritate your bladder. Many people with bladder symptoms can tolerate the following foods in moderation. Add no more than one new food every 3-4 days.

White chocolate, non-aged cheese, American cheese, cottage cheese, ricotta, blueberries, frozen yogurt, milk, decaffeinated coffee, herbal teas, almonds, cashews, coconut, carob.

LIST 3: the following list has foods that are likely culprits for aggravating bladder symptoms. Some people may be able to enjoy these foods in moderation while others may not be able to tolerate them at all. We recommend that you use “Preliel” (an over-the-counter medication which reduces the acid from food and beverages) before consuming the following foods. **Foods with an asterisk may need to be completely avoided.**

apples and apple juice, avocados, bananas, cantaloupe, corned beef, cranberries, grapes, nuts (except almonds), peaches, pineapples, plums, prunes, raisins, sour cream, rye or sourdough bread, yogurt.

***** alcoholic beverages, artificial sweeteners, carbonated beverages, aged cheeses (hard or soft), chili, chocolate, citrus fruit, coffee, tea, spicy foods, tomatoes, vinegar or any condiments containing vinegar.**

A diet consisting mainly of foods from LIST 1 and LIST 2 is a nutritional diet. These food lists do not contain all possible foods - therefore, if you desire a certain food which is not listed above (excluding LIST 3 items), then consider it “safe to try”. Remember to read food labels carefully for ingredients such as vinegar, artificial sweeteners, and fruit sweeteners. Try to reduce the amount of chemical additives in food items such as artificial coloring, preservatives and pesticides. Buying “whole foods” and organic when possible is a good direction to move in when making food choices.