



Many women leak urine or wet themselves when they cough, sneeze or exercise. This urine leakage is called stress incontinence. There are many treatments to try, however some women may need to have surgery for this problem.

WHAT CAUSES BLADDER CONTROL PROBLEMS?

Bladder control problems are mainly caused by damage to:

- pelvic floor muscles
- the tissues that support the pelvic floor muscles.

The floor of the pelvis is made up of layers of muscle and other tissues. These layers stretch like a hammock. They go from the tailbone at the back to the pubic bone at the front. The muscles and tissues support the bladder, uterus (womb) and colon (bowel). The urethra (urine tube), vagina and the rectum (back passage) all pass through the pelvic floor muscles.

The pelvic floor muscles do a number of things. They help to:

- support the bladder
- squeeze around the vagina and the rectum (back passage)
- help to hold the bladder, the uterus (womb) and bowel (colon) in their proper place.

Bladder control problems can start when the pelvic floor muscles are made weaker by:

- not keeping them active
- being pregnant
- having babies
- growing older.

When the pelvic floor muscles have to support heavy loads they may not be strong enough.

Heavy loads press down on the pelvic floor muscles when you:

- are pregnant
- are overweight
- push and strain to use your bowels if you are constipated
- carry heavy weights
- have a cough that goes on for a long time such as with asthma, bronchitis or a chronic cough.

For more information, see the brochure 'One in Three Women Who Ever Had a Baby Wet Themselves'.

HOW CAN BLADDER CONTROL PROBLEMS BE TREATED?

Better bladder control happens when pelvic floor muscles get stronger. They get stronger by pelvic floor muscle training. The brochure 'Pelvic Floor Muscle Training for Women' tells you how. Your continence physiotherapist or continence nurse advisor can also help.

WHEN IS SURGERY NEEDED?

Pelvic floor muscle training alone does not always help improve bladder control. Leaking urine can make it hard to cope with day to day life. In cases like this, surgery may be recommended to you.

Surgery should never be a first choice

All surgery has risks. You must discuss these risks with your surgeon.

COMMON TYPES OF SURGERY FOR STRESS INCONTINENCE

Midurethral slings

If the urethra (urine tube) is not supported properly, this can cause poor bladder control. There are ways to place synthetic tapes inside to improve support of the urethra and reduce or stop the leakage of urine. This type of surgery can be done under general or local anaesthetic. It is most often only day surgery.

Colposuspension

The Burch colposuspension is surgery that involves placing stitches inside the vagina. The stitches attach to supportive ligaments either side of the urethra to elevate the vagina and support the urethra, reducing or stopping the leakage of urine. This can be done using open or keyhole surgery.

Bulking agents

There are bulking agents that can be injected into and around the bladder neck. This plumps up the bladder neck so it closes better. These bulking agents do not work as well or last as long as the other surgeries, but they are simple and less likely to cause problems. Again, you should discuss the risks of surgery with your surgeon.

WHAT SHOULD YOU ASK YOUR SURGEON?

Talk with your surgeon before you agree to have surgery. Make a list of questions that you want to ask. You might ask:

- Why this type of surgery has been chosen for you?
- How well it will work?
- About the details of the surgery.
- What is your best option if you have not yet completed your family?
- What are the risks?

SEEK HELP

You are not alone. Poor bladder and bowel control can be cured or better managed with the right treatment. If you do nothing, it might get worse.

Phone expert advisors on the National Continence Helpline for free:

- advice
- resources
- information about local services.

1800 33 00 66* (8am–8pm Monday to Friday AEST)

To arrange for an interpreter through the Translating and Interpreting Service (TIS National), phone 13 14 50 Monday to Friday and ask for the National Continence Helpline. Information in other languages is also available from continence.org.au/other-languages

For more information: continence.org.au, pelvicfloorfirst.org.au, bladderbowel.gov.au

* Calls from mobiles are charged at applicable rates.

