Diabetes and bladder and bowel control

This fact sheet has been developed to assist people looking for more information about diabetes and bladder and control

People with diabetes commonly experience problems with controlling their bladder and bowel. The incontinence refers to bladder and bowel control problems. This can involve accidental leakage, incomplete emptying, passing urine frequently (frequency) or feeling the need to rush to the toilet (urgency).

Poor control of the bladder and bowel is an important health problem. It can interfere with work, social activities or sexual and personal relationships. It is important that you seek help because these problems can be cured, treated or better managed. Talk to your doctor or call the National Continence Helpline on 1800 33 00 66.

Normal bladder and bowel control

Knowing how the bladder and bowel normally work will help you understand the problems you may be experiencing.

The bladder and bowel store and expel body waste. The bladder stores and passes urine (wee) regularly throughout the day. On average we should pass urine 4-6 times during the day and once over night. This will vary depending upon how much you drink, what you drink and how much you exercise and perspire. Your bladder should easily hold 350 – 500 mls. When it is around about half full you will start to become aware of your bladder filling. You should not go to the toilet at this point but put it off until the urge is stronger but not yet urgent.

The lower bowel stores and expels faeces (poo). The normal range for bowel movements is anywhere from 3 times per day to 3 times per week. The faeces you pass should be soft formed and easily passed with no straining.

The pelvic floor muscles play an essential role in giving us control over the bladder and bowel. When we hold on to go to the toilet we are relying on the pelvic floor muscles.

So when you go to the toilet you should feel in control and not have to rush or leak before you get there.

Check symptoms of poor bladder and bowel control:

- Leakage of urine with coughs, sneezes, or exercise
- Leakage of urine on the way to the toilet
- Passing urine frequently
- Getting up twice or more over night to pass urine
- Frequent urinary tract infections
- Feeling the bladder is not completely empty
- Poor urine flow
- Straining to get the bladder to empty
- Rushing to the toilet (urgency to pass urine or open bowels)
- Inability to control wind
- Constipation
- Wetting the bed while asleep
- Leakage from the bowel (or soiling) with the urge to open the bowels
- Leakage from the bowel without the urge to open the bowels
- Leakage from the bowel when passing wind

Diabetes and bladder and bowel control

There are four main ways that diabetes may cause problems with bladder and bowel control:

1. **Obesity**
   
   This is a key factor in people developing Type 2 (non-insulin dependant) diabetes. It is also a major risk factor for developing bladder and bowel control problems. The pelvic floor muscles support most of your body weight. Any excess weight further strains these muscles, weakening them. Weak pelvic floor muscles do not support the bladder and bowel as it should. If this happens you may notice leakage when coughing and sneezing (also known as stress incontinence) or the need to frequently or urgently visit the toilet.

2. **Nerve damage**
   
   Poorly controlled or long-term diabetes may cause damage to the nerves, (neuropathy) and commonly occurs in the feet. Similarly, it may affect the bladder and bowel. Nerve damage to the bladder and bowel causes loss of sensation so you may have little warning of needing to go to the toilet or lack of awareness of your bladder filling. Your bladder and bowel may not empty well, putting you at risk of developing urinary tract infections, kidney damage or constipation.

   Keeping your diabetes well-controlled is the best way to prevent nerve damage or further damage happening.

3. **Reduced immunity**

   Diabetes interferes with the immune system putting you at greater risk to infections. A common infection experienced by people with diabetes is urinary tract infection (UTI). It is the combination of the immune system changes and the poor bladder emptying that causes these infections and often they keep reoccurring. Treatment includes antibiotics and strategies to promote bladder emptying. In addition personal hygiene is particularly important and all women should wipe from front to back to avoid transferring bowel bacteria to the vagina. Cranberry juice (drink or capsules) may help prevent urinary tract infections.
4 Medication.
The medications used to control Type 2 diabetes may cause loose bowel actions (diarrhoea). The combination of weak pelvic floor muscles and loose bowel actions may cause bowel incontinence. The medicines that can cause problems include Metformin, Acarbose and Repaglinide. If you are experiencing these problems talk to your doctor or diabetes nurse or dietician. Soluble fibre can help firm up the diarrhoea and slow down the bowel motions. Sources of soluble fibre are oats, barley, rye, peeled fruit and vegetables.

Preventing and managing incontinence

There are five things you can do to regain control of your bladder or bowel:

- **Eat well**
  Eat a healthy diet rich in dietary fibre to avoid constipation. We need at least 30gm of fibre each day. Eat at least 2-3 serves of fruit, 5 serves of vegetables and 5 serves of cereals and breads.

  It is important to get the balance right as just adding fibre to your diet without increasing your fluids can cause or make constipation worse. If you continue to often have constipation, see your doctor.

- **Drink well**
  Drink 1.5 – 2 litres of fluid each day to prevent bladder irritation and constipation, unless otherwise advised by your doctor. Drinking extra fluids is recommended in hot weather or when exercising. Spread your drinks evenly throughout the day. Water is best. Limit caffeine, alcohol and fizzy drinks as they may cause bladder irritation. Always have an extra drink of water following these drinks.

- **Exercise regularly**
  Keep moving. Aim to exercise for 30 minutes most days. Remember that walking is great exercise.

- **Tone up your pelvic floor muscles**
  Keep your pelvic floor muscles strong with a pelvic floor exercise program. These are muscles that gives you control over your bladder and bowel. Squeeze and draw up your pelvic floor muscles to control the urgency to go to the toilet. When you feel the urge to pass urine or open you bowels, stop, stand still or sit down on a firm seat. Squeeze and draw up your pelvic floor muscles. Think about something else rather than the urge. The urge should diminish or go away at this point so you can get to the toilet without rushing.

- **Practice good toilet habits**
  Go to the toilet when your bladder feels full or when you get the urge to open your bowels. Do not get into the habit of going ‘just in case’. Take time to completely empty your bladder and bowel.

  To get into the correct sitting position on the toilet: sit on the toilet, elbows on knees, lean forward and support your feet on a footstool. To avoid kidney damage, if you think your bladder is not emptying completely talk to your doctor or diabetes nurse.

For more information …

Visit your GP or specialist.

Phone a Continence Nurse Advisor on the National Continence Helpline 1800 33 00 66. They have information about bowel and bladder function, products and local continence clinics, plus a range of leaflets on many continence-related topics. This free service is managed on behalf of the Australian Government by the Continence Foundation of Australia.

Continence Foundation Australia website www.continence.org.au

Continence Aids Payment Scheme information on the Australian Government website www.bladderbowel.gov.au


Diabetes Infoline 1300 136 588

Correct toileting position

Knees higher than hips. Lean forward and put elbows on your knees. Bulge out your abdomen. Straighten your spine. © Continence Foundation of Australia 2007

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The Continence Foundation is the Australian peak body for awareness, education and advocacy for those with incontinence and their carers

Note: The information in this fact sheet is built upon general health guidelines for incontinence as it relates to another health condition. It cannot possibly apply equally to everyone. If you are concerned about any aspect of your health or lifestyle, speak to your doctor sooner rather than later.

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