

Stress

incontinence

FACTS,
ADVICE, AND
EXERCISES



Facts about incontinence

Urinary incontinence is a common problem; one in every four women has problems with some form of leakage. Incontinence can be anything from a small problem to something that interferes with a normal life.

Various types of incontinence

Stress incontinence is the most common form of incontinence in women. During exertion – when jumping, sneezing, coughing, or laughing, for example – pressure on the abdominal cavity increases.

If the pelvic floor and the urethral sphincter are unable to resist it, urine leaks as a consequence. Typically, a few small squirts will leak out.

With **urge incontinence**, leaks occur in connection with urgency (a sudden, strong feeling of having to urinate). The feelings of urgency often come without warning, and the bladder contracts uncontrollably.

With **mixed incontinence**, leaks occur both during exertion and during urgency.

Causes of stress incontinence

The tissues in and around the urethra and bladder are affected by age, pregnancy, and childbirth. Incontinence is more common if you have had several children, and a weak capacity for contraction in the musculature of the pelvic floor. Being overweight, smoking, and asthma or chronic cough also increases the risk of incontinence.

What can be done about stress incontinence?

Pelvic floor exercises are a simple, risk-free method of treatment for stress incontinence. The principle is training rapidity, strength, and endurance in the supporting muscles under the urethra and bladder through contraction exercises.



Exercises help!

Exercising three times a day for three months is enough to have an effect. Further improvements can be made with daily training for six months in total. One goal of the exercises is being able to “lift” the pelvic floor in situations where the pelvic floor has a load put on it, for example during coughing, laughing, or lifting. The exercises make it so that this finally happens automatically. We know from various studies that approximately two-thirds of women get somewhat or completely better through information, counseling, and pelvic floor muscle exercises.

If you are satisfied with the results after three to six months of exercises, you can decrease the exercises to *maintenance exercises* three times daily, two to three days a week. Use all the types of contraction, but above all the *strength contraction*, training at the level you just managed to complete. Remember to use the contractions in daily life: do a quick, powerful contraction before you cough, sneeze, or lift!

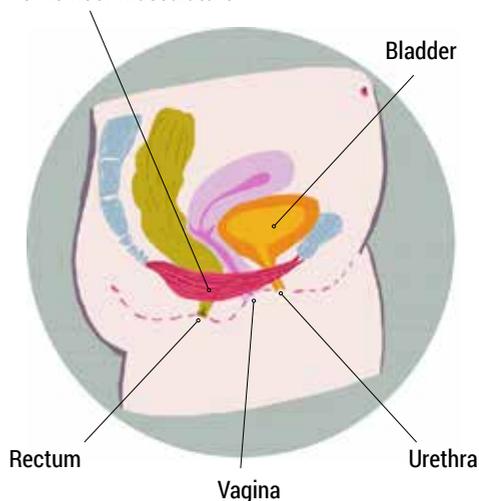
Surgery is a possible treatment

If pelvic floor exercise does not provide a sufficient effect and the difficulties impact your daily life, an operation is

TIPS!

**Are you using the “right” muscles?
Try contracting with a finger in your vagina. You should feel the contraction around your finger. You may also feel your finger being lifted upward and forward.**

Pelvic floor musculature



one possibility. A band is placed under the urethra as support, which prevents leakage. The operation is performed through the vagina under local anesthesia. Complications are uncommon, but there can be problems with urgency afterward. Difficulties emptying the bladder and pain in the lower abdomen are rare complications. In follow-ups a year after the operation, 80–85% state that they are satisfied or very satisfied with the results.

Estrogen does not help with stress incontinence, nor can it prevent incontinence. In the event of dry mucus membranes, pain, or urgency during and after menopause, on the other hand, estrogen is effective. Estrogen is then used in the vagina as a suppository, cream, or as a ring that is replaced every three months. There are vaginal suppositories and creams available without a prescription.

Lifestyle and stress continence

Excess weight

Incontinence is more common if you are overweight. Several studies have shown that weight loss results in reduced leakage, especially with a Body Mass Index (BMI) over 30. Losing five percent of your weight is often enough for leakage to improve. For someone who weighs 80 kg (176 pounds), losing 4 kg (8.8 pounds) may be enough to reduce leakage. Would you like more information on weight loss and how to calculate BMI? See 1177 Vårdguiden >1177.se

Smoking

Incontinence is more common among smokers than non-smokers. This may have to do with “smoker's cough” causing leakage, but it may also be because smoking affects connective tissue and mucous membranes. If you are a smoker, quitting may be the biggest investment you can make in your future health! Would you like to read more and get support in quitting smoking? >1177.se >slutarokalinjen.se

Physical activity

Generally speaking, all physical exercise is good for the body. This applies even if you are incontinent! Do you leak in connection with physical exercise – for example jumping, running, or dancing? Then it's a matter of exercising and contracting “preventively” in situations where a load is applied. If leakage prevents you from activities you'd like to do, there are also a few “tricks” you can use, for example a tampon in the vagina prior to a gym session. This lifts the urethra and pushes it closed somewhat, and may be enough to prevent leakage. You can also make sure that you have good, flexible incontinence protection. These can be purchased at pharmacies and supermarkets. But use them only as long as you experience leakage – not simply for safety's sake!



Drinks

Between one and two liters of urine a day is normal. How much you urinate depends on how much you drink and how much fluid disappears in other ways, for example heavy sweating. Some people have a habit of drinking a lot, and constantly carry a water bottle with them. If you are healthy, there is nothing that indicates it's harmful to drink too much – but there isn't anything that says it's healthy, either! If you are experiencing problems with incontinence, leaks happen more easily when your bladder is full.

Sex

Leaking urine during exertion can sometimes affect your sex life or capacity for enjoyment. Worrying about leakage and odors can lead to withdrawal and avoiding initiating sex. A number of women describe their sexual enjoyment improving after pelvic floor exercises.



Exercise program for the pelvic floor

The exercise program is divided into five steps. Once you have completed one step, go on to the next one! If you are having difficulties learning the four different contractions, continue exercising at the step you manage to complete! The most important thing is that you exercise regularly for 12 weeks. On the back page, there is an exercise schedule to record your training.

STEP 1 Find the right muscles

Lay down comfortably – on your back, side or stomach – and relax your whole body. Take a couple of deep breaths – this will help you to relax – but then breathe normally. Close your eyes, if you like, and focus your thoughts on your abdomen. Think about where your anus is located, and where your vaginal opening and urethra are located.

Find the right contraction

- 1 Contract around your anus, vagina, and urethra with a little force.
- 2 Hold the contraction for 2 seconds.
- 3 Release and rest for 2 seconds.
- 4 Exercise three times a day, 8 contractions per session, until you can manage it.

TIPS!

The contraction may feel like a closing, a pull, a lift inside your abdomen directed up towards your navel.

STEP 2 Train strength contractions

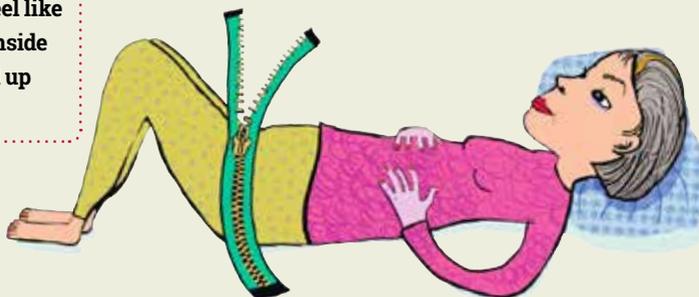
Strength contraction

- 1 Contract the muscles around the rectum, vagina and urethra and lift inwards/upwards with as much force as you can
- 2 Hold the contraction at maximum strength for 6–8 seconds.
- 3 Release for 6–8 seconds.
- 4 Exercise three times a day, 8 contractions per session.

Continue exercising at this step until you can contract 8 times with full force every time.

TIPS!

Imagine a zipper that you close up from back to front. When you relax, the zipper slides down.



STEP 3 Train strength contractions and endurance contractions.

Continue training strength contractions as in Step 2, and in addition train one endurance contraction in each session.

Endurance contraction

- 1 Contract the muscles around the rectum, vagina and urethra and lift inwards/upwards – but you do not need to do this at maximum level!
- 2 Hold the contraction for as long as you can, up to one minute.
- 3 Release and feel the pelvic floor descend.
- 4 Exercise three times a day, 8 strength contractions and one endurance contraction per session.

Train the various contractions while lying, sitting, and standing!

STEP 4 Train strength contractions, endurance contractions, and quick contractions.

Continue training strength contractions and endurance contractions for three sessions a day, and in addition train quick contractions during each session.

Quick contraction

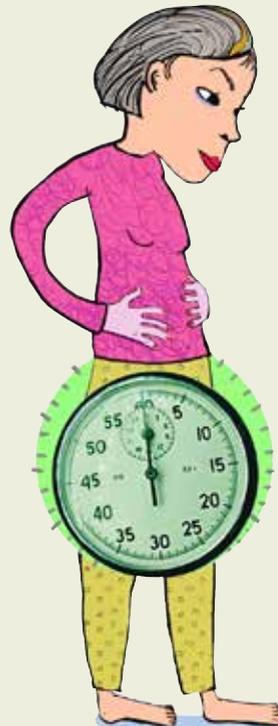
- 1 Quickly contract the muscles around the rectum, vagina and urethra and lift inwards/upwards as hard as you can.
- 2 Hold for 3 seconds.
- 3 Rest for 3 seconds.
- 4 Exercise three times a day: 8 strength contractions, one endurance contraction, and 8 quick contractions.

STEP 5 Train strength contractions, endurance contractions, and quick contractions three times a day.

Also use the contractions in situations where you usually leak, or where abdominal pressure has increased.

So remember to contract just before you cough, sneeze, laugh, lift, or jump. Do a short, powerful contraction so your pelvic floor is lifted before and during the exertion. Also try an endurance contraction during exertion.

GOOD LUCK!



Exercise report

In this exercise report, you can note down how many times you exercised every day, and which step you exercised.

Wk	Monday	Tuesday	Wednes-day	Thursday	Friday	Saturday	Sunday	Which step am I at?
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								



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More information at www.econtinence.se

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