

Bridge

2021

AUTUMN

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The Women's Health Edition

Get to
know
your
pelvic
floor

Invisible
disability

Gut and
brain
link



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Foundation
of Australia

EDITOR Kasia Kosidlo

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Continence Foundation of Australia

NATIONAL OFFICE

Suite 1, 407 Canterbury Rd,
Surrey Hills VIC 3127

Tel 03 8692 8400 Fax 03 9380 1233

✉ info@continence.org.au

✉ continence.org.au

@AusContinence



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National Continence Helpline 1800 33 00 66

A free service staffed by Nurse Continence Specialists who can provide information, referrals and resources 8am – 8pm AEST weekdays. The Foundation, established in 1989, is a not-for-profit organisation.

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Membership

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.

Note from the CEO

We're starting off 2021 with a focus on women's health. Incontinence is an important women's health issue and affects women of all ages, cultures and life stages.

While we use the term women in the edition, we hope the stories speak to people of all genders and experiences. Pelvic health is important for everyone. The Foundation values inclusivity and would like to recognise those in our community who relate to these stories but don't identify as women - this edition is for you too.

Inside this edition, we share how your bladder, bowel and pelvic health might change through different life stages. We also take a look at how important topics such as painful sex, exercise and mental health are more related to pelvic health than you might think. You'll hear from Tash, Amy, Sarah and

Angela who share their experiences of bladder, bowel and pelvic health.

We really welcome your thoughts on *Bridge*: tell us what you like, want more or less of, or any ideas for making the magazine better. You can find the survey at www.surveymonkey.com/r/NG2YCRY or as always, send us an email to bridge@continence.org.au

In the next edition, we'll be highlighting World Continence Week in June 2021 and the findings of the Royal Commission into Aged Care Quality and Safety.

As well as *Bridge*, the Continence Foundation of Australia operates the National Continence Helpline on 1800 33 00 66 and has free info in over 30 languages at continence.org.au.

Make sure to phone or head online for more. Enjoy,



Rowan Cockerell
CEO
Continence Foundation of Australia

Women in Australia make up:

80%
of people with urinary
incontinence

62%
of people with faecal
incontinence

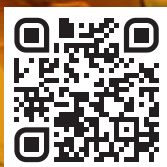
Let us know what you think in the Bridge Magazine Reader Survey

In just 13 questions, you can influence the articles in future editions.

The survey takes five minutes and we would love to hear your feedback.

Take the survey

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What Australia-wide water bill savings would mean for people with incontinence

The Western Australia water provider led the way in supporting people with incontinence, now it's time for all of Australia to do the same.



In October 2020, the Western Australian Water Minister announced new water bill savings for households receiving the Continence Aids Payment Scheme (CAPS). CAPS is an Australian Government program for people with permanent and severe incontinence to help with the cost of continence products.

Under the WA Water Corporation's medical allowance, WA households with a CAPS recipient can use up to 180,000 litres of water for free each year – saving on average \$380.

The Continence Foundation of Australia is calling on all water service providers to do the same. The Foundation wrote to the Water Services Association of

Australia asking providers to extend their medical programs to include CAPS recipients.

“Living with incontinence is expensive,” says Rowan Cockerell, CEO of the Continence Foundation of Australia.

“People have to budget for the extra costs of washing laundry and bedding, soiled clothes and showers.”

Being able to save on their water bill would make a difference to over 135,000 CAPS recipients across the country. We know that most people receiving CAPS are aged 65 years and over, and many rely on a pension.

Find out more about CAPS at continence.org.au or phone the National Continence Helpline on 1800 33 00 66.

Calls to see incontinence in the Australian Government budget

With 6.2 million Australians set to be affected by incontinence by 2030, the Continence Foundation of Australia's Pre-Budget Submission calls for an urgent action plan.



“One in four Australians are currently affected by incontinence, and it has long-term effects on both physical and emotional health,” Continence Foundation of Australia CEO, Rowan Cockerell, said in February 2021.

Even though the number of people experiencing incontinence is growing, there is currently no funding or action plan from the Federal Government after June 2021.

The Continence Foundation of Australia's submission shares how action in the 2021-22 Budget would improve quality of life of all Australians, but especially for older people and people with disability.

The Foundation says a new National Strategy on Incontinence will make sure Australia is ready

for the future and a population that is getting older.

“A focus on prevention of incontinence, as well as improvement of continence care, will reduce people going into residential aged care because of their bladder and bowel health,” Mrs Cockerell said.

“Incontinence is one of the top reasons for a person to leave their home and enter aged care. Research tells us that once they are in aged care, their chance of experiencing incontinence quickly goes up.”

The Foundation looks forward to working with the Australian Government to deliver improved health outcomes for all Australians.

Read the full submission at continence.org.au

Get to know your pelvic floor

You can't see them, but your pelvic floor muscles are working hard to help your body with bladder and bowel control, sexual function, and abdominal (tummy) and spine support.

Find out about pelvic floor muscle exercises with our guide



Scan the QR code to go straight there or visit continence.org.au



Your pelvic floor is a group of muscles in your pelvis. They stretch like a hammock from the pubic bone at the front, to the back, and side to side. They wrap around the openings to your bladder, vagina and bowel to support your organs and stop leakage (urine and stool).

Two ways to try to find your pelvic floor muscles

1. Sit or lie down with the muscles of your thighs, buttocks and stomach relaxed. Squeeze the ring of muscle around the anus (back passage) as if you are trying to stop passing wind. Now relax this muscle. Squeeze and let go a couple of times to be sure you have found the right muscles. Remember, do not squeeze your buttocks.
2. When you go to the toilet and are halfway through emptying your bladder, try to stop or slow the flow of urine. Then, start the flow again. You are squeezing the correct muscles if you can do this.

Only try the second method once a week. If you do this too often your bladder may not empty the way it should.

You should feel your muscles both squeezing and lifting.

It can be hard to know if you've found your pelvic floor muscles on your own. You can find a pelvic floor physiotherapist or nurse continence specialist in your area by phoning the **National Continence Helpline on 1800 33 00 66**.

Working your pelvic floor

Just like any muscle, your pelvic floor gets stronger from regular workouts. These are known as pelvic floor muscle exercises (called kegels in some countries). You don't need fancy gym equipment or to lie on the floor for pelvic floor exercise – just a couple of minutes throughout the day.

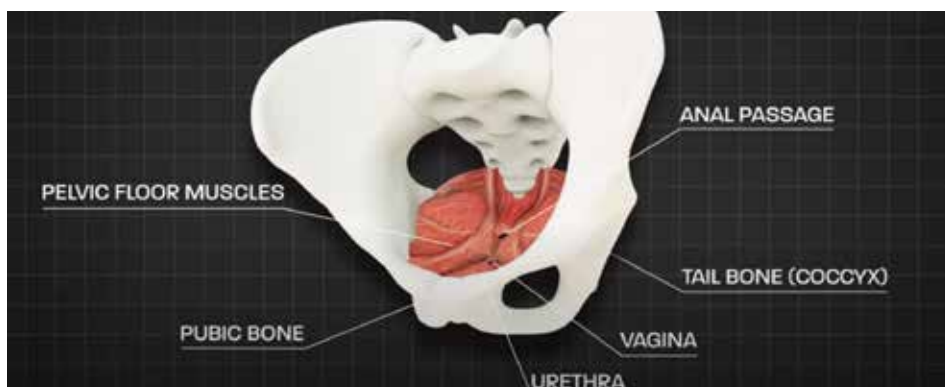
An exercise to improve or even cure incontinence

Pelvic floor muscle exercises have been shown to be very effective at helping urinary incontinence (leakage from the bladder). Research tells us that when done with a health professional, they can be even more effective, as you will be shown how and when to exercise and use your pelvic floor muscles. They may help with types of incontinence including overactive bladder, urge and bowel incontinence.

Most women see a change in leakage in three months, so check in with a health professional if you aren't seeing improvement.

Every woman is different

You may have the same signs of urinary leakage as someone else, but a different cause. Some women have weak pelvic floor muscles that can be made stronger with pelvic floor muscle exercises. Others may have a pelvic floor that is too tight and is hard to relax (hypertonic). A pelvic floor physiotherapist, nurse continence specialist or continence professional can work out your cause and a plan to help.



'IS THIS LIFE NOW?'

Tash's experience of faecal incontinence



Six months after giving birth to her daughter in February 2020, 28-year-old **Tash** found herself in a huge panic about the future.

There is help available

Incontinence can be managed, treated or even cured in many cases. Your doctor, pelvic health physiotherapist or nurse continence specialist can all help.

Phone the **National Continence Helpline** 1800 33 00 66 for a confidential chat with an experienced Nurse Continence Specialist.

"I rang my mum on the phone, like oh my god I've pooped myself. This is my life now. I'm just going to poo myself. This is it," Tash says.

She nervously laughs, as the experience was far from funny. "That was really distressing."

She had just experienced her first bowel leakage accident and didn't know what to think. As a new mum with a career as a urology nurse, she was well-versed in bladder dysfunction (problems). Going through faecal incontinence herself came as a shock, even with her experience and knowledge.

"I was very much aware of the risks of bladder dysfunction post-birth, and during pregnancy, but when I experienced bowel dysfunction I was totally out of my depths," Tash says.

It started in April with bowel urgency, where she found herself rushing to the toilet and not being able to hold on. She spoke to a GP and was waiting for a hospital physiotherapy appointment when her first leakage accident happened in August. The accident prompted her to dig out the hospital referral and make a call to follow-up, determined to get help. Incontinence was already affecting her life in huge ways.

"I didn't want to leave the house until I'd gone to the toilet for a poo that day. Because I just didn't trust that if I was to have left the house, that I wouldn't have had an accident. Or if I did get an urge, I wouldn't be able to find a toilet in time.

“Already COVID was very isolating anyway... I didn't want to leave the house in case I was to have pooped myself. It was very lonely.”

She says the fear of the unknown was the hardest part to deal with. Thoughts were running through her mind constantly.

"Is this life now? Is this something I'm going to have to live with? It was that fear of not knowing if a physio was

going to be able to help me or this was permanent damage," Tash says.

Still on maternity leave, she started thinking about how tricky it would be to return to her busy work, and how incontinence might affect her hopes for children in the future. The very first appointment with the physiotherapist gave her relief from all this worry.

"I can honestly say that from the first appointment that I had, she was just so reassuring and so optimistic that it was going to be okay. That we could fix it and that she could help me," Tash says.

“... I left feeling in such a different mindset and so motivated to help myself because I knew that there was hope.”

She took everything in - regular pelvic floor muscle exercises, learning about the FODMAP diet and more. The best news is that Tash says her bowel function became "a hundred times better" after just three months of treatment. Her bowel habits are now back to how they were before giving birth.

“Now I feel happy. I feel I can just live my life like I always have. I can go out when I need to. If I feel the urge to go to the toilet, I've got ample time to get there.”

After her experience, Tash is even more passionate about encouraging other mums to get help for their bladder, bowel and pelvic health. With her career as a nurse, she was comfortable starting the conversation about incontinence but knows it can be a hard topic to raise.

"This is my day-to-day talk, it's not weird for me to talk about bladder or bowel. So going to a doctor and talking about that was quite easy.

"...Being a new mum is scary and isolating and having this additional problem was really stressful. I am thankful that I'm happy to go to the doctor and say 'I've pooped myself, please help me.'"

Pelvic health through the life stages

As you go through life, your body changes with you. Read to find out how significant life events can mean different things for bladder, bowel and pelvic health.



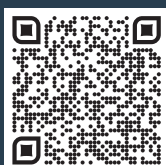
Add pelvic floor exercises to your day with reminders from the free **Pregnancy Pelvic Floor Plan app**. Download on the App Store or Google Play.



THE PREGNANCY GUIDE

Everyone has advice for you when you're pregnant or have a new baby! This guide takes the guesswork out of learning about bladder and bowel control. Download a copy at continence.org.au for yourself or a new parent in your life.

Scan the QR code



1. MENSTRUATION – YOUR PERIOD

One in nine women are affected by endometriosis, where tissue from the uterus (womb) grows outside in areas such as the bowel and ovaries. Endometriosis symptoms usually start a few years after the first period, but on average it takes 6.5 years until it is diagnosed.

One of the most common signs of endometriosis is pelvic pain (pain anywhere between the belly button and pelvis) and this commonly starts just before a period. Pelvic pain and other signs of endometriosis such as fatigue, nausea and fertility issues can significantly impact quality of life.

Find out more at endometriosisaustralia.org

Where you are in your menstrual cycle can also affect your bowel movements – thought to be due to hormonal changes. Women with inflammatory bowel disease (IBD) have reported more symptoms before and during their period.

2. PREGNANCY

Pregnancy is full of big changes and milestones. These amazing changes help prepare for birth but also have an impact on your pelvic health and whole body.

During pregnancy the body releases hormones that soften muscles, including your pelvic floor muscles. This, with the extra weight of a growing baby, can weaken your pelvic floor and what it can support.

You can make it stronger by doing pelvic floor exercises before, during and after pregnancy. The exercises help reduce the chance of experiencing incontinence after birth.

3. CHILDBIRTH

During a vaginal delivery, the vagina stretches and the supporting tissue and pelvic floor can tear. Women who give birth to a larger baby, have a longer labour or difficult delivery are more likely to have bladder or bowel problems.

Some women notice leakage (urine or stool) during pregnancy or after birth. It can take time for your pelvic floor and muscles to recover after birth, and every person is different. Most notice their bladder and bowel concerns improve in the first six months after birth.

Make sure to raise any issues with your health professionals. They are there to help and telling them what you feel (your symptoms) is important.

You don't have to put up with incontinence just because it's common during pregnancy and after birth. There is lots of help available – find out more by speaking with your health professional or phoning the free and confidential **National Continence Helpline on 1800 33 00 66**.

1 in 3
women who
have ever had
a baby wet
themselves

“At appointments after my diagnosis of pelvic floor tear and prolapse, I discovered how common it is to experience birth injuries, prolapse and incontinence. It is still hard to understand why something so common and grim is met with silence.

My dream is for more women who have experienced birth injuries to know that they aren't alone and that they don't need to suffer in silence. If we don't start talking about common issues that occur from childbirth, then how will we ever fix our overall quality of life? If you're reading this and any of it resonates with you, please seek support because this doesn't have to be your new normal.

Amy Dawes, Co-Founder of the Australasian Birth Trauma Association birthtrauma.org.au



4. MENOPAUSE – MORE THAN HOT FLASHES

EARLY MENOPAUSE means going through menopause before the age of 45. Early menopause can happen after medical treatment such as removal of the ovaries and chemotherapy for cancer.

PERIMENOPAUSE is the time leading up to the last period (can be years). This is the stage where many of the symptoms we think of as menopause actually happen. Common experiences in perimenopause include changes to menstrual cycle and periods, hot flashes, trouble sleeping, mood and mental health changes, bladder and bowel symptoms.

MENOPAUSE means it has been 12 months since the last period. Post-menopause is the time after this point.

There's more to menopause than people speak about. We challenge the myths so you can understand how to look after your bladder and bowel health – before and after menopause.

How it can affect your bladder and bowel health

During the menopausal transition, the body starts to have less oestrogen (a sex hormone needed for the female reproductive system).

Many women notice changes to their bladder and bowel health, including:

A weaker pelvic floor – Because we usually lose muscle mass with age, the pelvic floor muscles can weaken. This can lead to experiencing urinary or faecal incontinence, urine loss with coughing and sneezing, or needing to rush to the toilet more often.

Vaginal dryness – Oestrogen helps create mucus, and with less of this in the body, the vagina and urethra (bladder tube) can become drier. This can be painful and irritating as well as put you at higher risk of urinary tract infections (UTIs) and incontinence.

Prolapse – Some factors, especially a weaker pelvic floor, mean pelvic organ prolapse is more likely to happen after menopause.

A less elastic bladder – With age, it's harder for the bladder to stretch (less elastic) and this can cause an overactive bladder. An overactive bladder will cause you to pass urine more frequently.

Symptoms from childbirth – Some women experience damage to their anal sphincter (muscle around the anus) during birth but don't have symptoms until later in life. Faecal incontinence because of this damage most commonly starts in perimenopause.

There is help for all of these changes. These could include pelvic floor muscle training, bladder training, vaginal oestrogen cream or an oestrogen pessary, lifestyle changes and surgery. Health professionals can guide you to help for your individual situation.

What does prolapse feel like?

About half of all women who have had a child have some level of prolapse. Not all have symptoms – we know one in five of these women seek medical help.

Scan the QR code
or find out more at
continence.org.au



Pelvic organ prolapse is when the pelvic organs are not held in their right place. They may bulge or sag down.

Feelings you may notice:

- a heavy feeling or dragging in the vagina
- something coming down or a lump in the vagina
- a lump bulging out of your vagina that you can feel or see
- sexual problems such as pain or less sensation.

You may notice these more later in the day.

Other signs:

- your bladder not emptying as it should
- weak urine stream
- urinary tract infections (UTIs) keep happening
- trouble with emptying your bowel.

For more help, speak with your doctor or continence health professional if you are experiencing these signs.



Sarah Wise's time living abroad in London was cut short after a serious fall in October 2019. Over a year on, she reflects on what she's learned and what she wants the world to know about spinal cord injury.

Issues with bladder and bowel function are very common in people with spinal cord injury (SCI).

The spinal cord plays an important role in sending messages to the brain, bladder and bowel. Each injury is different, but paralysis in this area can result in not being able to control the bladder and bowel.

There are many options to manage continence care after spinal cord injury. These can include the use of catheters to drain the bladder, pads and products, abdominal massage, medication and help from a carer. An individual assessment is very important.

Research shows that continence problems affect quality of life and are reported as one of the most difficult symptoms after spinal cord injury. One USA study of women with SCI found bladder and bowel health was a "major source of stress and frustration in their daily lives."

'ONE DAY AT A TIME':

Sarah's story of spinal cord injury

Sarah Wise often finds herself explaining the most traumatic day of her life to people she has just met. Complete strangers will come up to her to ask about her walking stick and her reasons for using it. But 26-year-old Sarah is patient and kind-hearted – even when people might not deserve it.

"I know people are just curious, but they don't understand the weight of their question," she says.

"In those little moments I'm just trying to educate people, one person at a time, using my story to raise awareness about spinal cord injury."

Sarah's accident happened in October 2019, when she fell off a friend's shoulders at the back of a concert. Paralysed from the neck down, Sarah was rushed into hospital. She knew she couldn't move or feel her body but wasn't sure what the injury would mean.

"I just kept asking every single nurse and doctor who leant over my bed, 'will I walk again, will I walk again?'," Sarah says.

"Their faces were... I don't know how to describe it. The look of despair when you don't want to tell someone bad news. And they would say 'I don't know if you'll walk again', and so I didn't really get any answers. They didn't give me much hope."

Sarah was told she had a C3 incomplete spinal cord injury, meaning the spinal cord was damaged but had a chance for some

movement and sensation. Her injury resulted in quadriplegia (paralysis of arms, legs and torso). She also had trouble speaking (vocal cord palsy) after surgery and would have to spend more than three months in hospital.

Learning to walk in hospital

"On day 12, I moved my right toe for the first time. That was like the best moment in my life," Sarah says.

From there, she set an "ambitious" goal to be able to walk by her birthday – three months away.

Her background as a cheerleader and elite gymnast meant she was used to pushing her physical limits. In hospital, she swapped training with coaches to training with surgeons and physiotherapists, impressing them with her quick progress.

Like an early Christmas present, just two months later in December, she took her first wobbly steps without help. By March she no longer relied on her wheelchair.

At first look, people see Sarah's ability to walk as a complete recovery. She was flooded with comments and



Pictured from left:

A summer 2020 van trip; ice-skating in Hyde Park; 1st injury-versary; in London.

“The public make assumptions about me as a young person needing a chair to sit down or use disabled toilets. People are quick to judge, but no one knows anyone's story.”

messages after sharing a video on social media, with people saying they were so proud to see a total recovery. This is one of the myths Sarah wants to challenge.

“Mobility isn't the only issue people with spinal cord injury experience, but it's the only thing onlookers see.”

“Spinal cord injury causes bladder and bowel dysfunction, loss of or changed sensation, chronic pain, neuropathic [nerve] pain, spasms, a weakened breathing system, pressure sores, and more. I also have to manage a lot of medications. Every spinal cord injury is different.

“... The reality is it's not possible to have a 100 per cent recovery.”

For Sarah, heading towards independence in her bladder and bowel routine meant a lot. Second to moving her big toe, an unexpected moment stood out.

“The second proudest moment was doing a wee by myself. That was something I was pretty scared of after depending on an indwelling catheter for seven weeks,” she says.

Finding a new continence routine was filled with emotion and took some time to get used to.

Her first time having a bowel accident was on her first day in rehabilitation

hospital, and she remembers it as a “horrifying” experience.

“I was crying and in total shock. I thought I was an independent 24-year-old, so it was very confronting.”

“... Then you learn it's not anything to worry about, it's part of the process of learning to manage your bowel. You just clean up, change clothes and say, ‘things are a bit messy right now but it'll work out.’”

Sarah has a light-hearted approach to these important topics, and most of all, wants to encourage other people to feel comfortable talking about them.

“I believe being open about your situation will encourage others to share their stories, and in the end will reduce the awkwardness and taboo around bowel and bladder health.”

“Everyone needs to go, some people just do it a bit differently!”

Invisible disability

Although awareness is growing, sometimes the public can forget there are many kinds of disability and not all are visible. Sarah says she struggles with this as a young quadriplegic person with the ability to walk. When she was using a wheelchair, then walking aids, her experience fit people's expectations of what a disability is or looks like. “I can walk

without aids at the moment, but sometimes I do use a stick. So it is that strange grey area between ability and disability. I get fatigued very quickly and have hand dysfunction which impacts on simple tasks like washing the dishes,” she says.

“Recently, I was almost not allowed into a pub and questioned about my stick and medical information.”

“The public make assumptions about me as a young person needing a chair to sit down or use disabled toilets. People are quick to judge, but no one knows anyone's story.”

She looks at facilities and places in a different way now, interested in how changes in design can make a difference to people with disability.

What's next

“This year, my main focus is my therapy, to try reach my maximum recovery – whatever that is. I really want to learn to run this year,” Sarah says. As a social butterfly, she's enjoying being back with family and friends in Sydney and exploring her creative hobbies.

“With everything going on it's just hard to plan the future. I would like to go back to London and live an independent life. I haven't finished that chapter of my life.

“I'm taking one day at a time and just focusing on my little improvements every day.”



Are you experiencing ... Painful sex?

Many women experience pain during sexual intercourse.

Physiotherapist **Lissy Changuion** explains how the pelvic floor can play a factor in sexual function and shares her advice if you're experiencing pain.

There are also many factors which influence sexual intimacy, including:

- pelvic shape and structure
- arousal during sex
- stress levels
- vaginal health due to hormonal changes
- specific positions
- previous experiences and feelings
- partner's anatomy.

Your pelvic floor muscles move and react throughout the day in many situations. For example, when we cough or sneeze, we need the muscles to contract [shorten] to stop urinary leakage from happening.

During intercourse, we need our pelvic floor muscles to be able to relax. Of course, it isn't always simple. Sometimes we hold tension and stress in our pelvic floor muscles – like the kind we may experience in jaw and neck muscles.

What can cause pelvic floor tension?

Common factors may include:

- feelings of stress or anxiousness
- increased bladder urgency or frequency
- constipation or changed bowel habits
- pain.

Many physical and lifestyle factors can lead to a slow build-up of pelvic floor muscle tension, or not being able to relax the pelvic floor during intercourse. Both of these can lead to a painful sexual experience.

Who can help? What does treatment involve?

A pelvic health physiotherapist can assess your pelvic floor and find any possible links to painful intercourse. Often, treatment involves retraining the muscles to move and relax, improvement of pelvic and hip movement, pelvic floor stretches (sometimes with specific devices), lifestyle changes, stress management and a gradual re-introduction to intimacy and penetrative intercourse with a partner.

Listen to your body

If you experience pain during intercourse, you should not be “pushing through” pain to have intimacy with your partner. This will only increase the body's stress and pain response.

Your body is experiencing pain for a reason. There is help available from

health professionals who will work closely with you to make sure that your bladder, bowel and pelvic health are at their best.

Steps to deep breathing



Lissy says deep, focused breathing is one of the most effective ways to reduce stress and tension in the body and pelvic floor.

1. Find a comfortable position, lying on your back.
2. Place one hand on your stomach below your rib cage and the other hand on your chest.
3. For the next few minutes, try to focus your attention to your breathing.
4. Take a deep breath in through your nose, for the count of three seconds. Feel your belly gently push your hand out, without your upper chest moving. Try to imagine the muscles in the base of your pelvis getting softer.
5. Slowly let your breath out through your mouth for the count of 5 seconds. Feel your belly return to the resting position as all the air is pushed out of your lungs.
6. Try to take your time with each breath. If possible, slow down your breath in for the count of 5 seconds, and your breath out for the count of 7 seconds.
7. Repeat this for another 10 times.

Notice how you feel at the end of this breathing exercise. You might like to keep repeating this until your body feels calm and relaxed.

Are you experiencing ... Leakage during exercise?

DID YOU KNOW: Benefits of regular exercise include better sleep, more energy, improved mood, prevention of chronic illnesses + more!

Australia's Physical Activity Guidelines suggest:

Adults 18 to 64 years

Doing any physical activity is better than none – you can start slowly!

Aim for 2.5 to 5 hours of moderate intensity physical activity, or 75 min to 2.5 hours of vigorous intensity physical activity each week (or a combo).

Do muscle strengthening activities on at least two days each week (such as body weight exercises, weights, tasks around the house where you lift or carry).

65 years and older

Do a range of activities for fitness, strength, balance and flexibility (such as yoga, dancing, stretching).

Build up at least 30 minutes of moderate intensity physical activity on most, preferably all, days.



Lori Forner, physiotherapist and Always Discreet ambassador, explains what we know about incontinence and high-impact exercise.

Physical activity described as “high-impact” involves exercises like running and jumping, when both feet are repeatedly off the ground at the same time before landing (the impact). High-impact activity increases the forces on the body. It's great for both bone and heart health but has also been linked to pelvic floor problems.

➤ What if you only experience leakage during exercise?

We don't know exactly why this activity is causing problems in some females, even when bladder and bowel health in their day-to-day life may be completely fine. It could be that the pelvic floor muscles aren't supportive enough during the landing phase, the muscles get too tired, or the other tissues supporting the bladder and other pelvic organs (ligaments and fascia) are too lax.

Bladder or bowel leakage (incontinence) during sport or exercise is never normal and is not a sign you are working hard enough! Continually ignoring and pushing through leakage will most likely make this worse over time.



➤ Who can help? What does treatment involve?

Physiotherapists trained in pelvic floor dysfunction can assess why you are leaking. They can also work out if you need pelvic floor muscle training, or a vaginal device like a pessary which supports your pelvic organs or helps with continence. Help might involve modifying your training program and seeing how well you are moving. For example, are you breathing? Do you need to strengthen other muscles in the body? Do you need to stretch?

If you are experiencing bladder leakage during high-impact exercise, there may be simple changes to help. These could be changing your stride length in running or finding a breath pattern such as breathing out two steps, in two steps, etc.

It's best to see a professional to guide you because every person is individual and there are so many reasons this may be happening.

pelvic floor first

**Protect your
pelvic floor
and stay in
control**

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Getting help: What to ask on your treatment journey

There's a lot to take in when making treatment choices for your bladder, bowel and pelvic health. Remember, it is always your decision to choose the help you would like.

Congratulations on taking the first step to improve your continence health – planning to seek help!



Angela, 77

Angela's story



"My journey began some fifteen years ago with an attack of diarrhoea which did not settle. I saw my GP but they didn't want to accept there was anything wrong at all. We had the old "just drink lots of water and eat lots of fibre" discussion. I had to push for a stool test referral and an examination where I was told "you are all floppy down there."

Since then, I have learnt a lot about my bladder and bowel health. I was diagnosed with an infection, bowel polyps, weak connective tissues, Irritable Bowel Syndrome (IBS) and can't eat FODMAP foods.

Today, I am eighteen months post-op from my fifth rectal prolapse repair, and in the care of surgeons, doctors and physiotherapists – heroes all!

So, who do you talk to? Friends, family members, a good GP, pelvic floor physiotherapist, and the Continence Foundation nurses are all there to help you. Seek them out. Reject offensive and nasty remarks, seek second opinions, and don't give up."

Speaking with your doctor or health professional

Head to your appointments with confidence by taking our handy question prompts:

- > What is causing the incontinence or bladder, bowel or pelvic floor issue?
- > Do I need to be examined or have any tests?
- > Can it be treated?
- > What are the treatment options available to me?
- > What are the risks of these treatment options?
- > Should I see a specialist in this area?
- > Are there products I can use?
- > Am I eligible to receive any financial help for the cost of continence products?

Speaking with your surgeon about stress incontinence

Stress urinary incontinence (SUI) is one of the most common types of incontinence women experience.

Your health professional may recommend surgical treatments in cases where conservative treatments have not improved your bladder control. Conservative treatments are all the ways of helping your

incontinence without surgery or medication. These include pelvic floor muscle training or rehabilitation; improvement of bowel function, fluids or weight; or a continence pessary (a soft rubber or tampon-like support device). These treatments should be offered or tried first.

Urogynaecologist Dr Anna Rosamilia shares questions to help you make informed choices with your surgeon:

- > For my specific situation, which of these surgeries would the surgeon recommend for me? Please give reasons.
- > Do I need to have any tests (urodynamics) to give the surgeon more information?
- > Does the surgeon perform all of the possible options?
- > What is the success rate you would give me? Why? For example, a cure of stress incontinence, no or better urge incontinence? No complications (problems) such as bleeding, bladder emptying difficulty etc, mesh exposure problems or pain? Keep in mind that pain can happen with any surgery.
- > Is the surgeon able to manage (take care of) any complications or do they have a colleague who can manage complications?

Helpline Q&A

Mental health and incontinence

Women are diagnosed with anxiety, depression and PTSD (Post-Traumatic Stress Disorder) at higher rates than men.



Janie Thompson is the Continenence Foundation of Australia's Clinical Services Manager, leading the National Continenence Helpline.

 For confidential information and advice, you can phone the **National Continenence Helpline on 1800 33 00 66** (Monday to Friday, 8am to 8pm AEST).

➤ What is the link between the gut (bowel) and the brain?

Your gut has its own nervous system called the 'enteric nervous system' which controls digestion (the breakdown of food and drink). This nervous system is always in communication with your central nervous system (brain and spinal cord) through nerves and chemicals. We often call this the gut-brain connection or relationship.

This means your brain can affect your gut and your gut can affect your brain. If your gut is upset, this can cause anxiety, stress or depression. If you feel anxious, stressed or depressed, this can also affect how your gut moves and contracts. It may speed up or slow down, which could change your bowel motions and even cause pain.

➤ Why does anxiety sometimes feel like physical bladder or bowel symptoms?

Because of the gut-brain connection, anxiety can cause the gut to move faster or go slower. This can cause symptoms like 'butterflies' in your tummy, needing to go to the toilet suddenly or having diarrhoea.

The bladder sits close to your bowel. If your bowel is upset, this can also have an impact on your bladder.

The brain and spinal cord control the bladder. Anxiety can have a direct effect on the bladder and pelvic

floor, for example struggling to use the toilet or pass urine even though you have the urge to go. This often happens when you are in a toilet stall and there is someone in the toilet next to you.

Having bladder problems can also cause anxiety, stress and depression. If you have ever had an accident or wet yourself, you might find that you worry about this happening again. You may be more focused on or think about your bladder more.

➤ How can someone tell if their bladder or bowel symptoms are linked to mental health issues? Should they see a health professional?

If your bladder and bowel symptoms are affecting your life and bothering you, you should see a health professional. It can sometimes be hard to tell if a bladder or bowel symptom is linked to a mental health issue.

It is important to look after your mental health as well as your bladder and bowel health. If you notice your bladder and bowel symptoms are worse when feeling anxious, stressed or depressed, or the other way around, then it is important to have this followed up. There are now more clinical psychologists working with people to help with continence, especially bowel problems, with great success.



Dr Lori Shore, Senior Clinical Psychologist at Caulfield Hospital Continence Service, shares some of the ways a psychologist can help with the impacts of incontinence.

How can a psychologist help?

The role of a psychologist is to support your concerns without judgement.

There are many approaches in psychology we can use to understand and manage the social and mental impacts of incontinence.

For example, through Cognitive Behavioural Therapy (CBT), we can help people reduce stress and anxiety and increase mood. CBT involves changing behaviour, working through

fear, and challenging common thoughts we have about ourselves, others and the world around us.

Teaching mindfulness skills, relaxation exercises and diaphragmatic breathing is useful when a person with incontinence is experiencing accidents or flare-ups. These skills can help with accepting accidents that may happen, and even have them happen less often.

Breakfast smoothie bowl

Accredited Practising Dietitian, **Milly Smith**, has you covered for breakfast with this cool and refreshing smoothie bowl.

“ This smoothie bowl has a great mix of things to aid our gut health, bone health and keep us full for longer.

The use of yoghurt and milk provides us with a great source of calcium. Calcium is often lacking in Australian diets, especially for women over the age of 50 who need more of it.

The use of yoghurt also gives us some fabulous probiotics to help with gut health. The oats, fruit, vegetable, nuts and seeds all provide us with dietary fibre to help keep our bowels regular. ”



INGREDIENTS (serves 1)

Smoothie

- ½ cup milk of choice (if using a milk alternative, make sure to choose one with added calcium)
- ½ cup Greek yoghurt
- 1 frozen banana
- 1 handful spinach leaves
- ½ tsp ground cinnamon
- ½ tsp ground nutmeg

Toppings

- ¼ cup untoasted muesli
- 5 sliced strawberries
- 1 tbsp crushed mixed nuts/seeds (choose your favourites. I enjoy walnuts, macadamia and chia seeds)

Alternative topping options:

Hemp seeds, sliced fruit of choice, nut butter, other cereals such as bran flakes, puffed brown rice.

Method:

1. Add all the smoothie ingredients together in a blender and blend until smooth (if too thick, add extra milk until you're happy with it).
2. Pour the smoothie into a bowl and place your chosen toppings on top.

ENJOY!



1 in 3

Australian women
are affected by
incontinence

We're here to help

**Speak with a Nurse Continence Specialist for advice
about your bladder, bowel and pelvic health**



Continence
Foundation
of Australia

NATIONAL CONTINENCE HELPLINE



1800 33 00 66

8am – 8pm (AEST) Monday – Friday

continence.org.au