This is an exciting time of the year for the hardworking team at the Continence Foundation of Australia with our major national health awareness campaign, Laugh Without Leaking, and World Continence Week celebrations.

This year, we are asking Australians to make pelvic floor exercises part of their daily habit to help prevent - and treat - bladder and bowel leakage (read more on page 4).

During World Continence Week, we are shining a spotlight on the seven most popular continence topics that people ask us about in the 7 Days of World Continence Week (page 6). There will also be World Continence Week events, activities, displays and shows taking place right across the country thanks to the support of our members, partners and supporters. This is a great opportunity for you to take that first step towards regaining continence control, regardless of your age, gender or physical ability.

This issue of Bridge Magazine also has some excellent advice and handy tips from our health professional friends, a feature on Men’s Health Week and the inspiring story of a young woman’s daily pregnancy workout using our very own Pregnancy Pelvic Floor Plan app.

And if you have a personal story to share - it may be funny or it may be no laughing matter - we would love to hear from you. Plus you could win some terrific prizes in the Laugh Without Leaking competition (page 5). Send me an email at bridge@continence.org.au.

Happy reading.

Jodie Harrison, Editor

Contents

4 Laugh Without Leaking
6 World Continence Week
9 Pregnancy workout
10 Activate your pelvic floor
11 Ask a physio
12 Men’s Health Week
14 Carer of the Year
15 Helpline Q&A

References

Email bridge@continence.org.au for a list of references for any articles appearing in Bridge.

About us...

The Continence Foundation of Australia is the peak national body representing the interests of one in four Australians affected by incontinence, their carers, families and health professionals. The Foundation, on behalf of the Australian Government, manages the National Continence Helpline (1800 33 00 66), a free service staffed by continence nurse advisors who can provide information, referrals and resources 8am – 8pm AEST weekdays. The Foundation, established in 1989, is a not-for-profit organisation.

Become a member

Become an individual, student or professional member of the Continence Foundation of Australia and receive many benefits including discounted registration to the annual National Conference on Incontinence, free publications and timely information about events and education courses.

Email membership@continence.org.au or phone 03 8692 8400.
Louise Owen is a Sexual Health Physician and Director of the Statewide Sexual Health Service in Tasmania. She was a speaker at the 2018 National Conference on Incontinence in Hobart. In addition to her clinical role, Louise is a lecturer on sexual health and related topics.

Could you share how you’ve been working with health professionals, particularly in the continence field, to educate them on the needs of the LGBTI (lesbian, gay, bisexual, transgender and/or intersex) community?

Raising awareness of the health needs of the LGBTI community has been on our agenda for a long time. As our transgender and gender-diverse practice grows, there have been increased calls for education from other health professionals.

This includes speaking with GPs, staff at incontinence services and practice managers. In our sessions we discuss general principles about inclusive language, feeling comfortable addressing LGBTI issues and feeling confident to raise topics if the client or patient may be feeling a little hesitant.

I also encourage health professionals to pass this information onto their colleagues: chatting about registration forms, preferred names and inclusive language that we can all use in our day to day practice.

Why is this education so important?

We know that many people within the LGBTI community live happy, connected and positive lives, but there are those who have significant mental health issues and who experience poorer physical and mental health outcomes. Many have experienced stigma and discrimination in everyday life, including during their encounters with health professionals.

If we can raise awareness with health professionals, we may be able to assist people on their journey through the medical system.

Many people have concerns and wonder whether the health professional will respect their body, gender and identity. Do they understand about correct pronouns? Will they ask loads of probing questions about gender matters even if the consult is nothing to do with that?

Bladder, bowel and pelvic health can be so personal and people are often embarrassed to seek help. What are your tips for people in the LGBTI community on finding a medical service or practice that’s right for them?

Ideally all health practitioners would be ‘friendly’ and non-discriminatory, but we know this isn’t always the case.

If your concern is around sexual health, intimate pelvic issues or bowel symptoms such as bleeding, you could start your discussions with a friendly GP or sexual health clinic. These doctors and nurses are usually very comfortable talking about these issues and should make the process a little easier.

Try searching the internet as some practices and practitioners may actively list themselves as ‘friendly’. Some practices are outwardly friendly and display rainbow flag signs, or you could go somewhere that comes recommended by other friends or family.

Are there benefits to being open and disclosing to your health professionals?

Health professionals are there to help and have expertise to assist you. Overall, it is best to seek assistance and link in with health professionals if possible.

Helping them understand other aspects of your life and wellbeing can assist them in addressing your health needs more specifically.

It is not essential to disclose if you belong in the LGBTI community and for some people, they may not feel it is safe to do so.

You might be worried about how to approach being open with your health professional. Perhaps you may wish to take someone along to your first appointment. You can write down your symptoms or concerns so that if you get anxious or nervous, you don’t forget them.
It features humour to help the 1 in 4 Australians who today suffer from bladder and bowel leakage, and the millions more at risk of this debilitating condition, to make a simple change that could significantly improve their lives.

Bev Killick, Melbourne actress and comedian, has been at the forefront of the second year of the campaign, stimulating a growing national conversation about the once-sensitive topic in her newfound role as The Continence Champion.

This year, she’s letting everyone know that daily pelvic floor muscle exercises can be the key to laughing freely.

“There’s a significant proportion of the population for whom laughing out loud is just not an option, no matter how funny they find a routine. Laughing out loud literally involves weeing themselves laughing. I know this personally, as for most of my life I was one of those people,” Bev said.

The Continence Foundation CEO, Rowan Cockerell, said that it’s important for women to seek help as incontinence won’t go away on its own.

“Women make up 80 per cent of people living with urinary incontinence, with more than half being aged 50 and younger - many experiencing problems after childbirth and during pregnancy. With 1 in 3 mums wetting themselves, this is a common problem but, for the majority, it can be fixed. However, it will not get better on its own,” Mrs Cockerell said.

A simple behaviour change - that is, making pelvic floor exercises a daily habit - can make a world of difference to not only the mums suffering incontinence but people of all ages and genders.

Laugh Without Leaking features a series of fun, 15-second video clips being shared across social media with Bev championing when and where you can do these simple exercises throughout the day.

To find out how to Laugh Without Leaking, go to continence.org.au, speak to a health professional or call the free National Continence Helpline 1800 33 00 66.

The best medicine

Laugh Without Leaking

MAKING LAUGHTER AND PELVIC FLOOR EXERCISES

The Continence Foundation of Australia launched its 2019 national health awareness campaign, Laugh Without Leaking, to coincide with World Laughter Day.
MEET the CONTINENCE CHAMPION

Bev Killick has been incorporating toilet humour in her comedy for years, but she never thought it would catch the attention of a national health organisation.

“I was wondering if I’d ever be approached to be the face of something - a product - ever. And it’s interesting that it has turned out to be this!” Bev said.

Her ‘Crummy Mummy’ comedy shows feature her personal experiences with incontinence and resonate with mums around the country, many of whom know the fear of leaking all too well.

“A lot of my stuff is around parenting now, which is just obvious. I have an interesting parenting life where I’ve been a young mother and an older mother. I’ve got 14 years between my kids so there’s a lot of fodder there,” Bev said.

Bev is open and refreshingly honest - whether it’s onstage, talking about incontinence on national TV, or with family.

“There are no taboo subjects about the body in my family. We’re all very open. I don’t want incontinence to be hidden away like a secret hush-hush thing,” Bev said.

Like many other mums out there, it took Bev a long time to realise she could do something about her ‘wee leaks’.

“I didn’t realise that there was real help out there. If you go and see a professional, like a pelvic floor physiotherapist, you can learn how to do your pelvic floor exercises properly and work through it.”

“Since I became the face of Laugh Without Leaking, the Continence Foundation has helped me to do something about my incontinence for the first time in my life. Thanks to making pelvic floor exercises part of my daily habit I can now laugh or cough or sneeze without having to go into the ‘brace’ position.”

Watch to see where and when Bev does her daily pelvic floor exercises on the Continence Foundation of Australia YouTube channel.

““You can do them when you wake up, at the bus stop, ordering your morning coffee, picking up the kids from school, watching a scary movie - you can do them here, there and everywhere! Matter of fact, I’m doin’ them now.”

Dear Bev...

Share your ‘leaking’ story and WIN

A YEAR’S SUPPLY OF TENA PRODUCTS, A CURVES FITNESS YEARLY MEMBERSHIP OR TWO VIP TICKETS TO A BEV COMEDY SHOW NEAR YOU. It may be funny or no laughing matter – share it with us and win.

bridge@continence.org.au | @AusContinence 

Competition closes: 30 August 2019 | Winners announced: 2 September 2019

DETAILS: laughwithoutleaking.com.au

Supported by:
About one in 20 people experience poor bowel control. This may mean you pass faeces or stools at the wrong time or in the wrong place. It’s often not talked about, but both men and women can have poor bowel control. It’s more common as you get older, but young people can also have poor bowel control.

Over 4 million Australians experience urinary incontinence, so you’re not alone. It can range from the occasional leak when you laugh, cough or exercise, up to the complete inability to control your bladder, which may cause you to wet yourself. Other symptoms may include the constant need to urgently visit the toilet, and this is also associated with accidents.

The 3Ps are all related. Childbirth is the biggest risk factor. In fact, 1 in 3 women who have ever had a baby experience incontinence. The good news is that mild prolapse and many other pregnancy-related causes of leakage can be treated with pelvic floor muscle exercises.

An estimated 30 per cent of men who visit the GP are affected by incontinence, yet more than two thirds do not discuss the issue. This is despite the fact that the majority of people can be cured or better managed. Men have pelvic floors too! Learning to control and strengthen the pelvic floor is particularly important for men with erectile dysfunction or those who undergo prostate surgery, as incontinence can be a common post-surgery problem. A recent study found that “simple pelvic floor exercises may also be the cure for some common problems that men experience in the bedroom”.

With thanks to our 2019 supporters:

**WORLD CONTINENCE WEEK**
17-23 JUNE 2019

**Laughter aids continence**

**NATIONAL CONTINENCE PROGRAM**

**Australian Government**
Department of Health

**medibank**
For Better Health

**Laugh without leaking**

**MamaMi!**
We’re shining a spotlight on a range of continence issues as part of the international celebrations for World Continence Week 17-23 June 2019.

Who is at risk? Incontinence is a whole-of-life problem affecting all ages and genders. Prevalence is higher among at-risk groups including:

- women who have had children (50.3%)
- primary school children (20%)
- men with prostate problems (49.5%)
- people living with mental health disorders (44.2%)
- those aged 60 and over (38.7%)
- people living with disabilities (37.4%)

Sources: 1) Prevalence and economic impact of incontinence in Australia - Deloitte Access Economics 2010
2) Continence in the Australian Community Survey 2017 - Continence Foundation of Australia

Pelvic floor exercises also play an important role in sexual sensation and function. Mental and physical concerns can lead the person experiencing incontinence to avoid situations of intimacy, withdraw from existing or future relationships, and suppress their own desires of sexuality. You need to know you are not alone in these feelings and that help is available.

SATURDAY 22 JUNE

Incontinence in Seniors

Women who have progressed through menopause may notice increased difficulty with bladder and bowel control. Although ageing can have an impact on your pelvic floor, incontinence isn’t an inevitable part of getting older! There are healthy bladder and bowel habits you can follow to improve and prevent incontinence.

Friday 21 June

Pelvic Floor Exercises and Sexual Fitness

They’re not just great for bladder and bowel control! Pelvic floor exercises also play an important role in sexual sensation and function. Mental and physical concerns can lead the person experiencing incontinence to avoid situations of intimacy, withdraw from existing or future relationships, and suppress their own desires of sexuality. You need to know you are not alone in these feelings and that help is available.

Friday 21 June

Pelvic Floor Exercises and Sexual Fitness

They’re not just great for bladder and bowel control! Pelvic floor exercises also play an important role in sexual sensation and function. Mental and physical concerns can lead the person experiencing incontinence to avoid situations of intimacy, withdraw from existing or future relationships, and suppress their own desires of sexuality. You need to know you are not alone in these feelings and that help is available.

Saturday 22 June

Incontinence in Seniors

Women who have progressed through menopause may notice increased difficulty with bladder and bowel control. Although ageing can have an impact on your pelvic floor, incontinence isn’t an inevitable part of getting older! There are healthy bladder and bowel habits you can follow to improve and prevent incontinence.

Saturday 22 June

Incontinence in Seniors

Women who have progressed through menopause may notice increased difficulty with bladder and bowel control. Although ageing can have an impact on your pelvic floor, incontinence isn’t an inevitable part of getting older! There are healthy bladder and bowel habits you can follow to improve and prevent incontinence.

Sunday 23 June

Celebrating Carers

The last day of World Continence Week is for celebrating and applauding those who care for someone with incontinence. The care needs of people with incontinence are much higher than those of others needing care. Caring also has immense economic worth; the replacement value of unpaid care provided is estimated at over $1 billion per week. There are over 2.8 million at-home carers, including approximately 540,000 who provide daily continence care. Today, we celebrate those carers.

Head to laughwithoutleaking.com.au for more information and to join us at an event near you.

Follow the 7 days of World Continence Week through social media @AusContinence
Protect your pelvic floor and stay in control

pelvicfloorfirst.org.au

FAST ABSORPTION SYSTEM
Maximum fluid retention

SKIN PROTECTION
Camomile protects the skin and provides outstanding comfort.

ODOUR CONTROL SYSTEM
Helps to prevent and block odour

COTTON FEEL
Soft textile Maximum comfort and discretion

ULTRA DISCREET
Soft & thin Discreet fit under clothes

For your free sample please visit our website
www.antexhealthcare.com.au

contact customer service
1300 788 872
PREGNANCY & THE PELVIC FLOOR

“The three-minute pelvic floor exercise I’m doing every day during my pregnancy.”
By Amy Nelmes Bissett

Picture the scene. You’ve finally got your non-sleeping toddler to sleep after a mammoth night of wakings and as you look at them all angel-face snoozing, you feel your nose twitch and that sharp inhalation of breath that only comes with one thing: a monster sneeze. Then, incontinence.

So like any parent, you somehow manage to sneeze inwards to make the least noise despite it feeling like your whole body is going to explode into tiny pieces. Add that to being seven months pregnant with a pelvic floor that’s seen better days—and voila! You’ve slightly peed your pants.

And no, it’s not the first time. Throughout this pregnancy, my second no less, I’ve been blessed with the worst bout of hay fever and a testing pelvic floor.

I’ll be chatting to my husband and suddenly freeze, brace my whole body and pray to the pelvic floor gods that my undercrackers escape unscathed. And while I might be alone in wanting to write about the intimacies of my nether regions, rest assured I know I’m not the only one facing this constant battle.

In fact, one in three women out there right now are living in fear of esca-pee.

So, what can we do about it? Well, finally the tech world is waking up to our needs when it comes to female health. It’s actually got a cute little title, femtech, and it’s a growing area to help women with all areas of their sexual health.

But for us slightly-damp preggo ladies - and new mums too - the best has to be an app offering pelvic floor exercises. There are a few out there, but let it be known that not all pelvic floor apps are created equal.

My tried-and-tested and totally approved one is the Pregnancy Pelvic Floor Plan app, which has been created in conjunction with The Pregnancy Centre and the Continence Foundation of Australia. It was also made with the help of pregnant women and other women who’d recently had babies, so it’s a tailored and personalised experience.

This is how it works. You download the app, which is free, then add in your due date and you are soon welcomed into a world where your pelvic muscles will be worked.

The app also gives you a detailed breakdown of how to exercise that area of your body. And then each day, a little notification pops up telling you to get to business. Sounds simple right? Well, it kind of is.

But really, many women aren’t even sure what the pelvic floor is. And many of us who have good intentions are actually just gripping our whole body and holding our breath and that isn’t working the muscle.

The problem for us who are pregnant is that the weight of the baby pushes down on the pelvic floor and the muscles don’t work as effectively. So regular exercise will not only help reduce incontinence (sorry, that word!) but in most cases, reverse this problem. That’s why it’s also great for women after they’ve had babies too.

The app will let you know when to lift and hold the muscles, releasing and repeating around 10 times. It takes around a minute.

The notification is set for three times a day and can be done anywhere at any time - your desk, driving to work or picking up a coffee. Three minutes of pelvic floor work = tonnes of benefit in the long run. And no, not that kind of run...

And it’s proven that those of us who flex this muscle during pregnancy actually recover quicker from childbirth. And really, if there’s anything that can speed up that special type of hell then sign us up.

Download the Pregnancy Pelvic Floor App on Google Play or Apple now.

This story is republished courtesy of

MamaMia

continence.org.au | Winter 2019 | bridge
Activating your pelvic floor

What are pelvic floor exercises, how do you do them correctly and how often?

We spoke with Continence Foundation of Australia member, Brisbane physiotherapist Sue Croft who offered this advice.

Q. How often should I do my pelvic floor exercises?
A. In the Laugh Without Leaking video series, we are emphasising the importance of establishing a habit with your pelvic floor exercises. Performing them around 30 times per day will help with this. You should lift and squeeze when doing a pelvic floor contraction. It is important to concentrate on relaxed breathing while you do the exercises and to work on the endurance (or length of hold) of the muscles. To help you with improving stress urinary incontinence (the type of leakage that occurs with coughing and sneezing), it is important to learn the knack – that is, contracting your pelvic floor muscles before and during the increase in intra-abdominal pressure that occurs during activities such as lifting or coughing.

Q. Are there any precautions about starting a program of pelvic floor exercises myself without supervision?
A. Firstly, if you have any pelvic pain or difficulty emptying your bladder or bowel, it is important to have a consultation with a health professional that’s knowledgeable in examining your muscles internally (such as a pelvic health physiotherapist) before you embark on an exercise program. This is because your pelvic floor muscles may be overactive. In this situation, doing too many pelvic floor exercises can increase existing pelvic pain or make emptying your bladder or bowel more difficult.

Q. How long do I have to do these exercises for? A few weeks? A few months?
A. These exercises are ones we must do for life. We pass through different life stages, with hormonal changes and the effects of ageing taking their toll on our continence state - whether we are having urinary leakage episodes or not. It is this lifetime adherence that most of us have trouble with. It is a lot like cleaning your teeth or moisturising your face. You would not only do that for six months and then stop. You do that twice daily as a habit and that’s what we are trying to establish for you now with pelvic floor exercises.

Reproduced with permission from Pelvic Floor Essentials (Edition 3, 2018) by Sue Croft
Incontinence, or poor bladder or bowel control, is a condition commonly associated with pregnancy, childbirth, menopause, or a range of chronic conditions such as asthma, diabetes or low back pain. Urinary incontinence affects twice as many women as men, due partly to the reproductive health events unique to women. However, despite how common the condition is, it can still be embarrassing for many women to discuss.

Physiotherapists are accustomed to discussing these issues and will try to put you at ease. In your first appointment, your physio will want to find out as much as they can about what you’re experiencing, so they can make an accurate diagnosis and know how best to help you.

**Before your appointment**

Many continence physiotherapists will send out information before your first appointment. This may include:

- A questionnaire asking about various aspects of your bladder, bowel and sexual symptoms.
- A bladder diary. This will chart your fluid intake (what you drink) and fluid output (how much and when you urinate) over two days.

It can also be useful to think about what you might want to discuss with your physio, including:

- How long you’ve had the problem, and whether it’s improving or becoming worse
- What you’ve tried to do to improve things so far, and whether that’s helped
- Whether you have problems with your bladder, bowel, prolapse, sexual problems or maybe a combination of these issues
- Any past medical problems, including childbirth history and any previous operations.

**What kind of questions will I be asked?**

Some of the questions may seem unrelated to your incontinence. Your physio may ask:

- What is the problem that is bothering you the most?
- About your bladder function, including how often you go to the toilet during the day and night, if you leak urine (and if so, how much and how often), if you feel you have to rush to get to the toilet on time, and the kinds of symptoms you have when urinating, including any pain or feelings of incomplete emptying.
- About your bowel function, including how often you empty the bowel, whether you find this difficult or painful, the consistency of your bowel motions, any loss of control from the bowel or any sense of having to rush to get to the toilet on time.
- Your childbirth history, including how many children you’ve had, the types of deliveries and the weight of the babies.
- If you have any symptoms of prolapse, including a feeling of something dropping internally or a heaviness, lump or bulging inside the vagina or rectum.
- Questions about sexual intercourse, including whether you find this painful or if you have any difficulties or concerns.
- About your medical history, including current medical problems, the medications you are taking and any past operations.
- What you do for work and in your leisure time, so they can understand how your problem may be impacting on your daily life.
- If you already know about your pelvic floor muscles and their function. They will often provide you with information on this before performing an examination, so you understand where they will be examining and why.

**What kinds of examinations will be performed?**

When seeing a physio for incontinence, it is likely that at some stage they will need to examine your pelvic floor muscles. This will commonly occur at the first appointment, but not always. Your physio will always ask you for permission before performing any examination, and you have the right to say no. However, this may mean they cannot diagnose and treat your problem to their best ability, and they can discuss that with you.

**Questions you may have for your physio**

You should never worry about asking too many questions of your physio. They’re there to help. Some questions you might consider asking your physio are:

- What do you think my issue is?
- What has caused this issue?
- What kind of treatment will help me and how long will it take for things to improve?
- How many appointments will I need and how often?
- What can I do to help myself?
- If I don’t do anything, will my problem get worse or better by itself?

This article extract is published courtesy of the Australian Physiotherapy Association. To read the full article, go to laughwithoutleaking.com.au
Today, at least 1.34 million Australian boys and men are living with urinary or faecal incontinence with over a third under the age of 50 years. Most can be better managed, treated and, in some cases, cured.

Men’s Health Week (10-16 June) is an opportunity for men to take that first step toward regaining control of their bladder and bowel.

Speak to your GP, continence nurse or specialised men’s health physiotherapist who can help with a range of continence-related issues such as:

- Prostate cancer diagnosis or preparation for prostate surgery or radiation therapy
- Bladder urgency and frequency problems
- Bowel issues including constipation or urgency and soiling
- Chronic pelvic pain including anal, penile or testicular pain
- Erectile dysfunction with difficulty achieving or sustaining an erection

The prostate gland is a male reproductive organ. It is about the size of a walnut and sits at the base of the bladder. The thin tube (urethra) that carries urine and semen out of the penis runs through the centre of the prostate gland. At the point where the bladder and urethra join, there is a ring of muscles, known as the bladder neck sphincter, which opens and closes like a camera-shutter. The bladder neck sphincter is closed most of the time to prevent urine leaking out but when it gets permission from the brain, it opens to allow urine to be passed.

Another sphincter below the prostate gland called the pelvic floor muscles is also involved in bladder control. If the bladder neck sphincter is damaged during prostate surgery, the group of muscles called pelvic floor muscles can assist in the control of the passage of urine. If the pelvic floor is weak you may experience urinary incontinence.

Prostate surgery-related incontinence will usually improve with time, but you can speed up the recovery process and reduce the leakage by learning how to control the pelvic floor muscles. If you don’t strengthen these muscles, the leakage may persist.

Men’s health physiotherapists have the tools to assess and show you your pelvic floor muscles, using real time ultrasound. They can explain the anatomy, provide advice about your diagnosis or surgery and prescribe a personalised pelvic floor muscle exercise program.

If attending for prostate surgery, you will likely need one to two sessions pre-operatively to learn how to contract your pelvic floor muscles correctly. The number of treatment sessions after your surgery is dependent on individual needs.

Get a copy of ‘Prostate and Continence’ at continence.org.au or call the National Continence Helpline 1800 33 00 66
Stephen’s story

Stephen, 65-years-old, was familiar with his family history of prostate problems and had been seeing his GP to monitor Prostate-Specific Antigen (PSA) levels. After slightly-raised PSA levels were picked up, Stephen was referred to a specialist urologist who diagnosed him with an enlarged prostate. It wasn’t giving him any symptoms or trouble but as a precaution the urologist continued monitoring his PSA levels, as well as other investigations.

Towards the end of 2015, Stephen noticed dark blood in his semen. This symptom continued for a couple of months before he went to see a health professional. After further tests and biopsies, Stephen was diagnosed with prostate cancer in 2018. He decided to undergo a radical robotic prostatectomy operation early in 2019 and is now thankfully free of cancer.

While the cancer removal went well, Stephen encountered trouble with catheter removal, painful urination, incontinence and bowel symptoms.

Although patients are told of the potential symptoms of prostate surgery, it is challenging to prepare yourself for when it happens to you.

“I felt somewhat a failure that my catheter issues and removals had not been plain sailing. I had not anticipated that outcome,” Stephen said.

His struggles with incontinence have changed his daily life: he uses protective continence underwear, has to carry pads with him when he goes out, and experiences disrupted sleep because of issues with urinary frequency and urgency.

Despite this, Stephen is optimistic and encourages other men to undertake the operation.

“My experience is not common, so I would like this to be a positive story. I try to be positive and accept that it takes time for the healing process to complete,” Stephen said.

“I look forward to when I can put all this behind me and return to regular yoga classes.”

Most men regain their bladder control over time and are fully recovered within six to 12 months. However, it is important to get professional advice to help cope with bladder weakness during this time.

HOW DO YOU KNOW IF YOU HAVE A PROSTATE PROBLEM?

If you have one or more of the following symptoms, you may have a prostate problem:

• trouble starting the flow of urine
• slow urine stream once started
• needing to pass urine more often through the day or night
• leaking after passing urine or between visits to the toilet
• needing to pass urine again soon after going to the toilet
• feeling an urgent need to pass urine
• burning or pain when passing urine
• blood in urine or semen
• feeling that the bladder is not fully empty after going to the toilet.

Do not wait to seek help. Speak to your GP if you notice symptoms.

For more Information or to Order,
Contact your Bunzl Representative or Call 1800 655 152

Clinically-proven* skincare, best used together

for a complete continence solution.
Does your carer deserve an award?

The Continence Foundation of Australia is proud to recognise the immense contribution of carers through our Carer of the Year Award.

With more than 2.8 million at-home carers around Australia, chances are you know one - or are one yourself!

Approximately 540,000 of these carers provide daily continence support, and their often over-looked contribution deserves a spotlight.

CEO of the Continence Foundation, Rowan Cockerell, urged people to nominate themselves or a deserving unpaid carer in their life.

“Carers play such a vital role in our society and communities - the value of unpaid care is estimated at over $1 billion per week. Our Carer of the Year Award is an opportunity to shine a spotlight on those who provide this invaluable support for the millions of Australians who live with bladder and bowel control issues,” Mrs Cockerell said.

Nominations for the Continence Foundation’s 2019 Carer of the Year Award open 1 July 2019.
Submit online at ncoi.org.au

Carer of the Year Award is proudly supported by

The 2019 Carer of the Year will be announced at the 28th National Conference on Incontinence in November.

To access the online pocket guide for providing continence care at home, visit continencesupportnow.com

INCONTINENCE
in CONFIDENCE

Providing information, advice and support to all adolescents living with bladder and bowel control issues

inconfidence.org.au

An initiative of the Continence Foundation of Australia supported by the Australian Government under the National Continence Program
Q
I didn’t experience any leaking after childbirth so thought I had avoided pelvic floor issues. I’m now 50 and am starting to experience urinary incontinence when I cough and sneeze. Does this incontinence still have something to do with childbirth?

A
Childbirth is one of the main causes of pelvic floor disorders causing incontinence; however, other common causes of a weakened pelvic floor include obesity, heavy lifting and the associated straining of chronic constipation.

I would recommend consulting with a continence professional and learning how to exercise the pelvic floor muscles correctly. A professional can teach you how using these muscles to brace your pelvic area prior to sneezing or coughing can eliminate or reduce the leakage.

If your incontinence persists after this, you would benefit from seeing a doctor that can help you with the onset of menopause and assess whether your incontinence may need to be treated with surgery.

Q
My mum is approaching 70 and has mentioned to me that she has occasional incontinence. She thinks it’s too late to do anything about it and is embarrassed. How can I convince her that she doesn’t have to put up with it?

A
It is never too late to get help with incontinence. Try emphasising to her that age is not a cause or reason for incontinence. If your mother is willing to learn how to manage her incontinence, then there is no barrier to her receiving treatment.

I would advise that she sees a continence professional like a continence nurse advisor or pelvic floor physiotherapist. They can complete a full assessment and work out which type of incontinence your mother has and how best to help her. This may involve teaching her how to correctly do pelvic floor muscle exercises, modifying her diet and fluids and/or finding continence products like pads that best suit her needs.

For confidential information and advice, call the National Continence Helpline on 1800 33 00 66.
YOU CAN DO YOUR PELVIC FLOOR EXERCISES DAILY. RIGHT HERE RIGHT NOW AND LAUGH WITHOUT LEAKING.