

Male bladder health and pelvic floor exercises

Some men will develop bladder problems. Some of the commonest symptoms are having to pass water very frequently (frequency) and without much warning (urgency), associated with leakage of urine (urge incontinence); not being able to start to pass urine immediately (hesitancy), and a decrease in the force of the stream. This may also be associated with having to pass urine more frequently at night.

Sometimes after prostate surgery there can be leakage of urine during physical activity or when coughing or sneezing; this is stress incontinence.

Men can also experience leakage of urine after finishing voiding and then on walking away from the toilet (post-micturition dribble).

What is normal?

The kidneys are continuously filtering blood to produce urine which is stored in the bladder. The bladder will hold 400-500mls of urine, and an urge to pass urine is normally felt when the bladder is half full, thus giving time to reach the toilet. For various reasons, this message may become blurred or your bladder may contract to empty without warning, not allowing time to reach the toilet.

At the base of the bladder is the prostate gland, which circles the water pipe (urethra). In men over the age of 60, it is quite common for this gland to become enlarged and give rise to the above urinary symptoms. It is important for you to have consulted your GP regarding this so that he can examine the prostate gland.

Keeping a fluid input-output chart is a useful tool to use and should be completed over a full 24 hour period for 3 days. A chart will be sent with your appointment letter for you to complete. The chart will show how much fluid you are drinking, how often, and how much you are passing each time you pass urine. The chart will also show how often leakage is occurring. It will help to identify any triggers to your symptoms, guiding management and

treatment. Going to the toilet up to 8 times in 24 hours, with one of these occurring at night is considered normal.

There are several strategies that can be employed to control symptoms of urgency and frequency.

Fluid Management

A fluid intake of 1.5 – 2 litres is recommended. This is approximately 5-7 mugs.

Caffeine tends to act as an irritant to the bladder, it is recommended that caffeine free products are tried. These are widely available. Substitute caffeinated drinks with water or fruit squashes. Caffeine is found in tea, coffee, chocolate, high-energy drinks like Red Bull and Lucozade, Coca-cola and cocoa. If you drink large quantities of caffeinated drinks you should cut down gradually over a fortnight to reduce withdrawal effects.

Large volumes of fluid within a short period of time and fizzy drinks can cause rapid filling of the bladder leading to frequency and urgency. Drinks should be spaced evenly through the day.

If you cut down on fluids to try to control frequency, this means urine will become more concentrated and will irritate the bladder more. You will also be more prone to constipation which will exacerbate bladder symptoms.

Ideally urine should be a light straw colour. Very dark and strong smelling urine may mean it is too concentrated, and you should drink a bit more. If urine is very pale with no smell, then you may be drinking too much. During hot weather, air travel, after exercising and during sickness you will need to drink more.

The table below indicates some of the fluids and foods which can irritate the bladder.

Good	Possible irritants
Water	Caffeinated drinks Fizzy drinks
Decaffeinated drinks	Grapefruit juice Alcohol
Squashes and cordials	Spicy foods
	Stronger brands of tea and coffee contain more caffeine and tannins

Cranberry juice should be limited to 400mls a day, and should be avoided if you have been diagnosed with interstitial cystitis or prescribed Warfarin.

Drug Management

A number of medications can be prescribed by your GP to help control urgency and urge incontinence, and to treat prostate disease. You can discuss these with your GP.

Taking a prescribed diuretic (water tablet) will cause you to go to the toilet more frequently than normal a few hours after you have taken it. It is important for your health that you continue to take prescribed medications, so if you find it is causing you great difficulty you should consult your GP.

A number of common drugs and remedies can also contribute to bladder symptoms. You should seek advice from your Pharmacist, GP or Continence Nurse.

Bad Habits

- Going to the toilet 'just-in-case'
- Straining to empty your bladder or bowel

Good tips

- Give your bladder time to empty properly. If you feel you are not emptying completely, make sure you have fully emptied by waiting a few seconds and then try to empty more.
- If you are troubled by getting up to empty your bladder during the night, do not drink directly before you go to bed. If you wake up thirsty during the night, have a few sips of water.

Bladder retraining

This is a process whereby you train your bladder to hold a greater volume of urine.

Taking information from the fluid input-output chart you have completed, a continence nurse can advise you on retraining using the best method for you.

Deferment techniques – helping you to hold on

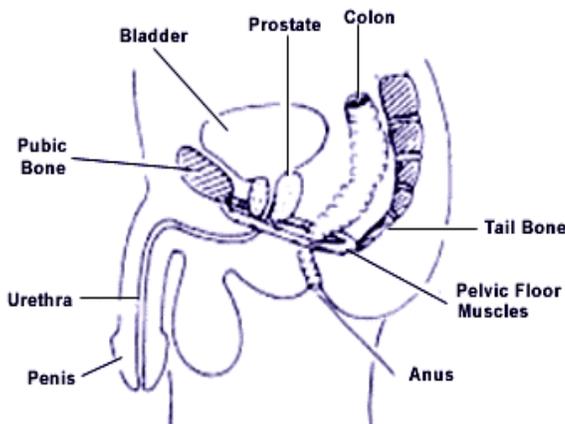
Rushing to the toilet will not help.

You can tighten your pelvic floor muscles to help calm your bladder when the feeling of urgency develops, this will enable you to hold on for longer. Sitting or standing still when you get this urge will help you to concentrate on tightening your pelvic floor muscles.

Pelvic floor exercises

Your pelvic floor muscles

The pelvic floor muscles form a hammock underneath your pelvis to provide support and control the bladder and bowel. The muscles attach to the pubic bone at the front, then span backwards to the coccyx (tailbone) behind. The openings to your bladder and your bowel both pass through the pelvic floor muscle.



What does the pelvic floor do?

- It supports your pelvic organs and abdominal contents, especially when standing or on exertion.
- It supports the bladder to help stop leaking. The muscles need to work gently at all times and be able to work harder when you cough and sneeze to avoid leaking. When muscles are not working effectively you may suffer from urinary incontinence.
- It is used to control wind and for 'holding on' with your bowels.

Why should I exercise my pelvic floor muscles?

The sphincter muscles around the bladder neck may be damaged by prostate surgery, so the pelvic floor muscles become an important way of regaining continence. You can also contract your pelvic floor muscles after emptying your bladder to prevent post-micturition dribble.

To do this pelvic floor muscles need to be exercised. The exercise programme will help to maintain and /or improve their strength.

An individual exercise programme is important. If you do not feel that this programme suits you or helps you, then it is important for you to be assessed individually. You can discuss this when you come to clinic.

The Exercise Programme

A pelvic floor contraction is performed by closing and drawing up you front and back passages. Imagine you are trying to stop yourself from passing wind and at the same time try to stop the flow of urine. The feeling is one of 'squeeze and lift'.

You can do this lying, sitting or standing. You can see if you are contracting the correct muscles by standing in front of a mirror and if you are contracting the correct muscle you will see the penis and testicles lift.

Start gently and stop if it hurts.

DON'T

- Pull in your tummy muscles excessively
- Squeeze your legs together
- Tighten your buttocks

You should aim to perform at least 8 contractions of the muscles, 3 times during the day, everyday.

Muscles only develop when you challenge them to work harder than normal. This will be different for everyone. There are many other ways of exercising the pelvic floor muscles. The continence

clinic will be able to assist you in the best way of exercising your pelvic floor muscles.

Develop a habit of bracing your pelvic floor muscles gently during everyday activities (lifting, carrying and during strenuous exercise) and particularly during any task which might challenge the bladder or put pressure through the pelvis.

Do not exercise using the pelvic floor muscles to stop and start the flow of urine as it may interfere with normal bladder emptying.

Tips for a healthy pelvic floor

To relieve the load on your pelvic floor, aim for an acceptable weight for your height and build. Being overweight [a BMI over 29] has been proven to have a negative impact on symptoms of stress incontinence. There are many ways of losing weight, your GP should be able to guide you as to the most suitable method for you.

Lifting puts extra strain on the pelvic floor. If you do need to lift a heavy object remember to tighten your pelvic floor before you lift, and hold it tight until you have lowered the load.

Smoking - research suggests that smokers are more likely to experience urinary incontinence and this is due to the excessive strain that repetitive coughing puts on the pelvic floor. If you do smoke and would like support to stop smoking contact:
CAMQUIT – Cambridgeshire Stopping Smoking Service – 0800 018 4304
Or visit www.camquit.nhs.uk. NHS Smoking helpline 0800 169 0169

Avoiding Constipation

Many people find symptoms are worse if they are constipated. As the bladder and bowel are next to each other, a full bowel will affect bladder function.

- To keep a healthy bowel, eat a balanced diet, which includes both soluble fibre (oats, barley, berries and fruit) and insoluble fibre (wheat-based foods, cereal, vegetables and nuts).

- Eat regular meals.
- You should go to the toilet to empty your bowel when you feel the need, as delaying may lead to constipation.
- Adequate fluid intake of 1.5-2 litres will also help.

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For further advice and information contact:
Bladder and Bowel Foundation
0845 345 0165
www.bladderandbowelfoundation.org.uk
Local Continence Advisory Service 01353 652145 or
01480 416734

When you attend for your appointment, you should bring with you:

1. Your completed fluid input-output chart
2. Your patient questionnaires (this will help the clinic to determine your needs and is also used to measure your progress)