



bladder health

Helping you understand bladder and bowel health

A supportive guide for carers



bowel health

An introduction to bladder and bowel health

A healthy bladder and bowel is extremely important for your overall well being. However today, in the United Kingdom, many people suffer from these problems. It is often seen as an embarrassing subject and people suffer in silence.

For further help and guidance please use our self examination chart on page 39.

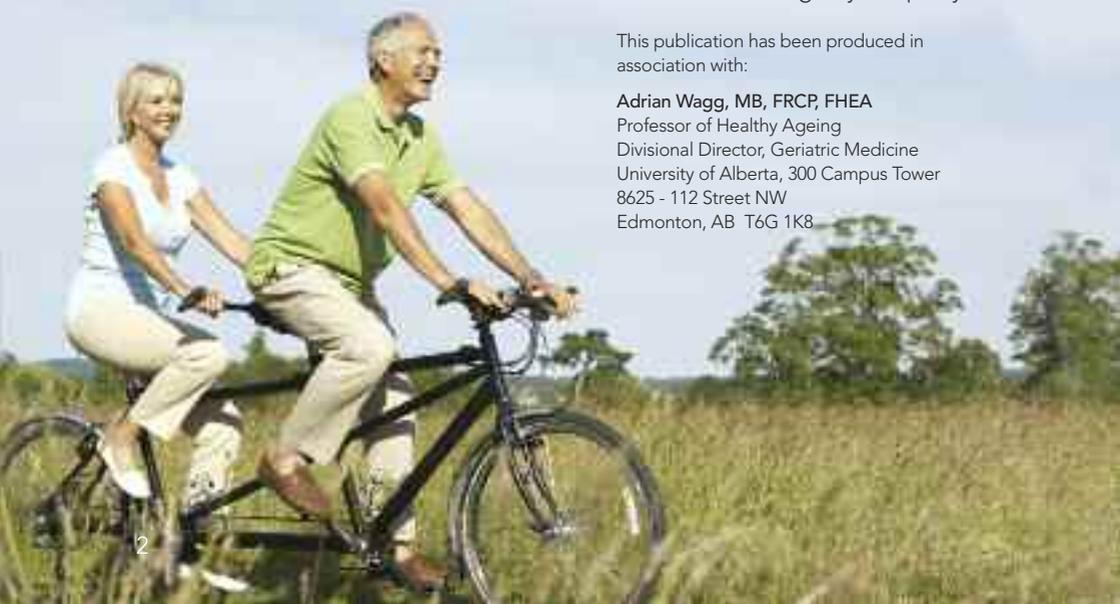
We have produced this booklet to inform you of common issues relating to bladder and bowel problems. There are a wide range of medicines and products available to alleviate almost all disorders, and the amount of advice and support is continually growing.

There are a number of misconceptions and myths that are associated with these problems. This guide has been produced to help answer any questions and also provide support for you, or someone who you are caring for.

Many of the problems can be managed effectively, if not cured completely. With a little help from family and friends, you will soon be able to regain your quality of life.

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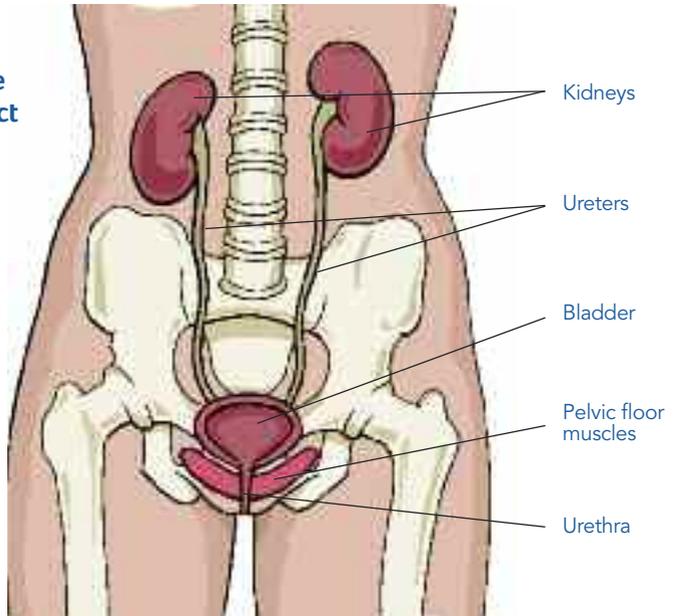
The anatomy and physiology of the bladder

The urinary system

This is composed of two kidneys, the ureters, the bladder and the urethra. Urine is made by the kidneys and carried to the bladder by the two ureters where it is stored until you go to the toilet.

The pelvic floor muscles help prevent leaks. They are made up of several layers of muscle which hold the bladder in place and provide support. This muscle is part of the anatomy of both men and women.

The female urinary tract

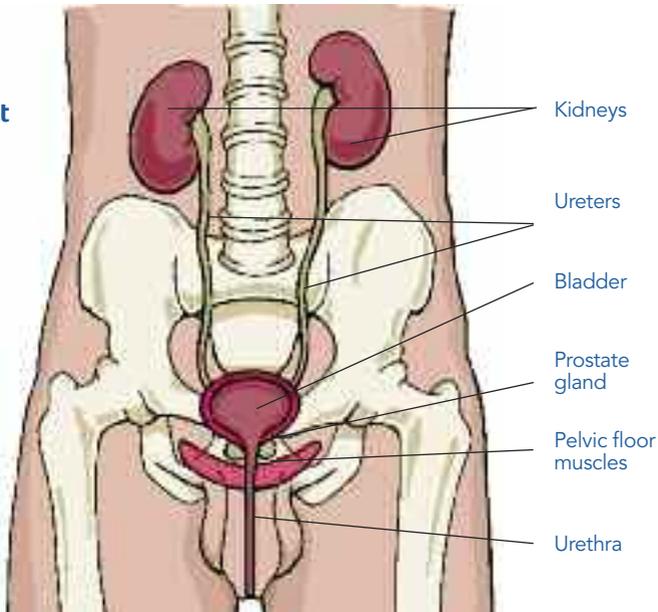


There are 3 openings through the pelvic floor in women and 2 in men – the anus, the vagina and urethra in women and the anus and urethra in men.

The muscles support these 3 openings, but if they are weakened or not in good condition they cannot support the openings effectively.

In males, the prostate gland surrounds and lies in the wall of the urethra, just below its connection with the bladder.

The male urinary tract



“What is a healthy bladder?”

The bladder has several functions :

- Holds up to 500mls of urine
- Empties at a convenient time
- On demand in a socially acceptable manner

How to keep your bladder healthy

The bladder is controlled by a complex co-ordination of nerves and muscles. Any disruption to this control mechanism may cause the bladder to leak urine. This is known as incontinence. By following this simple health planner you may be able to ease your bladder symptoms.

Drink	1 – 1½ litres of fluid per day, including that in your food. Some people find that caffeinated drinks seem to make their bladder misbehave - if you notice this then try swapping to caffeine free alternatives.
Diet	Follow a healthy diet. Overweight people have more bladder problems and maintaining a healthy weight can help solve these.
Health check	Ask your doctor or health care provider if you are on any medication that might be making your bladder problems worse, and if this is the case, can they be changed?
Exercise	General fitness, brisk walking etc. can help bladder problems such as having to get up frequently at night to pass urine. Pelvic floor muscle strengthening – shown opposite – is also a good way of helping

How to find your pelvic floor muscles

Imagine that you are trying to stop yourself passing wind. Squeeze the muscles around the back passage. This is the back part of the pelvic floor. Now imagine that you are about to pass urine. This is the front part of the pelvic floor.

Do not: squeeze your legs together; tighten your buttocks or hold your breath.

Exercise one



Tighten the pelvic floor as long and as hard as you can.

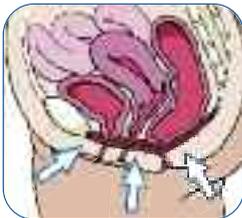


Try to build up to a maximum of 10 seconds.

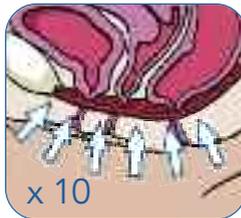


Rest for a couple of seconds and then repeat 10 times.

Exercise two



Draw in the pelvic floor and hold for one second before relaxing.



Repeat in short succession up to 10 times.



Try to do these exercises 6 times a day for 12 weeks.

“What is an unhealthy bladder?”

There are many different medical terms to describe the different types of incontinence and it can be a difficult subject to understand. **The main problems are :**

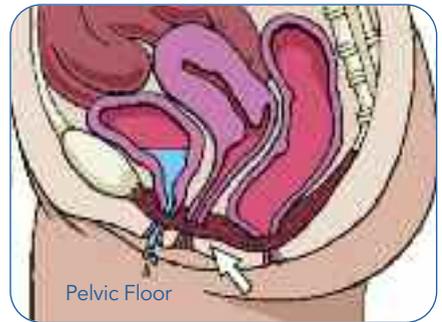
Stress incontinence

The pelvic floor muscles provide a sling like support for the pelvic organs and they are very important in maintaining bladder control.

If the muscles and ligaments become weakened stress incontinence can result.

The symptoms are leakage of urine when coughing, laughing, sneezing or exercising.

The pelvic floor muscle can weaken for many reasons. The most commonly known cause is childbirth, other causes are chronic cough, menopause, chronic constipation and obesity.



Treatments

Pelvic floor exercises are the first treatment, they need to be performed several times a day and it can take 3 months or more before an improvement is seen.

Referral is sometimes made to a specialist physiotherapist for further assessment and treatment.

As a last resort, if the pelvic floor exercises do not work then there are a variety of operations which can, you should discuss this with your doctor

Overactive bladder

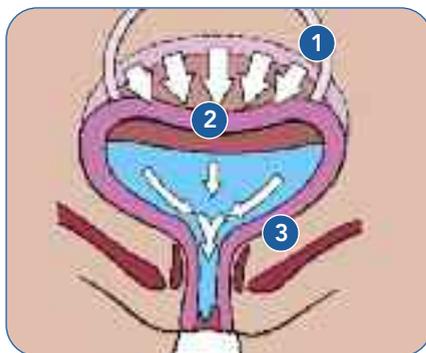
Someone with an overactive bladder will get a sudden urge to pass urine, and will need to go to the toilet frequently. They may also have to get up more than once a night. If a toilet is not readily accessible incontinence may occur. Often the cause is unknown. There are many causes of these symptoms however, and your doctor will be able to advise.

People with conditions of the nervous system, e.g. stroke, Parkinson's disease may have an overactive bladder.

Many people with this type of incontinence think that reducing fluid intake will help relieve symptoms; this can in fact have the opposite effect. Concentrated urine aggravates the bladder and can make symptoms worse.

Overactive diagram:

1. Normal position of bladder muscles.
2. The bladder senses that it needs to empty, regardless of whether its full and sends strong signals to your brain telling it to contract the bladder to empty.
3. Which leads to an unstoppable urge to pass water – called urgency.



Treatments

Bladder retraining – The aim of bladder retraining is to restore normal bladder function by teaching the bladder to hold on for longer periods.

Fluids – adjusting the fluid type and intake can often relieve the frequency and urgency.

Medication – As prescribed by the GP, these can help 'relax' the bladder enabling it to store more urine.

Underactive bladder

The underactive bladder does not produce a strong enough contraction to empty and can lead to urine being left behind in the bladder.

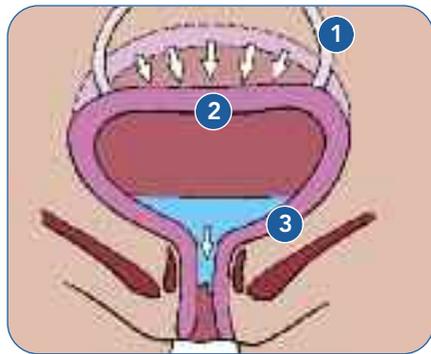
This can result in the bladder becoming over stretched and enlarged.

The underactive bladder can be caused by damage to the nerves that control the bladder or by obstruction to the urethra by the prostate in men.

The symptoms are frequency, straining to pass urine, recurrent urine infections and dribbling.

Underactive diagram:

1. Normal position of bladder muscles.
2. Weak bladder muscles don't contract enough.
3. Which leads to a reduced flow of urine.



Treatments

Toilet techniques – This may promote better bladder emptying.

Intermittent catheterisation – A small catheter is inserted into the bladder to drain the urine. This may need to be done several times a day.

An indwelling catheter – As a last resort this may be a preferred option.

Outflow obstruction

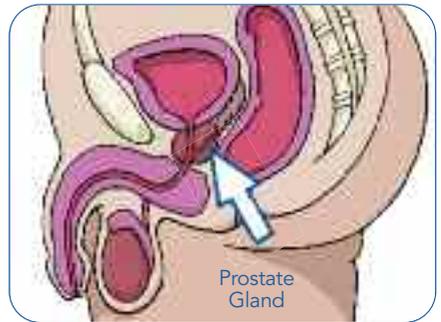
This occurs when there is a blockage of the urethra making it difficult for urine to pass through.

The most common cause is an enlarged prostate gland. The prostate gland is doughnut shaped and sits at the base of the bladder surrounding the urethra. The prostate gland becomes enlarged as a natural part of ageing.

As it enlarges it compresses the urethra causing symptoms of frequency, urgency, hesitancy and straining to pass urine, poor stream, nocturnal (getting up to pass urine at night), dribbling after passing urine.

Another common cause in older people is constipation. A rectum loaded with solid faeces may cause sufficient pressure to block the urethra and cause outflow obstruction.

The urethra may also become narrowed due to infection or trauma.



Treatments

Medication – To help relax the muscle of the bladder neck.

Surgery – Where the prostate gland is partially or totally removed.

Relieve constipation.

Dilation of the urethra – To allow urine to pass normally.

Impaired functional ability

To remain continent you need to be able to recognise the need to use the toilet, get to the toilet and have the manual dexterity to undo clothing.

For people with reduced mobility or impaired mental function (dementia) this may be difficult and may result in incontinence.

As carers it is important that you recognise how a simple change in the environment, such as clearly signed toilets, adapted toilet seats and clothing adaptations may help to promote continence.

It is important that anyone with incontinence has a thorough assessment and treatment plan.

You can receive advice from your GP or local Continence Service.

Managing bladder problems

Some bladder problems cannot be completely cured. Other problems can be managed while waiting for treatment. There are a number of methods available to help manage bladder problems.

Pads and pants

There are a wide range of absorbent pads and pants available that will absorb leaks from the bladder. Chemists usually stock a wide range that you can buy off the shelf, or you can buy them through mail-order.

Your local health authority may also be a place where you can get free pads. Check with a GP or specialist.

Medicine

Drugs are available which can help relieve the symptoms of urgency or the need to get up in the night to use the toilet.

Surgery

While surgery may offer a permanent solution, sometimes there are significant side effects. If you have any concerns, always ask your GP to explain what any operation would involve, and what the various outcomes may be.



Seeking help and treatment

You should always see your GP or a specialist, both of which will be able to offer you a professional diagnosis and medication if appropriate.

If you require any further help or information on how to treat incontinence, the Bladder & Bowel Foundation provides confidential advice from specialist nurses and can give information on local NHS continence advisors. You can contact the Bladder & Bowel Foundation using the following details:

Nurse Helpline
0845 345 0165

Counsellor Helpline
0870 770 3246

General Enquiries
01536 533255

Website
[www.bladderandbowel
foundation.org](http://www.bladderandbowelfoundation.org)

Email
[info@bladderandbowel
foundaton.org](mailto:info@bladderandbowel
foundaton.org)

**SCA recommends
that if you suffer from
bladder weakness or
continence problems
seek professional
advice.**

If you would like more
information on SCA and
our TENA product range
call 01582 677400
or visit www.TENA.co.uk



Bowel health

There are a few simple steps to maintaining a healthy bowel. Eating meals regularly helps your bowel get into a predictable pattern. Make sure you take in 5 portions of fruit and vegetables a day. Empty the bowel with minimal effort and allow yourself enough time and privacy to empty the bowel properly. Regular exercise can also stimulate the bowel to work regularly.

For further help and guidance please use our self examination chart on page 39.



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How the bowel works

The mouth, oesophagus, stomach, small intestine and the large intestine or colon are all part of the digestive system.

The bowel is the largest part of the digestive system and is divided into two sections known as the small and large bowel.

The small bowel

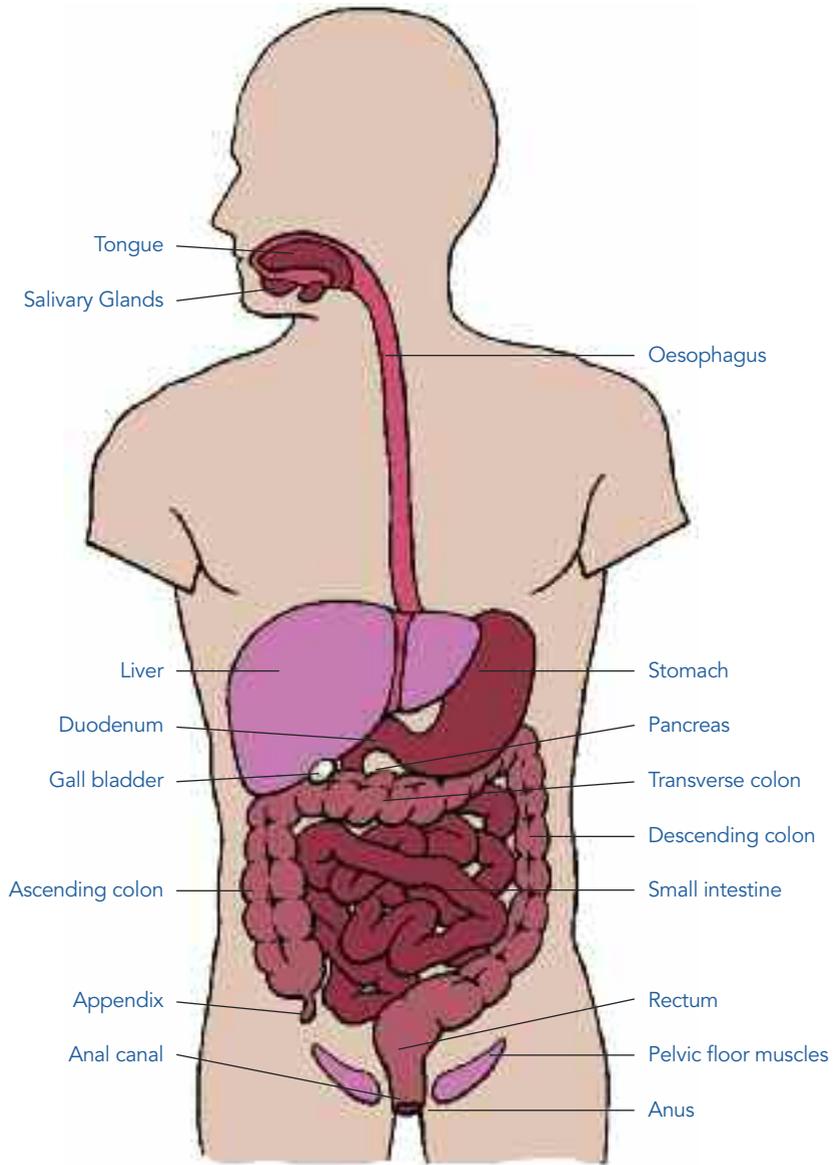
The small bowel is responsible for absorbing the nutrients from the food we eat, whereas the large bowel mainly absorbs water from the waste products of digestion and in doing so forms faeces (poo).

The large bowel

The last 15 – 17 cms of the large bowel are known as the rectum. This ends at a sphincter (a ring of muscles which lies around anus). Part of the rectum passes through the pelvic floor muscles that at one point form a 'sling' to help keep faeces in the rectum when emptying the rectum is not appropriate.

When there is sufficient faeces in the rectum (the amount needed varies from person to person) nerve endings send signals to the brain and we become aware of the need to pass a motion.

If it is not convenient the sensation of needing to go will fade. Once we are seated on the toilet and ready to go the sphincters in the anus relax and the muscles of the rectum, helped by the abdominal muscles, contract and push the stool (poo) out.



“What is a healthy bowel?”

If your bowel pattern is healthy, you will pass faeces (poo) between three times per day and three times per week – both are normal.

Your bowel pattern may be slightly different and this may be normal for you. Your faeces should be soft and passed easily without pain.



Symptoms of an unhealthy bowel

Constipation

Having bowel movements less than three times per week. Faeces are hard, there may be pain on passing faeces and you may feel the need to strain.

Faecal Impaction

If constipation is not treated, the bowel can become packed with hard faeces that you are unable to pass.

You may experience a lot of tummy pain, feel sick and/or your appetite may decrease. This can be confused with diarrhoea because you may pass some liquid faeces.

Diarrhoea

Faeces are loose and watery and you may feel the need to go to the toilet frequently and urgently.

Bleeding

If you are bleeding from your back passage, seek medical advice.

Causes of faecal incontinence

Constipation

Constipation and faecal impaction are the most common cause of faecal incontinence in the elderly. Just like incontinence itself, constipation is a symptom rather than a disease and always has a cause. In assessing the constipated patient, it is just as important to investigate and address the cause as it is to treat the actual constipation. This is covered in more detail on page 24.

Overflow Diarrhoea

This can occur if constipation is not treated. The bowel becomes packed with hard faeces that the person will be unable to pass. If this is allowed to continue for long enough, the bowel becomes blocked further and further back. As the process of digestion continues, the liquid stools that are formed higher up the bowel can seep pass the hard faeces, causing faecal incontinence to occur. As the incontinence is liquid in consistency, faecal impaction can often be confused with diarrhoea.

Severe diarrhoea

Most of us will have experienced the urgency, nausea and even severe pain that a bout of diarrhoea can bring. In the elderly and those people with impaired mobility or confusion, episodes of severe diarrhoea can result in faecal incontinence. The diarrhoea itself can be caused by infection, certain medications or diseases which affect the bowel, such as diverticular disease.

Bowel surgery

Any surgery involving the bowel may leave the patient more prone to faecal incontinence. This may be short-term following the procedure but can affect the person in the long-term, especially where part of the bowel is removed, as this can affect the consistency of the stool – often making it more liquid.

Neuropathic disorders

By this we mean, any condition that may disrupt nerve supply to the bowel: multiple sclerosis, diabetes and the effects of a stroke all fit into this category.

The type of problems these conditions may present can vary enormously from one person to another and so assessment of the individual is vital.

Existing conditions

Some conditions such as depression, dementia, multiple sclerosis, Parkinson's Disease or even diabetes can make people more likely to be constipated. As in all cases it is important to assess people carefully.

Problems with the bowel

Conditions such as Irritable Bowel Syndrome (IBS), Crohns Disease and Diverticular disease can also compromise normal defecation.

Common causes of constipation

Diet and fluids

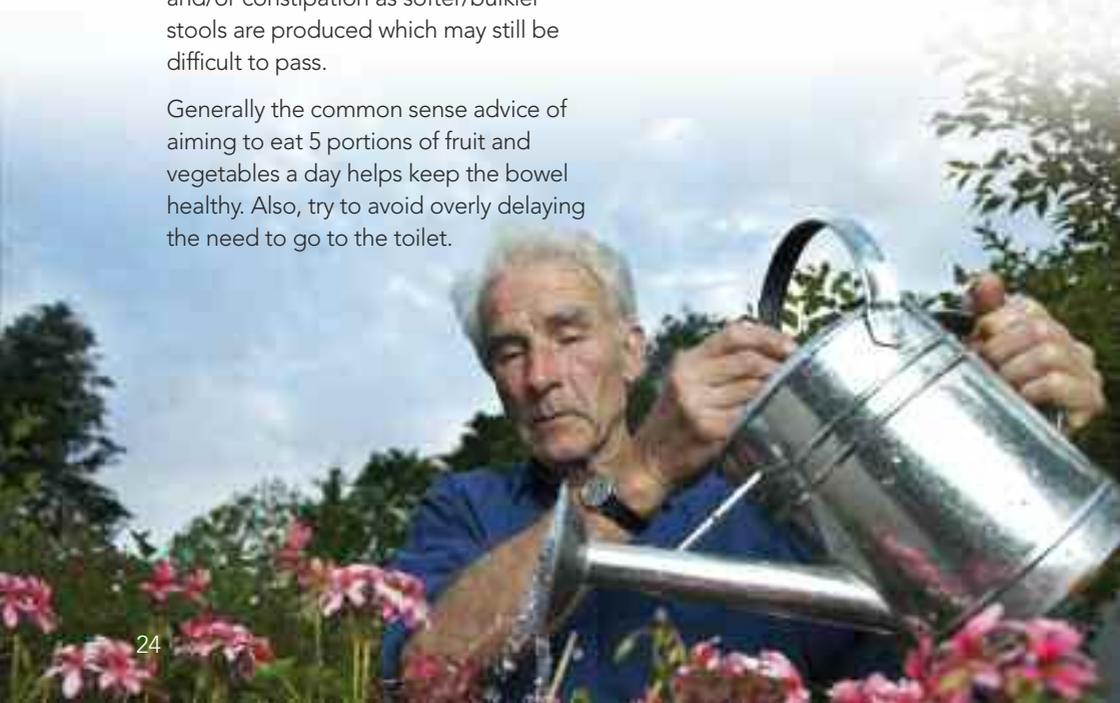
People who have a diet that is low in fibre may be more likely to suffer from constipation. Foods high in fibre include fruit, vegetables, wholemeal bread and cereals.

Suddenly increasing your fibre intake may cause people to feel bloated and have increased wind. In the elderly it may worsen any faecal incontinence and/or constipation as softer/bulkier stools are produced which may still be difficult to pass.

Generally the common sense advice of aiming to eat 5 portions of fruit and vegetables a day helps keep the bowel healthy. Also, try to avoid overly delaying the need to go to the toilet.

Drugs

Just as drugs can be used to treat constipation, very often drugs can be the cause of constipation. The most common include painkillers like codeine and morphine, anti-depressants and even calcium supplements. While the use of these drugs may be vital for treatment, it is important to be aware of the effect they may have, especially when newly prescribed.



Psychological and environmental

Given the choice most of us would prefer to empty our bowels at home in private.

The embarrassment of noises and smells and everyone knowing what we are doing may be enough for us to put off going to the toilet. If this happens frequently it can lead to constipation.

Making sure that the toilets are clean, lockable, warm, private and have supplies of toilet roll, air freshener etc. can all help to ensure that people are comfortable to use the toilet when needed and that they don't ignore the urge to open their bowels.

Other environmental factors need to be considered such as whether people actually sit properly on the toilet seat (many won't for fear of catching something!) and also the use of a raised toilet seat may mean that the patient isn't sat in a position that will aide defecation.

Lack of mobility

While there may be little you can do to remedy this, for example if the person is on bedrest, it is important to note that immobility is a factor in developing constipation.

If we are aware of all the risk factors that may trigger constipation and asses and monitor our patients carefully, we can do much to prevent it occurring.

These are just examples of the main causes of faecal incontinence, there are others (see further reading at the end of this booklet).

How to keep your bowel healthy

1. Eat healthily

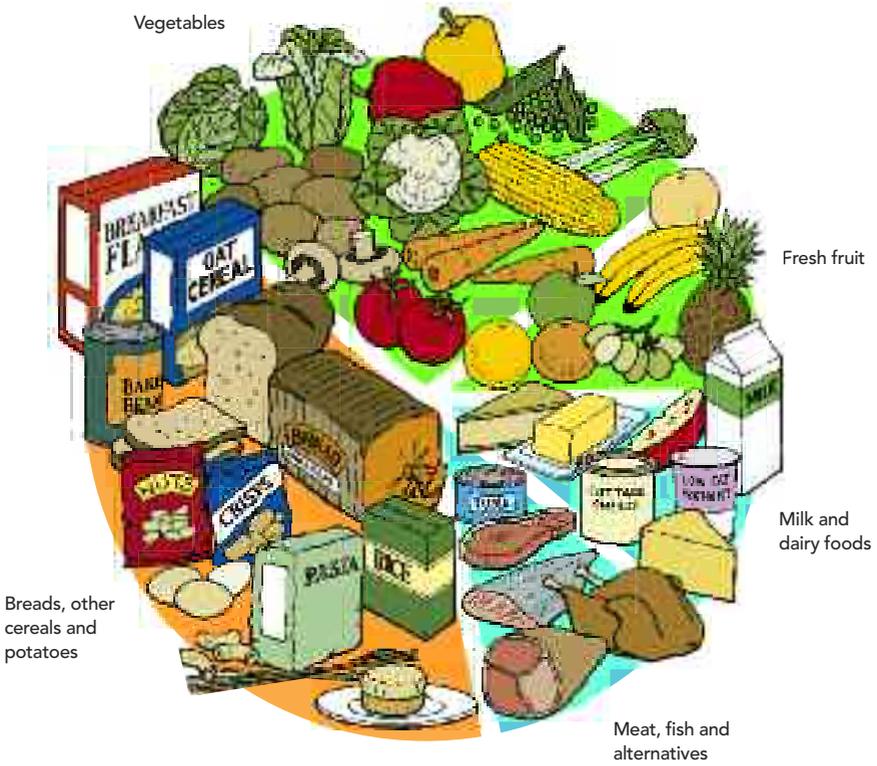
A balanced diet and exercise will help prevent bowel problems and keep you healthy. People who have a diet that is low in fibre or 'roughage' may be more likely to have bowel problems. Foods high in fibre include fruit, vegetables, wholemeal bread and cereals.

The recommended diet and amount of exercise has many benefits for your health, including on the bowel.

You should:

-  Eat five portions of fruit and vegetables per day
-  Aim to eat 2-3 portions of oily fish per week
-  Aim to eat 2-3 portions of dairy per day
-  Reduce fat
-  Reduce sugar
-  Reduce salt
-  Aim to drink 6-8 cups of fluid per day

Food wheel



How to keep your bowel healthy (contd)

2. Drink enough of the right types of fluids

You should:



Do drink 6-8 cups of fluid per day (about 3 pints or 1500ml)



Do drink more water, fruit juice and squash with no added sugar



Do drink decaffeinated tea and coffee as an alternative



Do drink fruit and herbal teas but avoid nettle, dandelion and marshmallow as these herbs can irritate the bladder and bowel



Limit drinks that contain lots of caffeine, for example, tea, coffee and cola, as they may irritate your bladder and bowel



Limit the amount of alcohol you drink. If you do drink alcohol, try to alternate between alcoholic and soft drinks to prevent bladder and bowel irritation

3. Go to the toilet regularly 4. Check your medication

It is important to go to the toilet to open your bowels (have a poo) as soon as you feel the need. Give yourself plenty of uninterrupted time to sit on the toilet.

You need to sit upright with your feet firmly on the floor. Use a step if needed. It is important not to strain too much but to allow the faeces to pass naturally.

Check whether your medication can affect your bowel. Some drugs can cause constipation, most common painkillers like codeine, morphine, anti-depressants, diuretics (water tablets) and iron pills.

If you think that your constipation might be caused or affected by these drugs, talk to your healthcare professional or pharmacist about alternative medication or solutions to the constipation.



How to keep your bowel healthy (contd)

5. Be active

Regular activity can improve bowel movement. Adults should undertake at least 30 minutes of moderate physical activity on 5 or more days of the week.

This could include activities such as:

- Walking to and around the shops
- Taking the dog for a walk
- Swimming
- Chair-based exercise



6. Bowel cancer screening

Bowel cancer is the third most common cancer in the UK. The NHS Bowel Cancer Screening Programme aims to detect bowel cancer early, when you have no symptoms and treatment may be more effective. If you are aged between 60-69 and you are registered with a GP you will be offered the chance to do the test in the privacy of your own home every 2 years.



Bristol Stool chart

The Bristol Stool Chart is a generic indicator; it is not an absolute diagnostic tool. It may help you to associate the type of stool with any symptoms and act as an indicator to the general state of your bowel movements.

Type 1		Separate hard lumps, like nuts (hard to pass). A common sign of constipation.
Type 2		Sausage-shaped, but lumpy. A sign of constipation.
Type 3		Like a sausage but with cracks on its surface. A normal stool.
Type 4		Like a sausage or snake, smooth and soft. A normal stool.
Type 5		Like a sausage or snake, smooth and soft. An indicator of soft diarrhoea.
Type 6		Fluffy pieces with ragged edges, a mushy stool. An indicator of diarrhoea.
Type 7		Watery, no solid pieces. Entirely liquid. Indicative of severe diarrhoea.

Getting help and treatment

If you find yourself with any of the following symptoms then you should seek help:



Change in bowel habit



Persistent unexplained diarrhoea



Abdominal pain/blood when going to the toilet



Passing runny mucus instead of faeces



Pain when going to the toilet



A lump in your abdomen



Significant unexplained weight loss



Passing a loose stool when you run, walk or are in bed

Who can help?

If you have a problem with your bladder or bowel, fill in the questionnaire on page 39. If, when you have completed the questionnaire you feel you need more help or guidance, contact a health care professional.

There are a number of people who can help you to obtain general help and advice:

-  Your GP
-  Your practice nurse
-  Nurse practitioner
-  Your district nurse
-  Your physiotherapist/occupational therapist
-  Your local continence service

FAQ's

Patients and carers often ask the same questions about bladder and bowel conditions. To help give you a better understanding, and to answer some of the more frequently asked questions, we've included some of them here.

How do I overcome any embarrassment when talking about bladder or bowel issues?

It's perfectly natural to feel a little shy when talking about the subject, but the professionals are there to offer support and advice. When talking to a doctor or bladder and bowel specialist there's probably nothing that they haven't heard many times before. They are sympathetic to the situation, and will do their very best to make dealing with the issue as comfortable as possible for you.

I've already seen a GP and the treatment hasn't worked. What can I do now?

If the prescribed treatment has failed to remedy any symptoms, it is important that you go back to the GP and explain what has happened. They will be able to offer you guidance and advice on any other drug or treatment options that are available.

Is my GP the only person I should go to?

No. There is a Continence Advisory Service available through the NHS and you can make an appointment direct without having to ask your GP. You will see a specialist nurse who has experience in bladder and bowel problems.

Can the menopause trigger a frequent, urgent need to use the toilet?

No. While it is thought that many hormonal changes during the menopause can increase the chances of developing bladder and bowel problems, it is important to still seek medical advice to improve any symptoms you may be experiencing.

I have tried pelvic floor exercises and they don't work.

If you continue the exercises every day, and you have muscle tone, you should start to see results in about three months. If there is no improvement, check you are doing them correctly and then see your clinician about alternatives. The pelvic floor muscles can help you improve your bladder control. Ask your GP or specialist for information to help you easily locate the pelvic floor muscles, and for advice on suitable exercises.

Are bladder and bowel control problems inevitable for women after having children?

Having children does not automatically mean you will develop a bladder or bowel control problem. If you have good general health, good pelvic muscle tone and there are no complications during birth, having children should not cause problems.

Although women are more likely to be affected by a bladder control problem, it is thought that just as many men as women develop a bowel control problem.

Do bladder and bowel disorders become a problem only as you get older?

Although you are more likely to be affected by bladder control problems as you get older, 4.8 million people aged under 24 in the UK are estimated to have already experienced some problem with their bladder or bowel control. In general you are more prone to bladder problems after the age of 45, but after this there is no significant increase in the likelihood of developing problems as you get older. Unlike bladder problems, there appears to be no marked increase in developing bowel control problems as you get older.

What if I'm too old to start treatment for my problem?

It's not too late to seek treatment for your bladder or bowel disorder. There are a wide range of treatments available to help ease your discomfort. It is important that you contact a GP or specialist for the right help.

Occasionally I have had no use in my muscles and I've suffered a heavy flow of urine. In addition, I've noticed I leak when making love with my partner. What problem would cause both a large and small leak?

The first type of incontinence described is caused by an overactive bladder which usually causes large leaks. The second type may be caused by stress incontinence which usually occurs during physical exercise. Both conditions are treatable so you should see your GP who will be able to recommend the correct course of medication and muscle exercises.

I've recently suffered a stroke which has left me doubly incontinent. Pelvic exercises don't seem to work. Are there any other treatments available?

Strokes are a common cause of bladder and bowel issues. It may be worthwhile approaching a continence specialist for advice, and you can also contact your local Stroke Care Specialist for assessment.

I'm 32 years old and I have an enlarged prostate that is causing me to constantly go to the toilet. Passing urine is slow and painful. I make frequent trips to the loo throughout the day and night. I've had this problem for 2 years with no medication, of which I am wary. Are there any treatments available which don't involve medication prescribed by a GP?

It is unusual for someone in their thirties to suffer from an enlarged prostate. They are more common in men aged over 40. It may be worth seeing your GP and asking for a referral to a Urologist. Until the problem is correctly diagnosed you should not try taking alternative treatments. Medications prescribed by a GP are safe, but please ensure you always get a professional diagnosis before commencing any course of remedies.

I suffer from flatulence and some bloating which is very uncomfortable. What foods should I avoid to minimise these symptoms?

Too much fibre in your diet may cause bloatedness. The bacteria and fermentation processes produces a lot of gas. Gentle movement and exercise helps stimulate your abdomen which encourages peristalsis which will ease the discomfort. Arrange a visit to your GP who could arrange tests to rule out any colonic diverticular disease.

My youngest child has started wetting the bed at nights. What causes this and how can I help?

Bedwetting may be caused by several issues:

A substance called AVP (arginine vasopressin) slows down production of urine overnight. If the body does not respond to it, or the child does not produce enough AVP, the kidneys will produce more urine than the bladder can hold. Some children are not able to wake up when their bladder is full and so when it empties, they wet the bed. However, difficulty waking does not cause bedwetting alone and is normally present with one of the other problems.

Some children who wet the bed have a small bladder that holds less than the average amount of urine, so they may need to pass urine more often. This is known as bladder instability.

Importantly, the amount children drink during the day or evenings should not be reduced. More fluids during the day and normal drinking in the evening, is advised. However, remember to avoid drinks containing caffeine or aspartame in the evening.

It is particularly important not to drink too little during the day and then try to catch up with fluids after school or in the evenings because your child feels thirsty. This drinking behaviour is quite common in children who have bedwetting problems. Equally important, they should not drink extremely large volumes of fluid during the day and evening as this will tend to make the bedwetting worse.

For further help and advice on children bedwetting contact your GP, Practice Nurse or School Nurse.

Self examination chart for bladder and bowel

PROBLEM:	YES/NO	SELF-HELP:
Does your bladder or bowel problem affect your daily routine?		IF YES – Complete these questions and speak to a health care professional for advice.
Do you drink less than 6-8 cups (about 3 pints or 1500ml) of fluid per day?		IF YES – Refer to the section on the amount and types of fluid recommended on pages 6 & 28.
Do you leak when you cough, laugh, sneeze or do any exercise?		IF YES – Try pelvic floor exercises as described on page 7.
Do you feel you have to pass urine often?		IF YES – Try keeping a bladder diary (page 10) and follow the advice on a healthy bladder.
Do you have problems passing urine?		IF YES – You need to speak to a Healthcare Professional for advice.
Are there times when you feel your bladder has not emptied properly?		IF YES – Look at how much you are drinking per day and read about keeping a bladder diary on page 10.
Does your walking or movement make it difficult to get to the toilet?		IF YES – You need to speak to a Healthcare Professional for advice.
Do you have any bleeding from your back passage?		IF YES – You need to speak to a Healthcare Professional for advice.
How often do you open your bowels?	You should pass faeces between three times a day to three times a week. If you are concerned, follow the advice for a healthy bowel on page 26.	

Recognition

In 2010, SCA was ranked as one of the 100 world's most sustainable companies by Canadian Corporate Knights

SCA has been included in this global sustainability list since it was first presented in 2005

For the third consecutive year, SCA was named one of the world's most ethical companies in 2010 by the Ethisphere Institute, US.

In 2007, SCA was named the world's second greenest company by Eiris (Ethical Investments Research Services) and the British daily, the 'Independent'.

SCA has been listed on the FTSE4Good global sustainability index since 2001

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