



Women's Health Urinary Incontinence

An Advice Guide
for Usdaw Members





What Is Urinary Incontinence?

Up to six million people in the UK are thought to experience urinary incontinence – making it a very common issue for a lot of people. Urinary incontinence is when a person unintentionally passes urine because they are not able to control their bladder.

Urinary incontinence occurs more often in women than in men. This is due to the impact of pregnancy, childbirth and the menopause on a woman's body. Weak bladder muscles, overactive bladder muscles, and nerve damage may also cause urinary incontinence.

Women are much more likely to experience stress incontinence, while men with prostate gland problems are at increased risk of urge incontinence.

Urinary incontinence can cause people to feel embarrassed, anxious and distressed, and it can have a major impact on their quality of life. As a result, many people are reluctant to discuss their symptoms and try to self-manage their condition, assuming there is nothing that can be done.

It's important to know that you are not alone. Urinary incontinence is common and in most cases very treatable. Dedicated NHS services in most areas of the UK provide specialist care and support to manage and improve symptoms.

Causes of Urinary Incontinence

Pregnancy and Childbirth

It is very common for women to experience urinary incontinence during pregnancy and after childbirth. While for some women this is temporary, for others it can be a long-term complication.


- **Pregnancy** - Hormonal changes and the increased weight of the foetus can lead to stress incontinence.
- **Childbirth** - Vaginal delivery can weaken muscles needed for bladder control and also damage bladder nerves and supportive tissue, leading to a dropped (prolapsed) pelvic floor. With prolapse, the bladder, uterus, rectum or small intestine can get pushed down from the usual position and protrude into the vagina. Such protrusions can be associated with incontinence.

Menopause and Hysterectomy

Women going through the menopause and women who have had a hysterectomy are also more at risk of developing urinary incontinence.

- **Menopause** - After menopause women produce less oestrogen, a hormone that helps keep the lining of the bladder and urethra healthy. Deterioration of these tissues can aggravate incontinence.
- **Hysterectomy** - In women, the bladder and uterus are supported by many of the same muscles and ligaments. Any surgery that involves your reproductive system, including removal of the uterus, may damage the supporting pelvic floor muscles, which can lead to incontinence.

Other factors that increase the risk of urinary incontinence are age, being overweight, smoking, a family history of incontinence, and the existence of some other conditions including diabetes and neurological conditions.



It's important to know that you are not alone. Urinary incontinence is common and in most cases very treatable.



When to see a doctor

Urinary incontinence can limit your social life, impact on your personal relationships and make you stop activities you previously enjoyed. It can also be a symptom of a more-serious underlying condition.

You may feel embarrassed and uncomfortable discussing incontinence with your doctor. But if incidents are frequent or affecting your quality of life, it's really important to speak to your doctor for advice. Your local GP will be able to offer advice and put you in touch with your local NHS continence service if needed. This service is staffed by specialist continence nurses to support you with treatment.

It's very likely that other women you know will have experienced similar issues. You could talk to a friend, family member or colleague at work about their experience and what helped them. Talking also helps to break down the stigma around urinary and bladder health.

Urinary incontinence occurs more often in women than in men. This is due to the impact of pregnancy, childbirth and the menopause on a woman's body.

Treatment

Treatment for urinary incontinence will depend on the type of incontinence you have and the severity of your symptoms.

If your incontinence is caused by an underlying condition, your doctor may recommend treatment for this alongside incontinence treatment.

Initially your doctors are likely to advise non-surgical methods that can improve symptoms including:

- **Lifestyle changes** – such as losing weight, help to stop smoking, altering the amount of fluid you drink, and reducing caffeine and alcohol intake as these can increase the amount of urine you produce.
- **Pelvic floor muscle training (Kegel exercises)** – Pelvic floor muscles control the flow of urine as you urinate. Weak or damaged pelvic floor muscles can cause urinary incontinence so your doctors may recommend an individual set of exercises designed to strengthen these muscles.
- **Bladder training** – this involves increasing the length of time between feeling the need to urinate and passing urine. Training usually takes place over six weeks, guided by a specialist.

If these treatments are unsuccessful, your doctor may discuss the options of medication or surgery with you.

Vaginal Mesh Surgery

Vaginal mesh surgery is a form of surgical treatment for women who experience stress incontinence and pelvic organ prolapse and helps to strengthen the weakened area. However this type of surgery has led to thousands of women experiencing severe and devastating side effects.

In 2018 NICE guidelines were updated to recommend the full range of non-surgical treatments are explored first, with mesh surgery now only considered as a last resort. Doctors must ensure that women are fully aware of the risks of mesh surgery and receive extensive follow-up care if they do have this operation.

Types Of Incontinence

Most people with urinary incontinence have either stress incontinence or urge incontinence.

- **Stress incontinence** is when you leak urine when your bladder is put under extra sudden pressure – for example, when you cough. It's not related to feeling stressed. Other activities that may cause urine to leak include: sneezing, laughing, heavy lifting and exercise.

- **Urge incontinence** is when you feel a sudden and intense need to pass urine and you're unable to delay going to the toilet. There's often only a few seconds between the need to urinate and the release of urine. This is part of a group of symptoms called overactive bladder syndrome. You may also need to pass urine very frequently and may need to get up several times during the night to urinate.

Other types include:

- **Mixed incontinence** (when you have symptoms of both stress and urge incontinence).
- **Overflow incontinence** (when the bladder cannot completely empty when you pass urine).
- **Total incontinence** (where incontinence is very severe or constant).

Workplace adjustments

Urinary incontinence can affect your social life, personal relationships and your work. Support from your employer can help you manage your condition if you are experiencing difficulties in work. Each person will be impacted differently and you will know best how your condition affects you and what help you need. Some practical examples of adjustments your employer could make to support you in work include:

- More frequent or longer rest breaks.
- Changing your location of work so you are nearer to toilet facilities.
- Altering your job role – for instance if your job is particularly physical or involves a lot of heavy lifting this may aggravate your condition, so employers could look at light duties.
- Allow time off or rearrange your shifts around hospital or doctor's appointments.

We know that it's not always easy to approach your employer. Please speak to your Usdaw rep or Area Organiser if you require any support.





Help and support


Bladder and Bowel UK

Bladder and Bowel UK is a National Organisation supporting people who experience urinary incontinence. Their confidential helpline is managed by a team of specialist nurses and staff who can offer practical advice, support and help accessing the right NHS services.

Helpline: **0161 214 4591**
(Mon-Fri, 9am-4.30pm)

email: bbuk@disabledliving.co.uk

web: www.bbuk.org.uk



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More Information

Usdaw Nationwide

Wherever you work, an Usdaw rep or official (Area Organiser) is not far away. For further information or assistance, contact your Usdaw rep or local Usdaw office. Alternatively you can phone our Freephone Helpline **0800 030 80 30** to connect you to your regional office or visit our website www.usdaw.org.uk You can also write to the Union's Head Office. Just write **FREEPOST USDAW** on the envelope and put it in the post.

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