

Let's Talk...

Bladder Leaks



**How to have a confident,
comfortable conversation
with your doctor about
bladder leaks**

NATIONAL ASSOCIATION



FOR CONTINENCE



Do We Really Have To Talk About This?

If you're experiencing unwanted bladder leaks, you're not alone. More than 33 million people in America have the same problem. But knowing how common it is doesn't make it any easier to talk about.

After all, who likes having a conversation about their bathroom habits? Many of us are uncomfortable just bringing up the subject, and even when we do, we don't always know how to explain our symptoms or what questions to ask the doctor.

That's what this guide is all about: Helping you understand that what you have is a medical condition that can be treated, then giving you the confidence to have a positive, productive discussion with your healthcare provider.

Considering Your Options

65% of men and women are affected emotionally by their incontinence, making them feel embarrassed, nervous about accidents and deeply ashamed.

Source: 2020 NAFC Annual Survey: Talking To Your Doctor



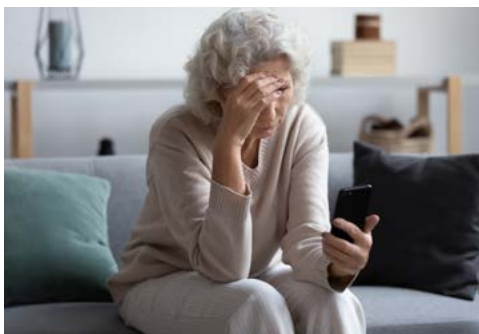
Q. IS THIS REALLY WORTH TALKING ABOUT?

A. Absolutely. Incontinence is a real, recognized medical condition that affects women and men of all ages. It's not just 'one of those things that happens as you get older,' and it's certainly not something you should have to learn to live with. And like many medical conditions, it's something that can be treated – in many cases, completely.

Q. HOW CAN I SHARE SOMETHING SO PERSONAL?

A. If you find it hard to open up about your symptoms, remind yourself that doctors deal with these conditions every single day. They've heard it all before and they've seen it all before – probably in the appointment right before yours!

What feels awkward to you is commonplace to them, and they're there to treat the very thing you're seeking help for. Open, honest communication is the best way to get you the care you deserve.



The majority of patients surveyed by the NAFC felt comfortable talking with their primary care physician about bladder leaks, but 30% did not.

Source: April, 2020 NAFC Annual State Of Incontinence Survey: Talking To Your Doctor

*Getting Over
The Fear Was
My Main
Issue..."*



Q. DO I HAVE A REAL CONDITION?

A. The simple answer is that if you have unwanted wetness or feel the regular, urgent need to use the bathroom, you probably have incontinence. That doesn't mean that all cases are created equal – there are a number of distinct conditions, and each of them has its own characteristics and treatment path. When it comes to bladder issues, the chart below can help you identify some of the most common conditions – but keep in mind that you'll need a doctor to get a proper diagnosis:

| CONDITION | YOU MIGHT HAVE THIS IF... | COMMON SYMPTOMS |
|------------------------------------|--|---|
| Stress Urinary Incontinence | ...urine leaks from your bladder because pressure has been placed on it | Urine leakage as a result of physical activity, including bending, laughing, sneezing, coughing, exercise, etc. |
| Overactive Bladder | ...you have the sudden need to urinate | <ul style="list-style-type: none">• A rapid, sudden need to urinate• The need to go many times, day and night |
| Urge Incontinence | ...you have the sudden need to urinate AND you sometimes have leakage | <ul style="list-style-type: none">• A rapid, sudden need to urinate• Uncontrolled wetness, whether a little or a lot |
| Mixed Incontinence | ...you have symptoms of both Stress Urinary Incontinence and Urge Incontinence | Any combination of the symptoms above |
| Urinary Retention | ...you have difficult starting a stream of urine or completely emptying your bladder | <ul style="list-style-type: none">• Difficulty starting a stream of urine• The frequent need to go• A weak flow once you do get started• Feeling like you need to go again |

Q. WHO DO I CALL?

A: When incontinence is severe enough to cause embarrassment or limit activities, it is time to talk to your doctor. To determine which treatment is best for you, the doctor should take a detailed history of your general health and your bladder symptoms. It's very helpful if you can measure your urination activity for a full 24-hour period. This type of record can tell the doctor a great deal about your bladder function without invasive testing.



It's not always easy to know who to see about an incontinence issue. Based on factors like your comfort level and your insurance coverage, your first choice might be to visit your internist or general practitioner. Considering just how common bladder leakage is, you can be confident they've seen plenty of patients with the same issues you're facing.

Some general practitioners will treat your condition themselves, but don't be surprised if you're referred to any of the following specialists:

Gynecologists – Gynecology is about more than just the female reproductive system. An important part of many gynecologists' practice is to identify and treat incontinence and related issues.

Urologists – You may be surprised to learn that urologists aren't only for men – many urologists treat both male and female urinary issues.

Urogynecologists – This is a focused specialty which emphasizes care for the pelvic floor and bladder.

Geriatricians – As physicians who focus on the health of the elderly, geriatricians are well trained in the diagnosis and treatment of continence disorders among seniors.

Neurologists – In some cases, bladder issues may be related to nerve damage or injury, and in those situations, neurologists may be the providers of choice.

Others - There may also be occasions when you are also referred to other specialists, including gastroenterologists and physical therapists.

To find a specialist near you, use NAFC's free online doctor finder at www.NAFC.org/find-a-doctor.

Q. HOW DO I GET READY FOR MY APPOINTMENT?

A. Before your first appointment, there are a few things you can do to help make your visit as productive as possible:

Keep a bladder diary – By keeping track of your bathroom visits, fluid intake and other factors, you'll be providing your physician information that can be enormously helpful in the diagnosis and treatment of your condition. A diary is included at the end of this booklet, and you can download a free copy at www.NAFC.org/diaries. Try it for a week or so and make sure to bring it with you to your appointment.

Have your medical history ready – Write down a list of the doctors you visit, the medical conditions you have and any past operations and medical procedures you've undergone. Make note of the medications you're taking, including prescriptions, over-the-counter medicines, vitamins and supplements.

Educate Yourself About Possible Treatments – The NAFC provides detailed information on a wide range of bladder conditions, including explanations of the most common treatments you're likely to encounter. You may be surprised to find out how many of these you can do on your own, including things like dietary changes, fluid management, pelvic floor exercises and bladder retraining. If those don't work for you, a physician may prescribe medication, advanced therapies or even nerve stimulating implants. The good news is that there are often multiple treatment options you can try, so there's a good chance there's something that will work for you. Visit www.nafc.org/conditions-overview to learn more.

Prepare a list of questions – Don't wait until you're in the examination room to come up with questions – it's too easy to forget them in the middle of an appointment, especially if you're a little nervous. Bring this booklet with you and it will be a lot easier to ask the questions listed on the next page, plus any others that come up in the course of your consultation.

Don't be shy when it comes to talking about your symptoms - doctors can't treat your condition if you keep it a secret!

It's an easier conversation than you might realize!



Questions for Your Doctor

Causes

- What is causing my symptoms?
- Will it get worse if left untreated?
- Is it related to another illness or medical condition?

Treatments

- What treatments are available?
- What do you recommend?
- Are there any side effects?
- Are there other, alternate treatments that I should consider?

Products

- Should I be using any particular type of absorbent product?
- What should I look for in an absorbent product?
- Are there any particular products you recommend?
- Are there any brands I should look for?

Behaviors

- Should I be limiting my fluid intake?
- Should I stop drinking after a certain time?
- Should I be altering my diet?
- What about kegels or other exercises?

General Information

- Do you have any brochures or literature I can look at?
- Do you recommend any websites where I can learn more?



What can I expect?

A. Almost any doctor's appointment can be a stressful experience, so it makes sense to understand ahead of time what you're likely to experience.

Questions – Your doctor will be asking you a lot of questions, and some of them may feel personal. Don't be shy with your answers – you're here to get treatment, and they're asking questions that will help them give you the best care possible.

Some of the things you may be asked about include:

The Nature of Your Condition

- How long have you had this problem?
- Can you describe your symptoms?
- Has the frequency or intensity of these symptoms changed over time?
- Do you ever have episodes where there is leakage before you reach the restroom?
- Do you find yourself waking at night to urinate?
- Do you have any leakage when you sneeze, laugh or otherwise put pressure on your bladder?
- Do you have any pain, burning or other discomfort while urinating?

Medical History

- What other medical conditions do you have?
- What medications are you taking?
- What is your surgical history?
- Have you given birth vaginally?
- Do you have a history of bladder stones, polyps or tumors?
- Do you have any neurological conditions, like multiple sclerosis or Parkinson's disease?

Behavioral and Emotional Background

- Do you drink coffee or alcohol?
- How much and how often?
- Describe your typical diet.



Tests – Bladder incontinence is commonly diagnosed by its symptoms, but there are some tests that may be performed to identify or rule out other potential underlying issues. For example, a urine culture may be done to see if there is a urine infection. Similarly, a process called cystoscopy may be performed. This involves the use of a small camera that's inserted into the bladder to check for tumors or kidney stones.

Treatments – There are a number of treatments that your physician may recommend, including many that you can do on your own:

Dietary Modification – There are a range of dietary factors that can affect your continence, and controlling them can make a remarkable difference. For example, by watching your fluid intake and avoiding caffeine, you could see a big improvement in a short time.

Pelvic Exercises – Pelvic floor muscle exercises are often prescribed as a way to help improve bladder control and minimize leakage. They're frequently prescribed for people who experience stress urinary incontinence, but they may also be helpful for people who experience overactive bladder, mixed incontinence or urge incontinence.

Bladder Retraining – You can strengthen the muscles that control your bladder the same way you can strengthen other muscles in your body. That's what bladder retraining is all about – it's a method to help you toughen up those muscles so you increase the length of time between bathroom visits. You'll begin by identifying how much time you typically take between visits, then gradually increase that length of time until you're in greater control of your need to go. For more information about bladder retraining, visit www.NAFC.com/bladder-retraining.

Prescription Medications – There are a number of medications that can be prescribed to address the symptoms of bladder incontinence, usually in coordination with other therapies mentioned here. Before taking any medication, though, make sure to talk with your doctor about possible side effects.

Injection Therapy – There are injectable medications that may also be effective for some patients' symptoms. When injected into the bladder muscle, they can cause the bladder to relax, increasing its storage capacity and reducing episodes of incontinence.

Nerve Stimulation – If you haven't responded well to other treatment methods, your doctor may suggest a procedure called neuromodulation that provides gentle electrical stimulation to certain nerves that are involved with bladder function. The results can be dramatic – hundreds of thousands of patients have reported quality of life improvement.


No matter what your doctor recommends, don't be afraid to ask about additional treatment options if the ones recommended to you don't sound appealing – there are often multiple approaches, and there's a good chance that there's something to fit your unique needs and lifestyle.

Getting The Help You Deserve

Q. Where else can I get help?

A. Right here, from the National Association for Continence. We're a non-profit 501(c)3 organization that was created to provide support and advocacy for people suffering from all forms of incontinence. For more information about your condition, visit the National Association for Continence online at www.NAFC.org. You'll find an enormous range of resources to put you on the path to drier days, including a doctor locator, free downloadable guides and a caring community of fellow patients, physicians and caregivers.

To download your Bladder Diary visit www.NAFC.org.


BLADDER DIARY
 Complete one form for each day for four days before your appointment with a healthcare provider. In order to keep the most accurate diary possible, you'll want to keep it with you at all times and write down the events as they happen. Take the completed forms with you to your appointment.

NAME:
 DATE:

| Time | Fluids | | Foods | | Did you urinate? | | ACCIDENTS | | |
|-------------------|------------|-----------|------------|-----------|------------------|-------------------------|---------------------------------|---|---|
| | What kind? | How much? | What kind? | How much? | How many times? | How much? (sm, med, lg) | Leakage How much? (sm, med, lg) | Did you feel an urge to urinate? | What were you doing at the time? (Sleeping, exercising, etc.) |
| Sample | Coffee | 1 cup | Toast | 1 slice | ✓✓ | med | sm | Yes <input type="radio"/> No <input checked="" type="radio"/> | Running |
| 6 a.m. - 7 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 7 a.m. - 8 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 8 a.m. - 9 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 9 a.m. - 10 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 10 a.m. - 11 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 11 a.m. - 12 noon | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 12 noon - 1 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 1 p.m. - 2 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 2 p.m. - 3 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 3 p.m. - 4 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 4 p.m. - 5 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 5 p.m. - 6 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 6 p.m. - 7 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 7 p.m. - 8 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 8 p.m. - 9 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 9 p.m. - 10 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 10 p.m. - 11 p.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 11 p.m. - 12 mid | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 12 mid - 1 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 1 a.m. - 2 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 2 a.m. - 3 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 3 a.m. - 4 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 4 a.m. - 5 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |
| 5 a.m. - 6 a.m. | | | | | | | | Yes <input type="radio"/> No <input type="radio"/> | |

Provided by the National Association For Continence; visit www.nafc.org for more information, locate a special special, and find support.



What's keeping you from treatment?

For many patients, it's fear of the unknown. Nearly one out of four patients said that they were reluctant to try new treatment options because they were concerned about side effects.

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