A Client Care Module: Handling Incontinence & UTIs

INCONTINENCE...A “HIDDEN” SECRET

Think about this . . .

Always an active person, Lizzy, age 49, liked to play tennis and go jogging. It was during one of her jogging sessions that Lizzy felt something dribbling down her leg. She realized that her bladder was leaking urine. Horrified, but not alarmed, Lizzy decided that she should wear a panty liner for future jogging sessions. After all, she thought, she was getting older. So, what would you do? Would you just put up with it and stay silent like Lizzy or would you make an appointment with your doctor?

Incontinence is not a normal part of aging!

And think about this . . .

You have turned on the T.V. in the middle of a commercial. On the screen, actress June Allyson is holding up a package of Depends (the adult diaper). She is promoting their wonderful product, but does she mention that she uses them? No, she talks about her mother needing them. Even if she did use them, do you think she would admit it?

Believe it or not, around 17 million Americans suffer from urinary incontinence (UI), which is loss of bladder control. Few of these people will seek help. Instead they will go to great lengths to hide their condition, not wanting anyone to find out about it. Why? Read on and find out.

Incontinence Is . . .

- Embarrassing
- Humiliating
- Serious
- Costly
- Isolating
- Treatable
Urinary Incontinence (or UI for short): UI is the accidental or unwanted loss or leakage of urine...or urinating when you don’t want to. It’s also known as “loss of bladder control”. (This is the type of incontinence we’ll be talking about throughout this inservice.)

Bowel Incontinence (or BI for short): BI is the accidental or unwanted movement of the bowels. It’s the loss of liquid or solid stool at inappropriate times.

Kidneys: Normally, people have two of these organs. They act as filters and get rid of water and wastes like urea and uric acid from the blood. This waste is called urine.

Ureters: The kidneys send urine to the bladder continuously through two ureters. Ureters are slender tubes about 9 inches long. They are connected to both the kidneys and the bladder.

Bladder: The bladder is a hollow muscle that’s like an elastic “storage tank” for urine. The bladder changes shape depending on how much urine it’s holding. When empty, it’s like a collapsed balloon. When full, it’s pear shaped.

Urethra: The urethra is connected to the neck of the bladder. It’s a small, slender tube that acts as a “drainage tube”. It takes the urine from the bladder to the outside of the body.

Sphincter: The sphincters are ring-like bands of muscle that close off natural body openings like the urethra. They keep the urethra “pinched” so that urine doesn’t escape the bladder at the wrong time. There are two urinary sphincters that work together as the bladder fills and empties.

Urinary Tract: Everyone has an upper and lower urinary tract system. The upper tract is made up of the kidneys and ureters. The lower tract is made up of the bladder, urethra, sphincters—and, in men, the prostate gland. An infection of any part of the urinary tract is called a UTI.

Prostate Gland: The prostate is a gland about the size of a walnut. It makes the fluid that carries sperm during ejaculation. The prostate gland becomes larger with age.

Pelvic Floor: The pelvic floor is a group of strong and flexible muscles attached from bottom of the spine to the front of the pelvis. It’s often described as a “hammock” because it holds the bladder and other organs in place.

Did you know that . . .?

- The kidneys filter about 42 gallons of blood a day.
- Urine is made up of 95% water and 5% waste products (taken from the blood).
- The bladder holds from 12 to 16 ounces of urine—about as much liquid as in a can of soda pop.
- A person usually feels the urge to urinate when the bladder fills up with 8 to 10 ounces of urine.
- In women, the urethra is short—only one and a half inches long. In men, the urethra is about eight inches long.
For a long time, incontinence was considered a “taboo” subject. No one really talked about it in public or even to doctors—until the 1990’s. Thank goodness, things have changed!

First of all, to better understand incontinence, it’s a good idea to know how a healthy bladder and urinary tract works.

- It all starts with the brain. The brain controls the bladder and other parts of the urinary tract system by exchanging “messages” with these body parts using nerves as messengers.
- As the bladder fills with urine, its walls begin to stretch. After a while, the person begins to feel an uncomfortable pressure—or urge—to empty his bladder. The bladder is sending a message to his brain letting him know that it’s time to go!
- If everything is working right, he can control the urge to urinate until he finds a toilet.
- If things aren’t working properly, then an “accident” could happen when he least expects it.
- Many times, the sudden loss of bladder control is the first sign or symptom that there is a problem.
- Keep in mind that the loss of bladder control can happen with just the slightest change in the body!
- Don’t be a victim to the myths of incontinence! (See below.) Get help for your clients, your loved ones and maybe even yourself.

The Myths of Incontinence

**It’s a result of old age** — Incontinence is not a normal part of aging, though there are certain physical and medical factors that can affect a person’s bladder (like menopause in women and an enlarged prostate gland in men).

**It can’t be treated** — In most cases, incontinence can be treated successfully.

**Surgery is the only way** — Surgery is usually the last option, especially for older people. These days, there are other ways to treat incontinence.

**It means you’re losing your mind** — Incontinence can happen to anyone not just to people who have dementia or other mental problems.

**It’s time to buy diapers** — Absorbent products may seem like the answer at first, but they won’t help cure incontinence. It’s important to be diagnosed and treated by a doctor.