

Frequently Asked Questions: Bladder

Q: Why do I feel I suddenly need to rush to the toilet almost every hour, but then only pass a small amount of urine?

A: If you are experiencing burning sensations when you pass urine you should contact your GP as this may indicate urinary infection. Alternatively you may have a bladder which demands to be emptied (bladder over-activity) and gives you misleading emptying signals. Triggers to this can be movement, change of position, temperature change or anxiety.

Q: Why can I control my bladder, until I start to walk up the stairs?

A: This could be for several reasons including movement setting off bladder contractions and the weight of the bladder on weakened pelvic muscles that cannot support the bladder effectively. An assessment could identify the reason and enable a treatment plan, including pelvic muscle exercises, timed toileting, fluid changes and medication.

Q: I have to get up 2-3 times per night to pass urine. What can I do to stop this?

A: There are several reasons for this. Some people wake for other reasons eg poor sleeping or pain and develop a habit of 'going just in case'. To manage this problem involves dealing with the underlying problem and breaking the habit of 'going just in case' Swollen legs can develop in the daytime and the extra fluid then goes back into the blood system increasing urine production. Having a rest with your feet higher than your hips during the afternoon can help as can reducing drinks after 6pm. There is also a condition, which is treatable, Nocturnal Polyuria which is explained along with treatments in a separate leaflet on the Continence webpage.

Q: My mother suffered from urinary leakage – does that mean I will suffer from it too?

A: Urinary leakage is not inevitable or necessarily caused by the same underlying problems. The symptom of urinary leakage can be caused by weak pelvic floor muscles, over-activity in the bladder muscle, poor bladder emptying and consequential overflow or being unable to reach the toilet due to a disability. If you are concerned you can contact the Continence Service for advice or an appointment.

Q: I don't feel the need to go to the toilet until I stand up. Why is this?

A: There are several reasons for this. There is an area of nerve endings on the backs of the legs (dermatomes) which when we are sitting send a calming impulse to the bladder. When we stand this reverses and the sensation to go to the toilet is felt more strongly. Also, the weight of a full bladder is felt more acutely on standing because of gravity.

Top Tip: Get up slowly, tighten the pelvic floor muscles (if you are able to do this) and try not to wait until your bladder is full before going to the toilet.

Q: Do I have to go to my GP to get help with my Incontinence?

A: No, you can contact the Continence Service directly or the District Nurse if you are unable to leave your home due to illness or disability

Q: Can anything be done to help older people who have urinary leakage

A: Most definitely yes! The Department of Health states that 70% of individuals with incontinence can be cured or helped. The place to start is with an assessment and an agreed

plan of treatment. The biggest barrier is assuming bladder & bowel problems are an inevitable part of getting older and that no help is available.