In our previous edition we discussed women’s pelvic floor health. Again, in this Winter issue, we highlight the importance of this often unrecognised health topic. This time we take a broader look at pelvic floor fitness for everyone.

Continence Awareness Week has always been the Continence Foundation of Australia’s special event week. But now we’ve gone global, aligning ourselves with the new international World Continence Week, which is the last week in June each year. Pelvic floor fitness is the theme for the event in 2011.

If you missed out on our previous Autumn 2011 edition focusing on women’s pelvic floor health, check our website (www.continence.org.au) or phone the National Continence Helpline (1800 33 00 66) to receive your free copy. It was a great companion issue to this edition.

Attending a gym or fitness class? Help us spread the word. Has your personal trainer or fitness instructor seen this special pelvic floor edition? There are many other (free) resources available for exercise professionals and their clients. Call the National Continence Helpline on 1800 33 00 66 or visit www.pelvicfloorfirst.com.au.

A new website is helping people choose qualified exercise professionals for their needs.

The Continence Foundation of Australia is working with Fitness Australia to make the public aware of who they choose as a fitness provider and how to find fitness facilities and professionals registered with this national industry association. A website (www.startexercising.com.au) has been developed by Fitness Australia to provide a public directory of registered businesses and professionals.

On the site you can check the credentials of individual exercise professionals, search for a provider in your area and browse general information to help you make the best choice of how to start getting fit, and who can help you.

You can also check whether exercise professionals hold a current registration and learn about the benefits of using a registered exercise professional.

There’s information on the various levels of registration within the fitness industry and on the expertise of individual exercise professionals based on both their qualifications and experience.

For more information contact Fitness Australia on 1800 88 55 60 or email Amanda Hall at amanda@fitness.org.au.

Of course, the most important thing to remember is to set yourself a goal and start exercising today!

www.startexercising.com.au
Anxious about a weak bladder or bowel?

If you’re coping with leakage or you’re concerned about protecting your pelvic floor, it doesn’t mean you have to cut back on healthy exercise. The important thing is not to stop daily physical activity. For so many reasons, exercise is important, all our lives. It helps prevent a range of diseases, increases fitness and energy, reduces body fat, and helps control anxiety, stress and depression.

What are the PFMs?

The pelvic floor muscles (PFMs) are a group of muscles in the base of your pelvis that stretch like a trampoline or hammock. These are the ‘floor of the core’. Your core muscles are the deep muscle layers close to the spine that provide structural support. The PFMs stretch from the pubic bone (at the front) to the coccyx (tail-bone) at the back, and from side to side.

Why are they so important?

If your PFMs are not working well, you’ll notice you might leak urine (wee) when you exercise, cough, sneeze, laugh or lift – and you might pass wind unexpectedly. These muscles also play a role in sexual sensation and function. Improving the control of these muscles can help give you more control over your bladder and bowel.

What do the PFMs do?

- They work with your deep abdominal (tummy), back muscles and diaphragm (breathing muscle) to stabilise and support your spine.
- They help control the pressure inside the abdomen to deal with the pushing-down force when we lift or strain, helping control the bladder and bowel.
- They hold up the bladder and bowel, plus the uterus (womb) in women.

Can you make them stronger?

Yes, with a PFM exercise program. But it’s important for both men and women of all ages to be aware of protecting their PFMs whenever they exercise – at the gym, while running, at fitness classes – or with any job involving heavy lifting (including lifting children and heavy loads of washing or shopping). Straining with constipation can also weaken these muscles. Trauma or too much pressure on the PFMs can lead to a loss of bladder or bowel control. Check if you’re in a high-risk group (see page 4). If so, or you sometimes experience bladder leakage, talk to your exercise professional about pelvic floor safe exercises.

What are PFM exercises?

PFM exercises (you might have heard them called Kegel exercises) strengthen the pelvic floor. They’re effective only if they’re done correctly; otherwise they won’t do any good, and may even make the pelvic floor weaker. Learn more about these exercises on pages 6 and 7. Talking to a continence professional (e.g. a continence nurse or physiotherapist) is a good approach: being taught exactly the right way to do these exercises, being guided and monitored through your individual PFM training program, will give you the best results.

Ask your doctor...

Some women have PFMs which are too tight. The tightness in these muscles results in pelvic pain, sexual symptoms and problems with bladder-emptying. Talk to your doctor about any of these concerns. Always ask your doctor about treating and managing incontinence that has arisen due to another health condition.

This tip might help you identify the PFMs...

Stopping the flow of urine on the toilet is not an exercise, but it’s a good way of identifying your PFMs. Feel the sensation of a contraction (lifting upwards) and notice how that part of your pelvic floor works to shut off the urethra (the front passage for passing wee).

It’s important to remember that this is NOT an exercise. Doing a stop-start week more than about once every two weeks can actually cause more urine problems: it should only be used as an occasional check that you’re working the right muscles. A stop-start wee won’t show whether your PFMs are strong or weak: they show that you’re correctly drawing them UP (and NOT straining outwards or downwards).
Exercise and leakage

Do you have any of the following symptoms?

- Leaking with exercise or lifting?
- Toilet urgency – or frequency (going to the toilet often) or leaking on the way?
- Accidental passing of wind?
- Prolapse (in women) – pelvic pressure, bulging or discomfort?
- Pelvic pain?
- Painful sex?

If you notice any of these symptoms, talk to your doctor or a continence professional. They indicate you could have a pelvic floor problem.

Who is at risk?

A woman who:

- is pregnant, has just had a baby, or has ever had a baby
- is pre- or post-menopausal
- has had a prolapse (a sagging down of pelvic organs, commonly after childbirth)
- has had a hysterectomy or other gynaecological surgery

Anyone who:

- is overweight (visit: www.mydr.com.au/tools/bodymass)
- lifts heavy weights – in the gym, as part of a job, or who lifts children or heavy loads of laundry or bags of groceries
- strains on the toilet because of constipation
- coughs a lot (e.g. with asthma, smoker’s cough or hayfever)
- has a history of back pain
- has suffered trauma or injury to the pelvic area (e.g. a fall, radiotherapy)
- has had abdominal surgery
- is an elite athlete (e.g. a runner, gymnast or trampolinist)

A man who:

- has a prostate problem (where the prostate gland disrupts the urine flow)
- has had a prostate operation (and where urinary incontinence followed)

Want to find out more about pelvic floor safe exercises?

pelvic floor first

Visit www.pelvicfloorfirst.com.au or call 1800 33 00 66

- Advice about making your fitness program pelvic floor safe
- A detailed list of pelvic floor safe exercises
- Tips on how to modify exercises if you need to
- Free brochures about pelvic floor muscle (PFM) exercises
- Details of your local continence professionals

Visit www.pelvicfloorfirst.com.au or call 1800 33 00 66

• Advice about making your fitness program pelvic floor safe
• A detailed list of pelvic floor safe exercises
• Tips on how to modify exercises if you need to
• Free brochures about pelvic floor muscle (PFM) exercises
• Details of your local continence professionals
A checklist to put your Pelvic Floor First

It’s important that your PFMs can ‘keep up’ with your exercise level, otherwise the pelvic floor can over-stretch and weaken.

- **Add PFM exercises to your daily routine** and make them a lifetime habit every single day. Initially, concentrate carefully on getting the exercise method right (see page 7).

- **Take a close look at all the ways you exercise.** You might have to choose different types of exercise to better protect your pelvic floor, including modifying your choice of exercise classes or sport. Women are more prone to pelvic floor strain, mainly due to their anatomy and physiology (the way the female body is designed for having children) (see page 9).

- **Are you a new mother?** A good general rule is a gradual return to exercise and to stop if you feel pain or get tired. To protect your pelvic floor, avoid any strenuous activities for at least 12 weeks. If you’re the mother of a new baby delivered by caesarean, take extra care when returning to exercise – be guided by your doctor.

- **You can wear an absorbent continence pad** when you exercise, so you can continue to be active without embarrassment. But don’t be content to simply ignore the problem – get good advice about how to improve your bladder leakage.

- **Take action!** Apart from exercise, if you’ve noticed any urine leakage when you laugh, cough, sneeze or lift, it’s not ‘just a small problem’. Those so-called small bladder or bowel issues which we ignore have a habit of getting bigger. It’s never too late – whatever your age – to improve, treat or cure incontinence. See the back page for contacts and sources of good information.

A pelvic floor first message for men after surgery

Decided to finally start that exercise program you’ve been avoiding? Maybe a particular health problem or recent surgery has presented you with a great opportunity for this! Linking this motivation with sound fitness advice is the way to go.

Poor bladder control can happen to men at any age, although over the age of 40 it becomes more prevalent. If you’ve noticed some ‘waterworks’ difficulties that concern you, you should consult a continence professional as this could be the result of a prostate problem. Not all prostate problems mean cancer, nor does poor bladder control mean that surgery will be required. However, it is important that if surgery is required, and also for your general health and wellbeing, that you are prepared.

Exercising the PFMs to make the pelvic floor stronger and more responsive is good preparation for a prostate operation and also helps you repair and recover afterwards. But training and strengthening the PFMs is not enough – you will also need to protect these muscles in the long term.

Avoid high impact exercises until your pelvic floor has repaired. You’ll need good bowel function too: straining to empty the bowels with constipation can weaken the pelvic floor.

There are many paths to restoring continence and psychological wellbeing to men with urinary or faecal (bowel) problems. Incontinence can impact our lives in quite a big way, but there’s a range of tactics to ensure that you’re still free to exercise, work, and enjoy social activities.

Be pro-active by finding out more and talking to the experts: getting professional health and fitness advice is the way to go! Talk to your doctor or specialist, a continence nurse or continence physiotherapist, or call a National Continence Helpline continence advisor (1800 33 00 66).

**Talk to your exercise professional about pelvic floor safe exercises**

Exercise professionals are becoming increasingly aware of pelvic floor protection and of people exercising with a weak bladder. It’s a common condition. If you have this problem, it’s important that you talk about it and find ways of exercising that better suits you.

Most exercise professionals are aware of:
- the importance of building up core strength (good muscle tone around your spine)
- working on the ‘abs’ (abdominal muscles), and
- equally protecting and strengthening the PFMs.

There’s a wide range of pelvic floor safe exercises for both cardio (heart) and resistance (weights) work-outs (see page 7).

There are also simple ways to modify your program so that you protect, rather than put pressure on and weaken, your pelvic floor (see page 6).

Find out more by calling a continence nurse advisor at the National Continence Helpline 1800 33 00 66 or visit www.pelvicfloorfirst.com.au.
There are two types of exercise:

• cardio (cardiovascular) exercises
• resistance (weight) exercises,

Cardio exercises are the more vigorous type and (they’re also called aerobic exercises). They raise your heart rate and keep it up for the exercise session (e.g. running or fast walking).

Resistance (weight) exercises are the weight-bearing exercises that build muscle strength (e.g. lifting dumbbells).

Exercises that emphasise stretch and strength, like Pilates, are generally not considered cardio exercise, although Pilates can be done in a faster, flowing cardio style.

Both cardio and resistance training have the potential to strain and weaken the pelvic floor. Keep track of any exercises to avoid and know how to modify an exercise so it’s more pelvic floor safe.

To avoid straining your pelvic floor muscles when lifting weights you should consider:

• the type of exercise you are doing
• the number of repetitions (movements you repeat) in each exercise and
• the number of sets (groups of repetitions) you do before resting
• how long you rest between sets
• the actual weight you are lifting.

Is the weight too heavy for you? More repetitions (reps) but with a lighter weight might be better.

Think about your fatigue level

As fatigue sets-in you may be more at risk of straining your PFMs. The PFMs are quite small muscles that can strain and tire more easily than those in your arm, back or legs. Keep your exercises pelvic floor safe.

1. Avoid heavy lifting
Keep your weights within a manageable range. Never lift heavy weights that make you strain or hold your breath. Avoid lifting weights from ground level. Aim to lift from waist height instead.

2. Use your pelvic floor muscles
Activate your pelvic floor muscles prior to and during resistance exercises. The goal is for your pelvic floor to be working immediately before and as you lift/lower/push or pull any load.

3. Lift with good posture
Maintain the normal inward curve in your lower back during every lift/lower/push/pull exercise you do, regardless of whether you are sitting, standing or lying on your back.

4. Exhale with every effort
Never hold your breath or pull your tummy in strongly during an exercise. This increases the downward pressure on your pelvic floor. Breathe out with every effort, whether it is a lift, push or pull.

5. Choose supported positions
Your pelvic floor will be under less strain if you perform your resistance exercises sitting or lying down wherever possible. Sitting on a Swiss ball is an excellent option.

6. Keep your feet close together
You will find it easier to activate your pelvic floor muscles by keeping your feet close together. If you are performing a standing resistance exercise keep your feet no wider than hip width apart.

7. Strengthen gradually
Start using light resistance and pay attention to performing the exercise correctly to reduce your risk of injury. Gradually increase your resistance when you are confident of your technique.

8. Take care when fatigued or injured
Your pelvic floor and deep abdominal muscles may not work as effectively when you are tired, unwell or have lower back pain. This may make you more prone to symptoms and injury. Take a break and return to resistance training when you have recovered.

9. Rest between sets
Rest for a couple of minutes between each set of exercises you perform. This gives your muscles (including your pelvic floor muscles) time to recover before your next lift.

10. Avoid aggravating exercises and machines
Listen to your body when exercising. If your symptoms are worse with a specific exercise, modify it or leave it and perform another exercise to strengthen the same area instead.

Visit www.pelvicfloorfirst.com.au or call 1800 33 00 66.
Training your pelvic floor muscles

The key to strengthening your PFMs is to get the technique right – every time – and to do these exercises often and regularly.

- Be sure to correctly identify (feel) your PFMs. The wrong technique can make your pelvic floor even weaker.
- Do your PFM exercises every day, standing, sitting or lying down – choose the position where you can feel them working the best.
- It might take a while to get the knack of these exercises so go slowly and think about each separate movement, picturing what is happening.
- Only speed up when the completely correct movement becomes almost automatic.

How to do PFM exercises

- Relax your thigh, bottom and lower tummy muscles
- Draw in (lift-and-tighten) the muscles around your front and back passages and hold for a second or two (while continuing to breathe normally)
- Relax all the muscles
- 3 quick squeezes to finish, relaxing fully between each one (lift UP: don’t push out or downwards)
- Repeat this set of movements 3 times. Rest between each set.

Once you can do this set confidently...

- Hold the lift-and-tighten for longer, say, 3–5 seconds
- Build up slowly, over time, to a 10-second hold. Feel the muscles ‘let go’ each time
- Don’t hold your breath: breathe normally throughout
- Don’t press out OR down – lift UP and tighten
- Do this exercise routine 2–3 times a day. You can build this routine up to 10 times in a row.

Do NOT do any type of exercise that causes you to feel a downwards push, pain or feeling of pressure on your pelvic floor muscles (PFMs).
“Cameron arrived eight weeks early because I had a massive haemorrhage due to placenta previa (low-lying placenta). I was rushed by ambulance to hospital for an emergency caesarean and a blood transfusion. Tiny Cameron was in hospital for eight weeks after having had a blood transfusion too. I expressed milk for the eight weeks of his hospital stay, while trying to recover and look after a toddler at the same time.

A few years earlier, the arrival of my first son had involved a long 10-hour labour with forceps and vacuum suction. The two birthing experiences had left me with two beautiful boys, but also a very weak bladder and no core abdominal strength, I became overweight too.

I had hit rock-bottom mentally and physically. I was in a downward spiral, feeling fat, frumpy and unhealthy. Unmotivated and depressed, embarrassed about the way I looked, I was very self-conscious. My weak bladder made exercise difficult too. I was diagnosed with post-natal depression.

A few months later my husband joined a gym. I decided I should go too. Before having children, I’d always been fit, participating in many triathlons and enjoying exercising. I was soon able to do every exercise class available, had lifted, pushed and pulled every weight in the gym and run many kilometres over the last five months with the help of my personal trainer – nothing was going to stop me.

It was a fantastic feeling to complete that Half-marathon in a time faster than I’d ever expected. But what wasn’t fantastic was that I finished the race with wee-drenched socks – a situation I’d become all too familiar with.

Some time later, I had to visit a physiotherapist because of a knee injury. Because this health professional happened to be a women’s health physiotherapist, she told me that finishing a race with socks soaked in urine was not normal. Further, it was not a sign of a weak bladder but a weak pelvic floor. My physio told me I needed urgent attention. She taught me how to correctly identify my pelvic floor muscles, to do pelvic floor exercises regularly, and how to exercise safely so that I wouldn’t further damage my pelvic floor muscles.

I modified my high impact, high intensity exercise routine into a low impact, low intensity one. I aimed to train my pelvic floor to be strong enough to safely tackle high impact exercise such as running.

I’m now on the road to recovery and can run a ‘dry’ 7km. I can cough and laugh without a ‘wee accident’ (most of the time...) and I’m working up to coping with a sneeze. I will NEVER do star-jumps or touch a skipping rope again! Now I understand about protecting my pelvic floor muscles.

I’d thought that wetting myself was something I just had to live with. I told myself it was because I’d had two children. I didn’t really think that I could actually do something about it. I now know that leaking urine isn’t normal and that seeking expert help is the first and most important step to getting back in control.”

Sally has generously offered to share her story and we thank her. It illustrates so many aspects of our pelvic floor first project: how she made some wise lifestyle adjustments to protect and strengthen her pelvic floor and improve her quality of life.
A woman’s pelvic floor muscles (PFMs) are prone to damage and weakening with strain even more than a man’s.

This straining can happen with the wrong type of exercise or after pregnancy and childbirth, through heavy lifting, being overweight, after surgery, or with hormonal changes around menopause.

Later in a woman’s life, urinary incontinence and/or a prolapse (a sagging down of pelvic organs) can cause embarrassment or discomfort. PFM exercises can help.

It’s not uncommon that some of us find we leak urine when in the gym, in exercise classes or playing sport. An immediate reaction might be to avoid exercising, yet healthy exercise is vital at any age.

The best thing to do is to get good advice about how to prevent bladder leakage with PFM training plus learning some tactics to allow you to continue to exercise – without embarrassment and while protecting your pelvic floor.

Did you know…

- For 1 in 3 women, pregnancy and childbirth cause bladder weakness.
- A woman's childbearing history affects bladder and bowel function in the short and/or long term.
- An exercise professional should be aware of pelvic floor safe exercises – ask for their help.
- A food diary can help you with a diet ‘reality check’ – like a bladder diary or a bowel chart can alert you to patterns and volume of leakage episodes.
- An exercise professional can tailor and monitor your exercise program, to best suit your individual needs and capacity.
- Even a small weight loss can improve an incontinence problem.
- Even elite athletes can have an incontinence problem – particularly if they do high-impact sports that involve stop-start running.
- Incontinence – at any age or stage – is never ‘normal’.
- For some high-risk people, some forms of exercise are never appropriate.

What is stress urinary incontinence (SUI)?

It’s leaking urine when you cough, sneeze, laugh, lift or exercise. It’s not about emotional stress, but happens with physical effort if your PFMs are not working well enough.

SUI is the most common cause of bladder leakage in women. It’s not surprising, because the most common cause of SUI is pregnancy and childbirth. Being overweight is increasingly seen as being a high-risk factor too. Older men can also get SUI – often related to prostate problems.

Poor bladder or bowel control happens for a variety of reasons – factors can be complex and interacting. Treatment and management will be different and this is why getting professional assessment and advice is so important. There are other types of incontinence apart from SUI, for example, urge, mixed, overflow, functional, reflex, and atonic bladder.

Another cause of pelvic floor weakness is straining in the toilet due to constipation. Dealing with heavy weights (as part of your job, or lifting babies, toddlers and loads of shopping) can also strain the pelvic floor.

These issues (babies, body weight, toilet-straining and lifting) all put downward pressure on the pelvic floor. Over time, the PFMs weaken and stretch and can’t properly support the bladder and bowel. For women, the uterus may also be poorly supported.

Weight a moment!

If you’re going to a gym regularly, you might be aiming to address a weight problem and improve your cardio (aerobic) fitness.

Being overweight has been shown to cause or worsen incontinence. But recent research shows that losing as little as 5kg could improve stress incontinence. This benefit occurs no matter how overweight you are.

Regular exercising plus healthy eating improves our bladder and bowel control for a variety of reasons, so keep up the good work!
Fit and strong

The benefits of getting (and staying) fit

Why is it so important?
The reason for achieving and maintaining physical fitness is that a healthy weight and heart leads to wide-ranging positive effects on total health and well-being. This includes preventing and improving the management of the very prevalent ‘lifestyle diseases’ that reduce our life span and quality of life.

What are the lifestyle diseases?
They’re the health conditions linked to the way a person lives their life. They include: heart disease, stroke, obesity and type 2 diabetes, problems associated with smoking, alcohol and drug abuse, and atherosclerosis (where fat collects along artery walls, thickening and hardening and eventually blocking the arteries).

What’s the link with incontinence?
Importantly for the work of the Continence Foundation, these common health conditions (and many more) often have poor bladder or bowel control (incontinence) in the background. Some medicines taken for these conditions can have incontinence as a side-effect.

Regular physical activity helps prevent and improve incontinence – along with obesity, heart disease, hypertension, diabetes, colon cancer and premature mortality (early death). Depression and anxiety are commonly associated with both chronic diseases and incontinence – exercise can help. For more information, visit www.beyondblue.com.au.

What can I do about bladder and bowel leakage?
Incontinence typically has several interacting factors causing it, or making it worse. As with lifestyle diseases, there’s a lot that we can do ourselves to gain better control. With many of today’s health challenges, it keeps coming back to what we ourselves can do. It might mean altering the habits and attitudes of a lifetime.

What’s the first step?
For many people, the first step towards better health, including better bladder and bowel function, can be the hardest: talk about it. Even if you think you only have a small bladder or bowel leakage problem, discuss it with your doctor and/or a continence professional.

Phoning the National Continence Helpline (1800 33 00 66) and talking with a continence professional is a great start.

Not all leaky bladders or bowels are due to a weak pelvic floor...
Poor bladder or bowel control will often involve a number of interacting factors – it’s usually quite a complex health condition. There are different types of incontinence: stress, urge, functional and mixed.

Some people have bladder or bowel control problems related to a health problem: neurological (nerve-related) conditions like Multiple Sclerosis or Parkinson’s, or following a stroke or spinal injury, with kidney or heart problems, dementia, prostate issues, or a prolapse, for example.

For more information about the types of incontinence, check the Continence Foundation of Australia website or phone the National Continence Helpline (details on the back page).

Remember...
A bladder or bowel leakage problem won’t go away on its own – and it will probably get worse without expert attention. For women of all ages, incontinence can be treated, better managed and often cured – at any stage of life. A continence professional is an excellent coach to help with bladder leakage related to stress urinary incontinence (i.e., not emotional stress but physical stress).
Did you know your CAPS funding can be transferred directly to and managed by Independence Australia on your behalf?

We help to manage incontinence discreetly

Our range of health care products extends beyond 12,000 items

• We offer competitive prices and exclusive promotional offers
• Our national network of showrooms allows you to come and view products
• FREE samples on all disposable continence pads
• FREE professional advice available from our Urology Continence Nurse on product choice and usage
• Delivery for all online orders is FREE of charge purchase at: www.independenceaustralia.com
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We deliver products to you in a timely and efficient manner from our national network of warehouses.

T 1300 788 855 F 1300 788 811
E customerservice@independenceaustralia.com
www.independenceaustralia.com
Need help with bladder or bowel control problem while you exercise?

Talk about it with:

- Your GP – your family doctor will know your health history and can advise you on good exercise choices and levels of activity suitable for you.
- The National Continence Helpline (1800 33 00 66) – a great place to start if you are too nervous to mention your incontinence to your GP. You can talk confidentially to one of the continence nurse advisors from the comfort and convenience of home. They can advise you about contacting other continence experts such as...
- A continence nurse advisor (CNA) – nurses with specialist training in incontinence, such as the National Continence Helpline’s advisors.
- A continence physiotherapist – has completed a postgraduate course in pelvic floor rehabilitation. In many cases, doing pelvic floor exercises correctly is the mainstay of improving stress urinary incontinence in women.

You could also talk to:

- An exercise professional – (e.g. a personal trainer or fitness instructor) – talk to them about your pelvic floor and how to exercise in the best way to protect these muscles. If you have problems controlling your bladder while you exercise, talk to them about this. It might be a sensitive topic to talk about at first, but your pelvic floor is another part of your body, with muscles that equally deserve careful attention.
- A dietitian – is a health professional specialising in foods and nutrition that can help with diet and fluid intake advice to improve digestive function, bladder and bowel control and weight.
- A pharmacist – can advise on reducing your weight (being overweight is a high-risk factor for incontinence) and can advise on medicines taken for other health conditions which might be linked to incontinence.

Continence clinics are usually self-referring, i.e. you won’t need a GP’s referral before making an appointment. However, it can be helpful if you’ve spoken to your doctor first. You can take along to the continence clinic appointment your health history, plus current problems and any medicines you take for these. The National Continence Helpline can give you contact details for your local continence clinic.

A great first step… The National Continence Helpline (1800 33 00 66) is a free and confidential service. A continence nurse advisor can talk to you about how to tame your weak bladder or bowel, how to manage incontinence better, including advice about absorbent products and other aids (and where to get these), plus details of your nearest continence clinic or continence physiotherapist. There’s also a great range of FREE printed information they can send you.