

WE COUNT

MEASURING THE HUMAN TOLL
OF INCONTINENCE

Take Control of Bladder Leaks

*Simple steps you can start
today - and options to ask your
healthcare professional about.*

YOU ARE NOT ALONE

*Bladder leaks are
common.*



*You have already taken an important
step by noticing your symptoms.*

This guide can help you try practical changes
now and prepare for a useful conversation with a
healthcare professional.

INSIDE, YOU'LL FIND

- Simple changes to try
- Tools and treatments to ask about
- Questions to bring to an appointment

**Start with the pattern that sounds most familiar -
then choose one next step.**

What sounds familiar?

These patterns are not a diagnosis, but they can help you describe what is happening.

1 STRESS LEAKS

Leaks with coughing, sneezing, laughing, lifting, or exercise.

3 MIXED LEAKS

You notice both stress and urgency leakage.

2 URGENCY LEAKS

A sudden, strong urge is followed by leakage before you reach the bathroom.

4 TROUBLE EMPTYING

Weak stream, trouble starting, dribbling, or feeling that your bladder does not empty.

A bladder diary turns symptoms into useful information

Tracking can show when leaks happen, what may trigger them, and which symptom is most disruptive. Bring the diary to an appointment to help your healthcare professional see the pattern more clearly.

Track your symptoms for at least four days; if possible, continue for a full week.

WHAT TO RECORD

- What and how much you drink
- Bathroom trips and nighttime waking
- Urgency, leaks, and what you were doing
- Pad or product changes
- Possible food, drink, activity, or other triggers



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?		Leakage (sm, med, lg)	ACCIDENTS	
	What kind?	How much?	What kind?	How much?	How many times?	How much? (sm, med, lg)		Did you feel an urge to urinate?	What were you doing at the time?
Sample	Coffee	1 cup	Toast	1 slice	✓✓	med	sm	Yes ☐ No ☒	Running
6 a.m.-7 a.m.								Yes ☐ No ☐	
7 a.m.-8 a.m.								Yes ☐ No ☐	
8 a.m.-9 a.m.								Yes ☐ No ☐	
9 a.m.-10 a.m.								Yes ☐ No ☐	
10 a.m.-11 a.m.								Yes ☐ No ☐	
11 a.m.-12 noon								Yes ☐ No ☐	
12 noon-1 p.m.								Yes ☐ No ☐	
1 p.m.-2 p.m.								Yes ☐ No ☐	
2 p.m.-3 p.m.								Yes ☐ No ☐	
3 p.m.-4 p.m.								Yes ☐ No ☐	
4 p.m.-5 p.m.								Yes ☐ No ☐	
5 p.m.-6 p.m.								Yes ☐ No ☐	
6 p.m.-7 p.m.								Yes ☐ No ☐	
7 p.m.-8 p.m.								Yes ☐ No ☐	
8 p.m.-9 p.m.								Yes ☐ No ☐	
9 p.m.-10 p.m.								Yes ☐ No ☐	
10 p.m.-11 p.m.								Yes ☐ No ☐	
11 p.m.-12 mid								Yes ☐ No ☐	
12 mid-1 a.m.								Yes ☐ No ☐	
1 a.m.-2 a.m.								Yes ☐ No ☐	
2 a.m.-3 a.m.								Yes ☐ No ☐	
3 a.m.-4 a.m.								Yes ☐ No ☐	
4 a.m.-5 a.m.								Yes ☐ No ☐	
5 a.m.-6 a.m.								Yes ☐ No ☐	

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

DOWNLOAD A FREE DIARY:
[NAFC.org/diaries](https://www.nafc.org/diaries)

Everyday patterns

Small changes can reveal what helps

Change one thing, notice what happens, and keep what makes a meaningful difference. You do not need to follow every rule at once.

ONE change at a time

Your diary can help you tell what actually makes a difference.



FIND A FLUID RHYTHM

Spread drinks through the day. If nighttime trips are a problem, ease back before bed without becoming dehydrated.

NOTICE PERSONAL TRIGGERS

Caffeine, alcohol, carbonation, citrus, spicy foods, or artificial sweeteners affect some people - but not everyone.

DO NOT OVERLOOK CONSTIPATION

Movement, appropriate fluids, and fiber-rich foods may help reduce constipation and straining.

SUPPORT YOUR WHOLE-BODY HEALTH

Movement, smoking cessation, a health-supporting weight, and a review of your medicines and health conditions may help some people.

Ask what is appropriate for you - especially if you have heart, kidney, or other medical conditions. Do not stop a prescribed medicine on your own.

BLADDER TRAINING

Calm repetition can build more control

Bladder training is a technique that helps you gradually increase the amount of time between trips to the bathroom, with the goal of improving bladder control and reducing urgency and frequency. It typically involves following a planned bathroom schedule and using strategies to manage the urge to go between scheduled visits.

A bladder diary is an important part of the process. Use your diary to choose a realistic starting interval. The goal is to make gradual progress - not forcing yourself to wait too long.

Find your starting point

Estimate your usual time between bathroom trips.

Add a small amount

Choose a schedule and extend the interval by only a little.

Respond calmly

If it is safe to wait, use the urge-calming sequence below.

Build from there

Increase the interval gradually as control improves.



**BUILD A SCHEDULE
YOU CAN REPEAT**



**Wait for the urge to ease. Then
walk calmly to the bathroom.**

WHEN URGENCY HITS

- 
- Stop and stay still.
 - Breathe slowly and relax.
 - If appropriate, try a few quick pelvic-floor contractions.

PELVIC-FLOOR SUPPORT

Quality matters more than quantity

Pelvic floor muscle training uses targeted exercises to strengthen the muscles that support the bladder and help control urination. Practicing these exercises regularly can help improve bladder control and reduce urine leakage. Strengthening, relaxation, coordination and choosing the right approach all matter.

START WITH GOOD TECHNIQUE

CONTRACT GENTLY

Contract around the urethra and vagina without holding your breath or squeezing your legs and buttocks.

FULLY RELAX

Both contracting and fully relaxing the muscles matter.

DO NOT PRACTICE WHILE URINATING

Stopping urine flow is not a routine exercise.

TRY THE KNACK

Gently contract before coughing, sneezing, lifting, or another activity that triggers leakage.



A structured plan takes time

Pain, pressure, painful sex, or trouble emptying are good reasons to ask for an assessment first.

A pelvic-floor physical therapist can help

A therapist can assess strength, relaxation, endurance, and coordination; teach correct technique; and build a plan around your symptoms and goals.

TOOLS, DEVICES, AND PRODUCTS

Different tools serve different purposes

Some tools are designed to improve symptoms. Others help you stay comfortable while you pursue treatment.



DEVICES TO ASK ABOUT

Pelvic-floor devices

Some internal or external devices use electrical stimulation or feedback to help pelvic-floor muscles contract.

Evidence, cost, and who should use these devices vary. They may not be appropriate for everyone; ask which type, if any, fits you.

PRODUCTS AND SKIN CARE

CHOOSE FOR FIT AND FUNCTION

Match style and absorbency to your leakage. Use the lightest product that reliably works and change wet products promptly.

PROTECT YOUR SKIN

Clean gently, pat dry, and consider a moisture barrier. Seek care for persistent redness, rash, pain, broken skin, or signs of infection.

Products manage leakage; they do not treat the underlying cause. Protection and treatment can happen at the same time.

OPTIONS TO DISCUSS

If simple changes are not enough, you have options

Needing another treatment does not mean you have failed. It may simply be time to add a different kind of help.



PRESCRIPTION MEDICATION

Used mainly for urgency incontinence and overactive bladder. Ask about benefits, side effects, interactions, cost, and when to reassess.

VAGINAL ESTROGEN

May help some postmenopausal women with urinary symptoms. It differs from systemic hormone therapy and may not be appropriate for everyone.

PESSARIES AND SUPPORT DEVICES

A fitted vaginal device may help some women with stress leakage or pelvic organ prolapse. Ask about fit, comfort, cleaning, and follow-up.

URETHRAL BULKING

Material is injected around the urethra to help it close more effectively. Results and durability vary, and repeat treatment may be needed.

There is no single best treatment. Your symptoms, history, preferences, and goals should guide the plan.

ADDITIONAL TREATMENT OPTIONS

Specialist care is another step - not a failure

When symptoms remain bothersome, a specialist can help you compare benefits, tradeoffs, and what fits your priorities.

BLADDER BOTULINUM TOXIN

Injections can reduce urgency and urgency leakage. Discuss infection, temporary difficulty emptying, repeat treatment, and possible short-term catheterization.

TIBIAL NERVE STIMULATION

Stimulates a nerve near the ankle. Options include repeated office treatments and some wearable or implanted devices.

SACRAL NEUROMODULATION

A small implanted system stimulates nerves involved in bladder control. Patients generally complete a test phase before a longer-term implant.

SURGERY FOR STRESS LEAKS

Surgery may be considered when stress leakage remains bothersome. Ask about expected benefit, alternatives, recovery, and risks.



MORE OPTIONS

The right next step depends on your symptoms and priorities.

Not every option is appropriate for every person. Ask about likely benefit, tradeoffs, alternatives, and the next step.

PREPARE FOR THE CONVERSATION

You do not need the perfect words to ask for help

A short description of what is happening - and how it affects your life - is enough to begin.

“I’ve been having bladder leaks, and they’re affecting my day-to-day life. I’d like help figuring out what type I have and what I can try.”



QUESTIONS TO BRING

- What type of incontinence do you think I have?
- Could another condition or medicine be contributing?
- What can I try at home, and for how long?
- Would pelvic-floor physical therapy help me?
- What other options fit my goals?

BRING WHAT YOU KNOW

- A completed bladder diary
- When leaks happen and what you are doing
- Medicines and supplements you take
- What you have already tried
- The outcome that matters most to you

ONE APPOINTMENT CAN CREATE A PATH FORWARD.

If you do not feel heard, it is reasonable to ask for another conversation or a referral.

NAFC RESOURCES + WHEN TO SEEK PROMPT CARE

You do not have to figure this out alone

The National Association for Continence (NAFC) offers objective, patient-friendly bladder and bowel health education whenever you are ready for the next step.

FIND FREE RESOURCES AT NAFC.ORG

- [Anonymous message boards](#)
- [Doctor Finder](#)
- [Downloadable incontinence diaries](#)
- [Webinars](#)
- [The Bhealth blog](#)
- [The Life Without Leaks podcast](#)
- [Email education and new resources](#)



TAKE ONE NEXT STEP: VISIT
NAFC.org/we-count



CALL A HEALTHCARE PROFESSIONAL PROMPTLY IF...

- You see blood in your urine.
- You have pain, burning, fever, or signs of infection.
- You suddenly cannot urinate or have marked difficulty emptying.
- Symptoms begin suddenly or worsen rapidly.
- You have recurrent urinary infections.
- New bladder changes occur with severe back pain, leg weakness, numbness, or loss of bowel control.

Educational only; not a substitute for individualized medical advice.

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