

Continence health for women through the ages

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ACKNOWLEDGEMENT OF COUNTRY

We would like to acknowledge the traditional custodians of the land on which we are meeting today and pay our respects to the elders past and present

CONTINENCE HEALTH AUSTRALIA

Not-for profit organisation and peak body
promoting bladder and bowel health

PURPOSE

Continence health for Australians of all ages

Provide information, support and resources for individuals, carers and health professionals

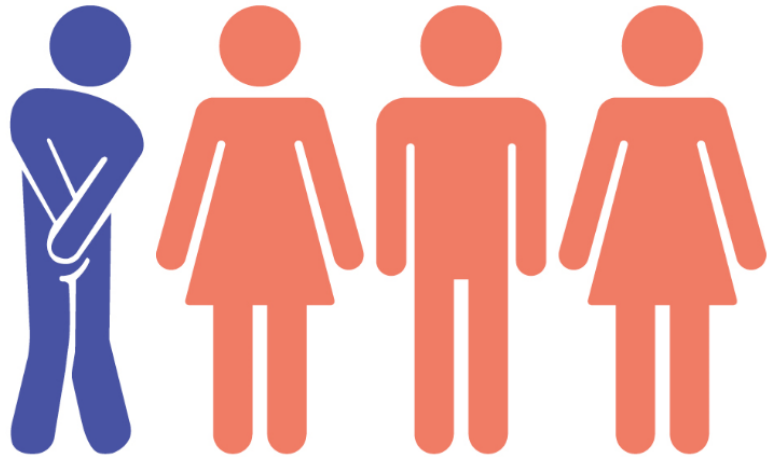
TODAY'S PRESENTATION

- Understanding continence
- Types of incontinence
- UTI's
- Nocturia
- Risk factors
- Medications
- Conservative management
- Pelvic floor function
- Eastern Health services for women
- Funding
- Types of products
- How CHA can support you
- Case studies



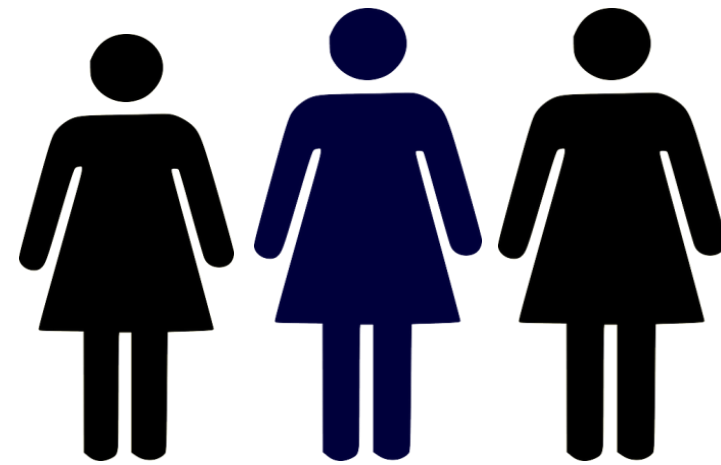
COMMON BUT NOT NORMAL

Affects over 7.2 million Australians aged over 15 years



1 in 4

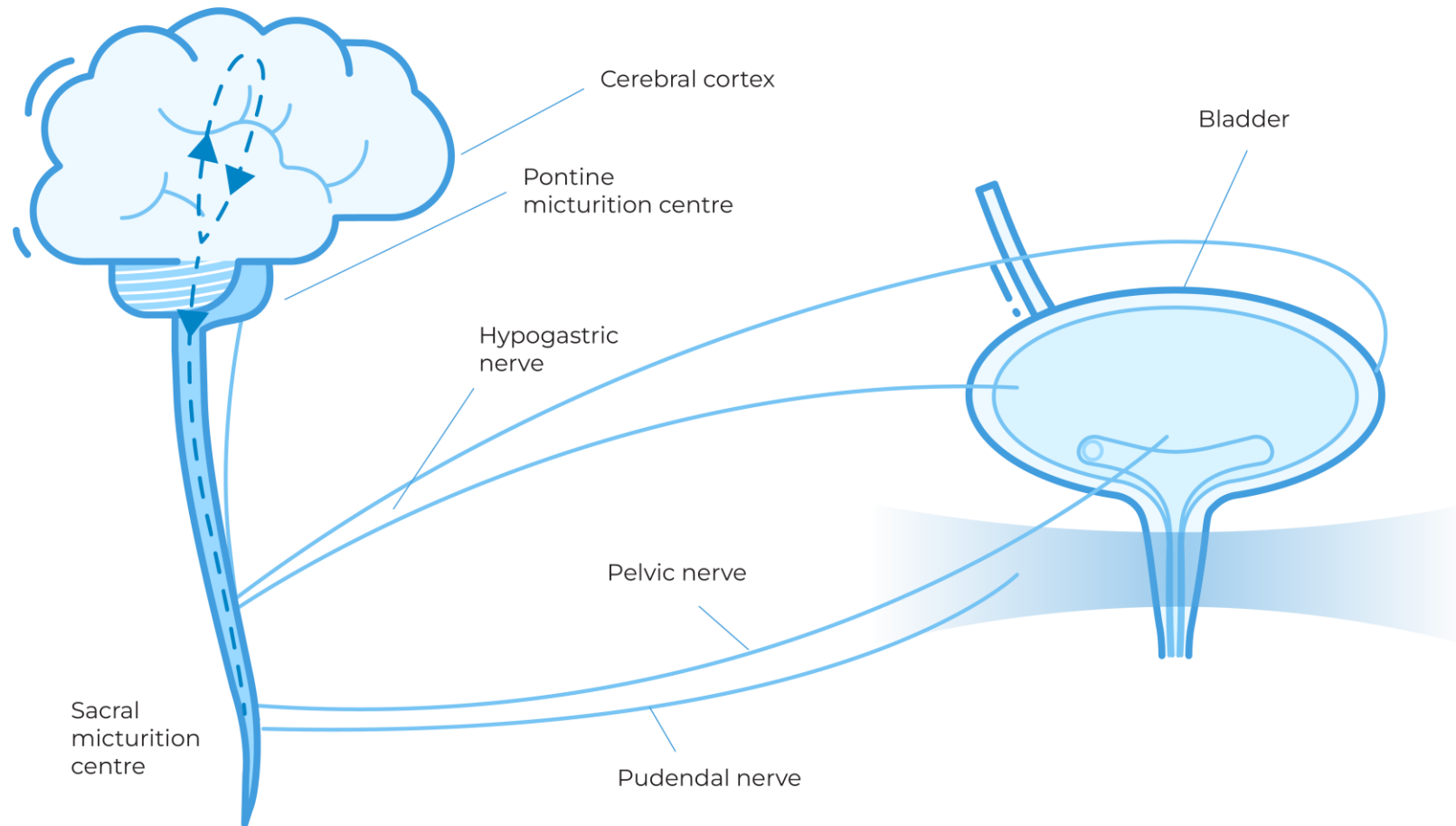
of general population



1 in 3

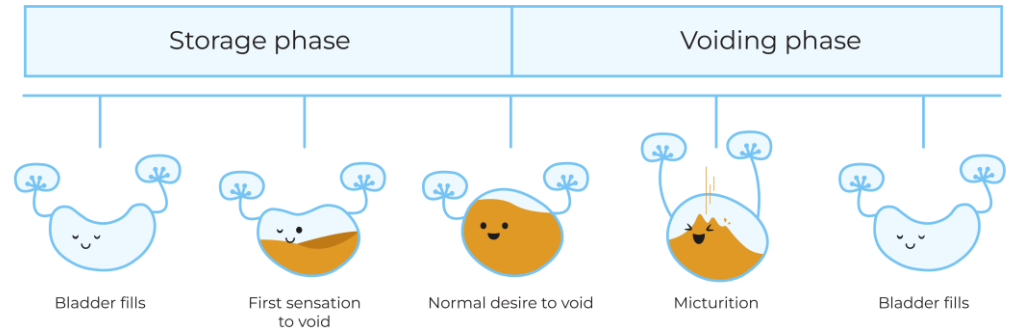
women who ever had a baby

MICTURITION



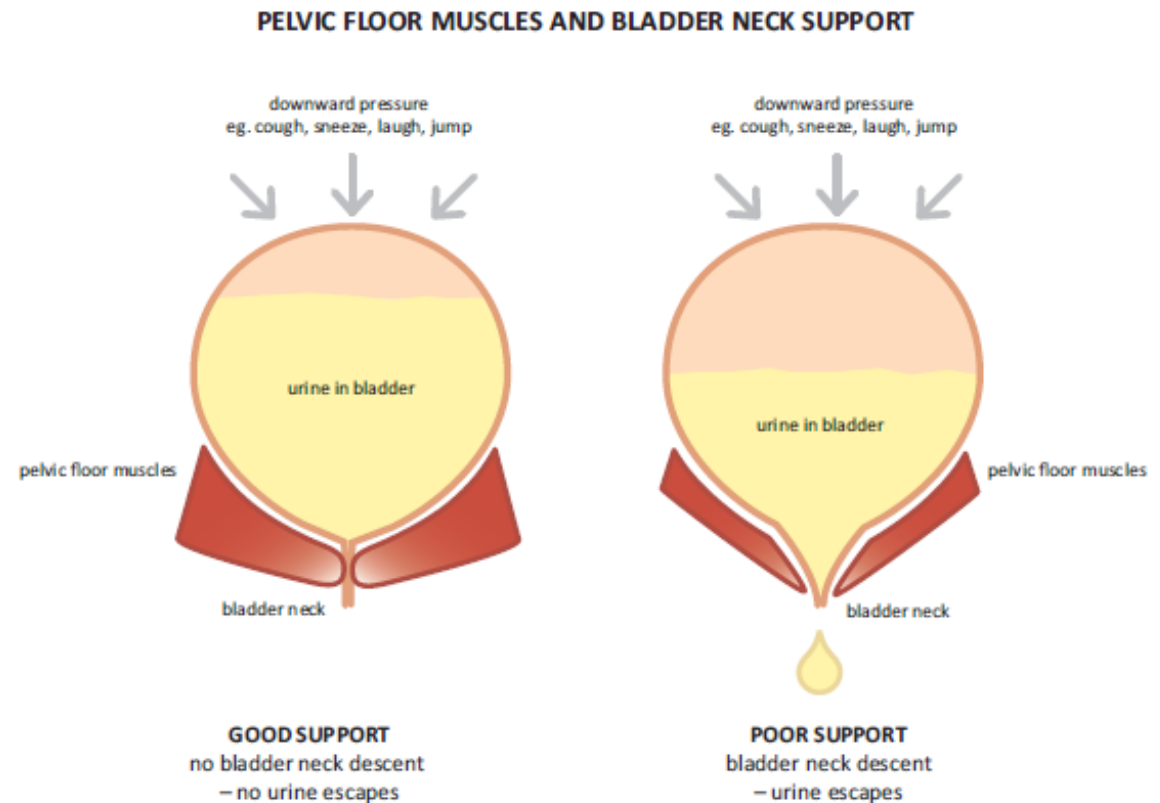
WHAT IS NORMAL BLADDER FUNCTION

- No accidental leakage at all
- Passing up to 400-600ml each time
- Having less than 50ml left behind in the bladder after passing urine
- Going to the toilet 4-7 times per day
- Going to the toilet once or less at night



HOW DO WE STAY DRY

- Bladder neck needs to be high
- Pressure below needs to be stronger than pressure above to prevent leakage



TYPES OF URINARY INCONTINENCE

- Stress



- Urge/OAB



- Mixed incontinence

- Overflow incontinence



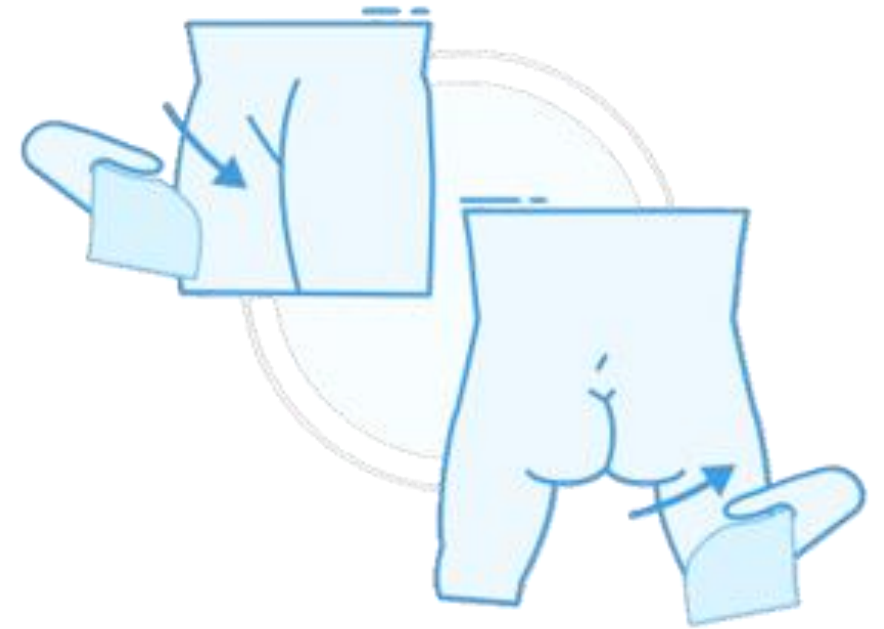
- Neurogenic incontinence

- Functional Incontinence



PREVENT UTI'S

- Sit on toilet properly
- Complete emptying of bladder
- After intercourse empty bladder
- Adequate fluid intake
- Wipe from front to back
- Prevent constipation
- Post menopause consider topical oestrogen



NOCTURIA

Conservative management

- Fluids
- Swelling in legs – afternoon rest on afternoon on bed, support stockings
- Products – bedding protection, continence product
- Commode if falls risk

If making a lot of urine at night consider:

- Diabetes
- Sleep apnoea
- Nocturnal hypertension

BLADDER TIPS

- Don't go to the toilet just in case
 - Sit on the toilet properly
 - Don't rush
 - Wipe front to back
 - Drink water
 - Avoid caffeinated, fizzy drinks and alcohol
 - Prevent & manage constipation
 - Avoid excessive intake before bed
 - Maintain strong pelvic floor muscles
 - Deferment techniques
- No amount of leakage is normal

WHAT IS NORMAL BOWEL FUNCTION

- Going to the toilet anywhere from 3 times a day, to 3 times a week
- Passing a soft, formed bowel motion
- No leakage of solid, liquid or gas



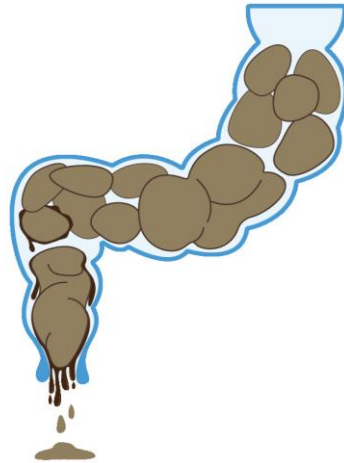
WHAT IS NORMAL BOWEL FUNCTION

- No rushing to the toilet
- No excessive straining or pushing to pass a bowel motion
- No feeling of not being completely emptying
- No pain on passing a bowel motion



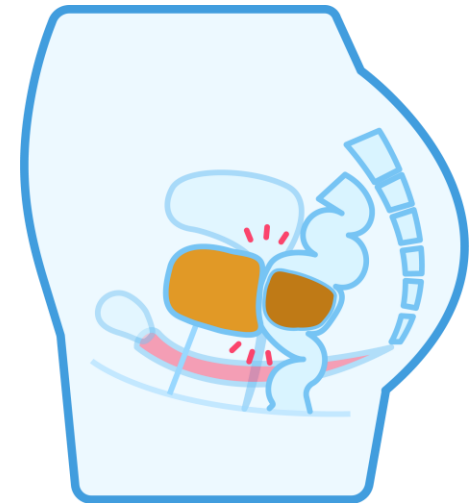
FAECAL INCONTINENCE

- Overflow
- Passive Faecal Incontinence
- Defaecation Dysfunction/ Difficulty Emptying
- Faecal Urge Incontinence
- Functional Incontinence
- Diarrhoea



RISK FACTORS FOR INCONTINENCE

- Pregnancy/Childbirth
- Menopause
- Being overweight
- Constipation
- Chronic Health Conditions
- Medications
- Weak Pelvic Floor Muscles
- Surgery, Radiotherapy, Chemotherapy



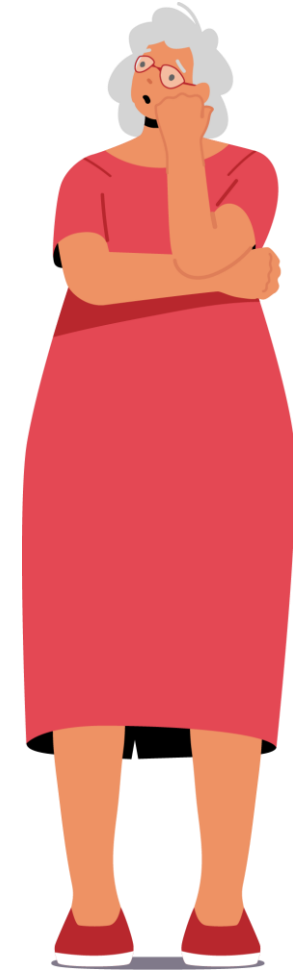
PREGNANCY/ CHILDBIRTH

- Hormones
- Weight gain
- Stretching and injury to pelvic floor
- Prolapse



MENOPAUSE AND AGING

- Change in hormones ↓ oestrogen
- Weight gain
- Pelvic organ prolapse
- Chronic illness
- Medication



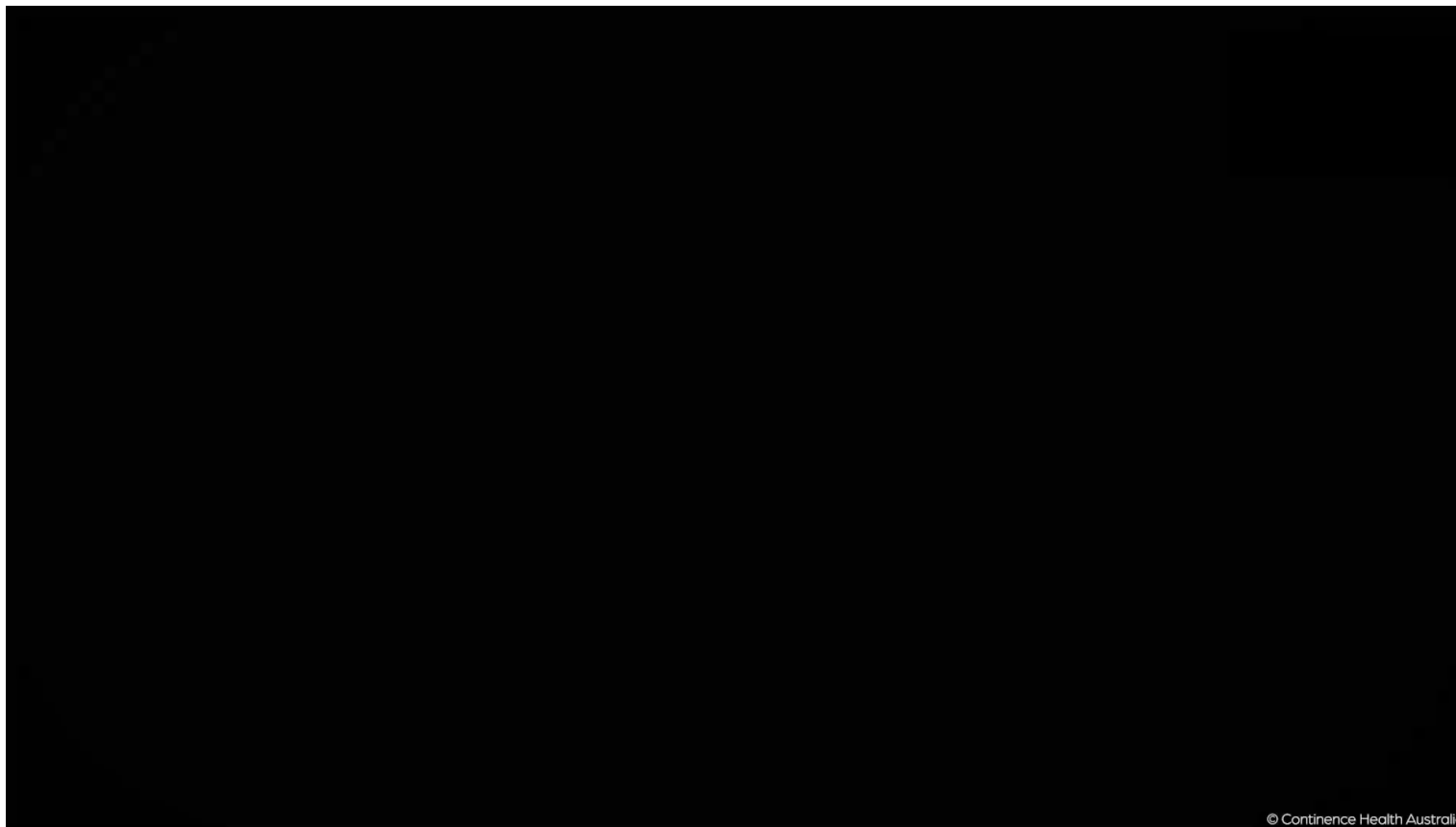
INCONTINENCE CHRONIC ILLNESS & MEDICATIONS

- **Diabetes** due to neuropathy
Medications - Empagliflozin (Jardiance) & Dapagliflozin (Forxiga) - OAB
- Metformin – diarrhoea or FI
- **Neurological conditions** – parkinsons, dementia
Medications cholinesterase inhibitors such as donepezil – OAB
- **Cardiac issues** - CCF
Medications diuretics such as frusemide – OAB
- **Chronic cough** – asthma, smoking, COPD - SUI
- **Obesity** – SUI
- **Decreased mobility** – chronic pain, arthritis - functional incontinence & constipation
Medications Opioids – constipation

MEDICATIONS FOR CONTINENCE

- OAB Anticholinergics - Ditropan, Oxytrol patches, Vesicare
- OAB Beta 3 adrenergic - Mirabegron
- Post menopause topical oestrogen – Ovestin, vagifem
- Constipation - laxatives - Macrogol 3350, coloxyl, senna
- Suppositories – outlet issue
- Loose stool (no constipation) bulker – Metamucil

PELVIC FLOOR IN 3D



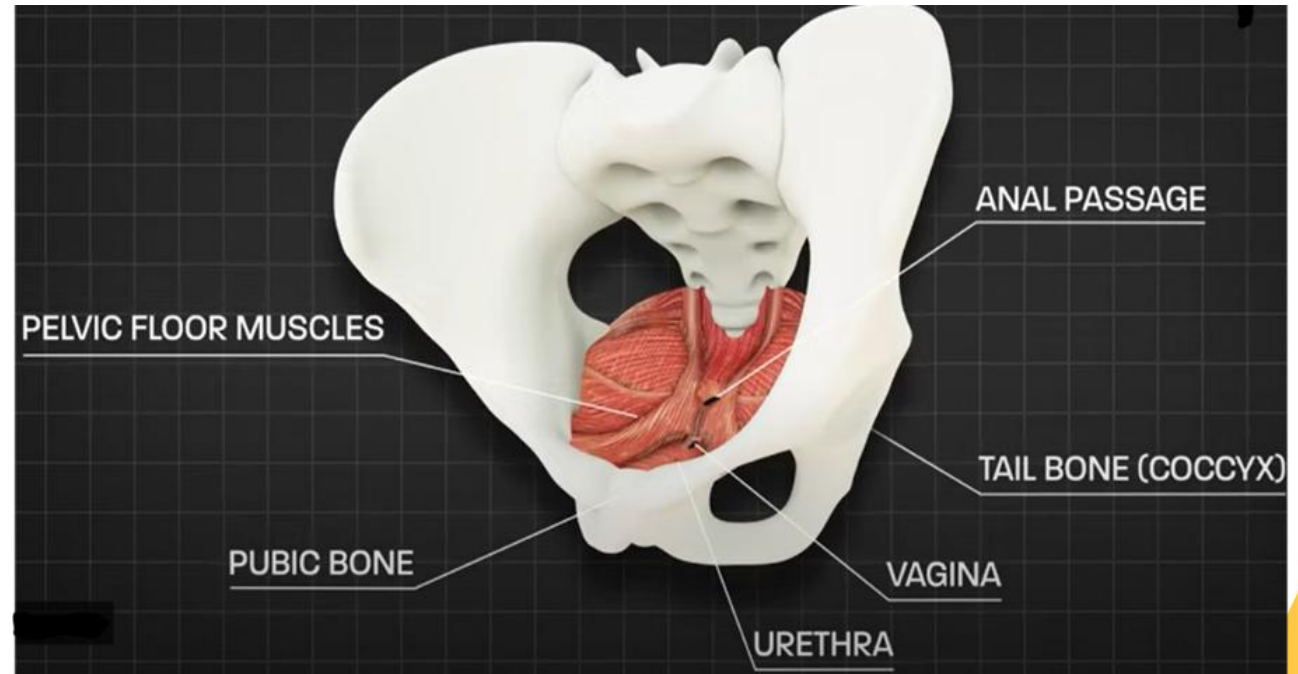
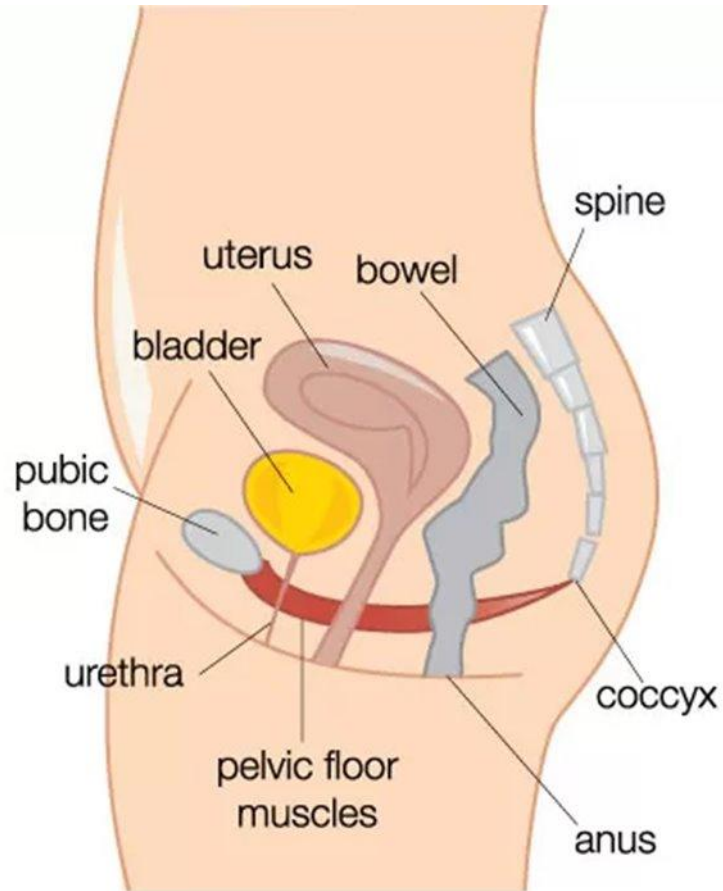
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EMPHN

"Women's
Health through
the ages"

Pelvic Health
Physiotherapy

■ The Pelvic Floor Muscles



What can weaken the Pelvic Floor?

- **Pregnancy** – Increased weight of the gravid Uterus putting extra load on the pelvic floor
- **Vaginal delivery** – Studies show the pelvic floor muscles stretch up to 2-3 x their resting length (Ashton-Miller and Delancy, 2009), as well as stretching and potential damage to the connective tissues
- **Levator Avulsion**
- **Birth risk factors** for PFM damage include: Birth weight > 4kg, prolonged second stage (>2hrs), instrumental delivery esp. Forceps
- **Repeated increases in intra-abdominal pressure**
 - Chronic straining to use the bowels
 - Chronic coughing
 - Repeated heavy lifting with poor functional activation/ support from the pelvic floor muscles

■ Pelvic Floor Muscle Training Evidence

- Level 1 evidence for PFMT for urinary incontinence
- Level 1-2 for PFMT for mild –mod POP for symptom improvement
- Level 1-2 evidence for fecal incontinence
- Supervised PFMT should be offered as first line conservative therapy to women with stress, urge, or mixed urinary incontinence (**Grade A Recommendation**)
- The most intensive PFMT programme possible should be provided (within service constraints) ; health professional taught and supervised programmes are better than self-directed programmes(**Grade A recommendation**).
- **Dependent on correct technique and motivation/ compliance** - After receiving brief verbal instruction, 50% of women will perform PFM ex's incorrectly which may worsen symptoms (Bump et al 1991)

■ Correct technique for Pelvic Floor Training

- Breathing normally
- Body relaxed, no movement visible from the outside
- Should feel a contract (squeeze and lift) and relax (lower) of the pelvic floor muscles

Easy = lying, Medium = sitting, Hard = standing

Reminder:

Exercises should not cause pain or discomfort, STOP if they do

If you can't feel the correct movement or think you are bearing down, STOP

■ Increased tone of the Pelvic floor Muscles

- The majority of cases of pelvic floor dysfunction are due to weakness
- However, important to be aware that sometimes the Pelvic floor can actually hold increased tone.
- Can be a guarding response due to pain, trauma to the pelvic area, birth trauma, stress.
- Typical presentations are adolescents/ younger women, nulliparous, urinary leakage, difficulty emptying the bladder or bowels, sexual or other pelvic pain, might describe difficulty inserting tampons.

■ "The Knack"

- Functional activation of the pelvic floor muscles immediately before or during increases in intra-abdominal pressure such as coughing, sneezing, lifting
- In a well functioning pelvic floor this an automatic (reflex) contraction
- Also want to train conscious contraction of the pelvic floor in these situations

How to check for correct Pelvic Floor Contraction

- External (clothed) visual observation and provide feedback (should not see anything externally such as breath holding, abdominal in-drawing, activation of buttock or thigh muscles, pelvic tilting, movement is only internal).
- Flow stop test
- Self visual check with mirror or finger palpation in the shower
- Session with a private Pelvic Health Physiotherapist (? Eligible for Chronic Disease Management Plan)
- Referral to local public health service
- Find a Continence Health Australia Physiotherapist <https://cfaphysios.com.au/>



Eastern Health 

Let's
PRACTICE

■ Bladder Training

Bladder training is a behavioral therapy used to treat overactive bladder and urge incontinence by retraining the bladder to hold more urine. It involves techniques to manage urgency, and utilising pelvic floor exercises to improve bladder control and gradually increasing the interval between voids.

Ideally informed by a bladder diary which demonstrates patterns and can track progress.

Trans- cutaneous tibial nerve stimulation

An effective treatment modality for urinary frequency, urgency, urge urinary incontinence and nocturia.

Use of low dose electrical current via TENS machine, with surface electrodes placed over the tibial nerve (at the medial ankle).

Helps to modulate and "calm" the nerve signals from the bladder.

■ Urge Suppression

Urge suppression strategies can be used to suppress/ calm bladder urges and also delay the interval between voids. These might include:

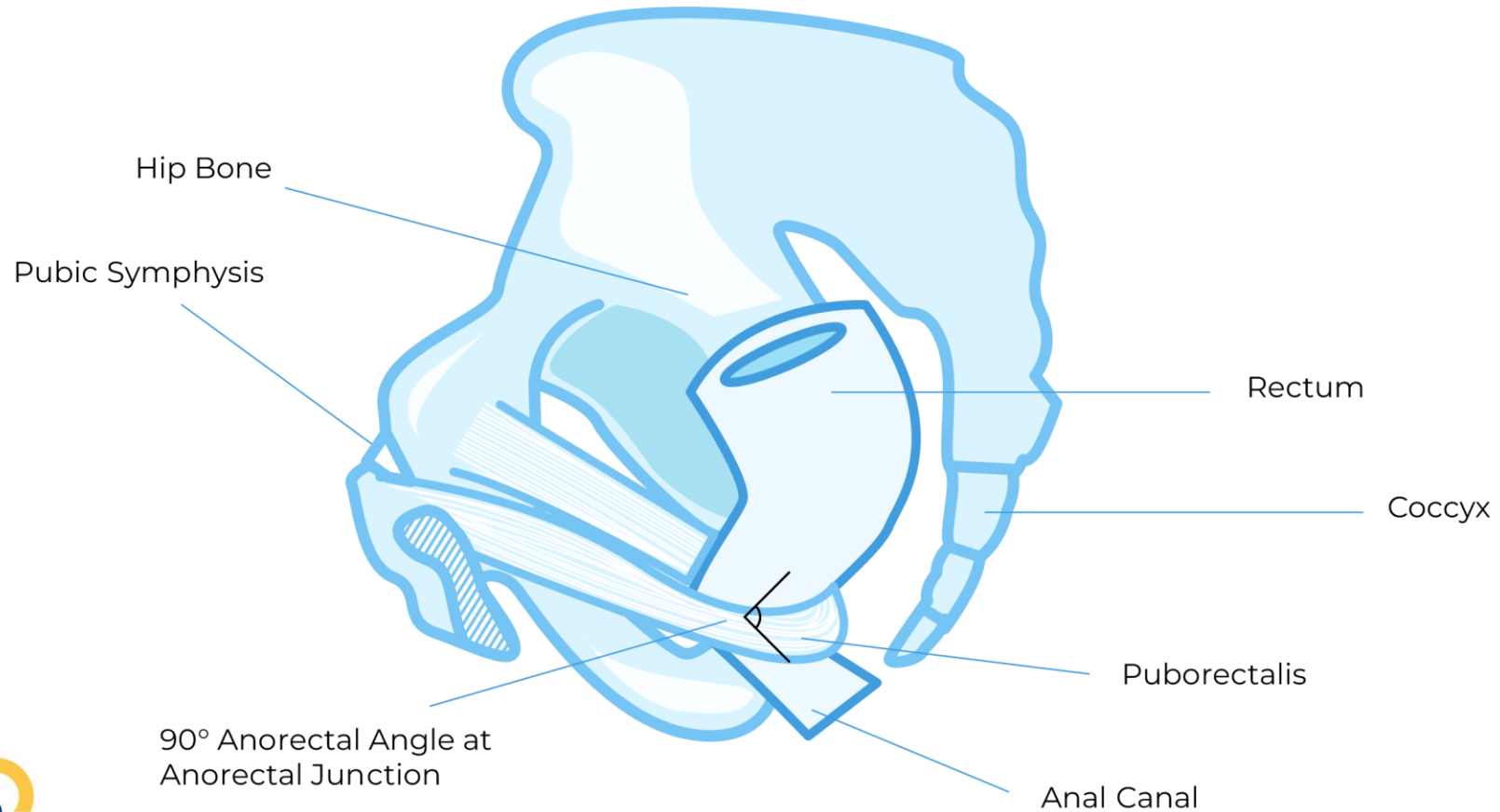
- Calm relaxed breathing
- Positive self talk
- Mental distraction
- Pelvic floor muscle contraction
- Perineal pressure/, nose/ lip acupressure point
- Exercises to stimulate the tibial nerve (toe curls, calf stretch, calf rubs, ankle flexion/ extension, ankle pressure point)

■ Anorectal Angle

90° at rest

70° when contracted

130° degree during defecation



Correct Position

- Sit on toilet, knees higher than Hips
- Lean forwards with a straight back
- Forearms resting on knees
- Relax tummy and let is flop
- Allow time, don't rush but ideally less than 5 minutes



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Correct Effort

- Relaxed breathing or 360 degree/ belly breathing
- Don't want to hold the breath/ push/ strain
- If needing to create more downward pressure (hard stool)
 - Diaphragm (breathing) creates downward pressure
 - "Breathe the air down in to the belly and let it gently expand"
 - Deep abdominals gently contract/ brace outward to maintain the pressure
 - "widen waist"
 - Slow exhale while keeping belly/ waist expanded and letting pelvic floor relax/ let go/ open



Eastern Health 

Let's
PRACTICE

Other strategies to support healthy bowels

- Need to feel urge in rectum in order to defecate
- Ideally respond to 1st urge to defecate, if appropriate time/ place don't delay
- Fluid and fibre to help achieve optimal stool consistency
- Exercise to support gut motility
- Colonic activity greatest for 1 hour after waking up, often best time to facilitate defecation
- Gastrocolic reflex: Meal (especially hot) induces a 2 fold increase in colonic activity - 5 min timed sit approx. ½ hr after eating
- Wipe front to back
- Don't be scared to use a laxative

■ Referring on – Eastern Health Continence Clinic

<https://www.easternhealth.org.au/service/continence-clinic/>

- Consists of medical, nursing and physiotherapy specialists
- Based at Peter James Centre and Yarra Ranges (more limited)
- Provide specialist assessment and management of bladder, bowel or pelvic floor concerns. Treatment is **goal-oriented** and **time-limited**
- Especially for Continence Physiotherapy, need to be keen to engage/ motivated
- Nursing staff may assist with selection of continence products and funding applications, where eligible
- GP referral template and details on the Eastern Health website

WWW.easternhealth.org.au/health-professionals/gp-referral-templates/

■ Referring on – Eastern Health Women's Health Clinic

- Newly established clinic – commenced mid 2025
- Dedicated women's health clinic as part of the Victorian Labor Governments four-year plan to open 20 specialised locations
- Located at Eastern Health Blackburn
- Multi-disciplinary care including GP's, Gynaecologist, Dietician, Pelvic Health Physiotherapist, Pain Specialist, Social Worker, Psychologist
- Presentations seen including pelvic pain, heavy bleeding, prolapse and incontinence, contraception and menopause services.
- Referral via Healthlink Smartforms to Specialist Clinics – Gynaecology and if appropriate will be traiged to women's Health Clinic and appropriate disciplines.

www.easternhealth.org.au/health-professionals/referrals/acute-specialist-clinics

■ Eastern Health – Maternity Service

- Physiotherapy service for women birthing with Eastern Health with pelvic floor or musculoskeletal concerns during pregnancy or the first 3 months post natal.
- Presentations such as new onset of urinary or fecal incontinence, prolapse symptoms, musculoskeletal conditions
- Usually referred internally via midwife/ Obs
- Otherwise referral via Healthlink Smartforms

www.easternhealth.org.au/health-professionals/referrals/acute-specialist-clinics

PRODUCT ADVICE

Right product for the right person, consider

- Mobility, dexterity
- Amount of loss
- Consider falls risk
- Organise samples one size doesn't fit all



GET FINANCIAL HELP

- Contenance Aids Payment Scheme (CAPS)
- Victorian State Scheme – SWEP
- National Disability Insurance Scheme (NDIS)
- Department of Veterans' Affairs (DVA)
- Support in Home

NATIONAL CONTINENCE HELPLINE

- Nurse Continence Specialists
- Monday to Friday
- 8am – 8pm
- Confidential advice
- Free service
- Interpreter if needed

NATIONAL CONTINENCE HELPLINE

1800 33 00 66

CONTINENCE.ORG.AU

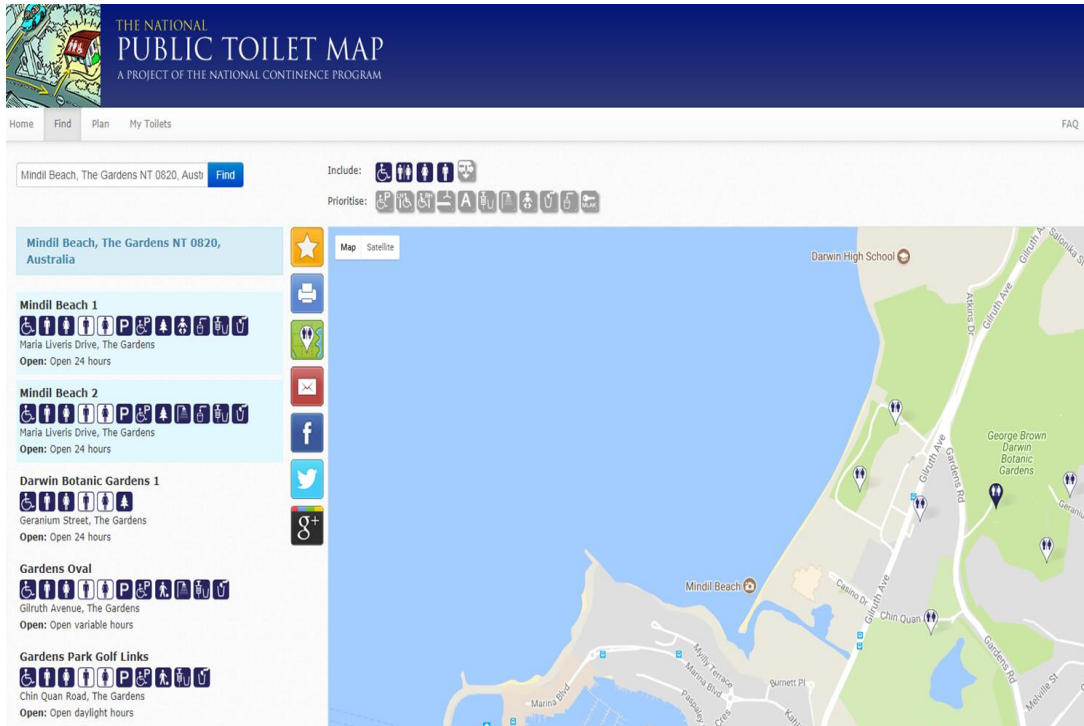
CONTINENCESUPPORTNOW.COM

The screenshot shows the homepage of Continence Health Australia. At the top left is the logo. To the right are links for 'Donate', 'Get help', 'Other languages', and a 'Helpline 1800 33 00 66' button. A navigation menu includes 'About incontinence', 'Living with incontinence', 'Help and support', 'Resources and tools', 'Get involved', 'For health professionals', and 'About us'. The main banner features a photo of two women and the text 'Improving continence health for people of all ages'. Below this are two tabs: 'For you, friends and family' (selected) and 'For health professionals'. Four service cards are displayed: 'Call the National Continence Helpline', 'Find resources', 'Access financial assistance', and 'Other languages', each with a brief description and a right-pointing arrow.

The screenshot shows the homepage of Continence Support Now. The top header includes the 'CSN' logo, the text 'Continence Support Now', and a 'Home' button. Below the header is a dark blue banner with the text 'The pocket guide for disability and aged care workers providing bladder and bowel support'. To the right of this banner is a 'National Continence Helpline' button with a phone icon and the text '8am - 8pm Monday to Friday AEST Talk to a continence nurse'. The main content area features eight colorful icons in a grid, each with a label below it: 'Skin Care' (bottle), 'Products and Equipment' (pads), 'Catheters' (catheter), 'Bladder' (underwear), 'Bowel' (intestines), 'Diet and Exercise' (umbrella), 'Mobility and Toileting' (toilet), and 'Care Plans' (clipboard).

WWW.TOILETMAP.GOV.AU

RESOURCES



CONTINENCE MANAGEMENT

- Lifestyle Interventions – eg fluids, diet, weight loss, physical activity, prevent constipation
- Behavioural Interventions – eg pelvic floor exercises, bladder training, TTNS
- Pharmacological Treatment
- Products & skin care
- Funding
- Referral
- Surgery

CASE STUDIES

- *Elise a 38yr old mother of two comes into your clinic with her 4yr old son for his immunisation. Elise picks up her four-year old son and states 'wow, I should have gone to the toilet before doing that' and gives a laugh. What advice would you give Elise?*
- *Maria, a 52-year-old woman, attends your clinic for a routine health check. During the consultation, she mentions she has recently started avoiding her regular exercise class. When asked why, she laughs and says, "Ever since my periods stopped, I've noticed I sometimes leak a bit when I jump or even cough and I keep needing to rush to the toilet all the time, and sometimes I barely make it. It's getting worse, and it's a bit embarrassing." What advice would you give Maria?*
- *Joan an 83 yr old women comes into your clinic, and you ask how she is going. Joan states "I'm getting really tired as I'm getting up 3-4 times over night, I thought being on fluid tablets during the day was bad enough". What advice would you give Joan?*

THANK YOU

NATIONAL CONTINENCE HELPLINE

1 800 33 00 66

8am-8pm Monday-Friday

YOUTUBE CLIPS

- Continenace Health Australia – Female Pelvic Floor Muscles Exercises
<https://www.youtube.com/watch?v=ssHoXUf9IRc>
- Continenace Health Australia – Pelvic Floor Exercises Webinar
https://youtu.be/IF_3qjs4ezg?si=02Eqp0L4CR_cMMEW
- Lets Talk Menopause and Continenace
https://www.youtube.com/watch?v=LJF5cw7_z6E

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- [10 Guiding Principles to support the safe and appropriate use of medications for the management of urinary incontinence in people living with dementia - Healthcare professional version](#)

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