

## Bladder Treatment Options

Following an assessment with a competent healthcare practitioner, a treatment plan will be discussed and agreed with you, which may include any or all of the following:

### Fluid changes

Recording the amount drunk and the volumes of urine produced can help to identify the optimum amount of fluid an individual requires. Considering the amount of caffeine intake which increases bladder irritability is also important. Tea, coffee chocolate and fizzy drinks all contain caffeine unless they state that they do not. A 'Fluid Advice' leaflet is available on the Continence Service webpage.

### Bladder retraining

Sometimes the bladder sends premature signals that it is full and needs to empty. Bladder retraining challenges these signals to re-establish a more appropriate voiding pattern.

### Prompted voiding

This simply means going for a wee at regular intervals. It is particularly useful when the bladder does not 'pick up' signals that it is full, or when an individual has short term memory loss and only realises they 'need to go' when it is too late.

### Pelvic muscle exercises

These are suitable for men and women of all ages. By following a regular programme, symptoms of bladder over-activity, pelvic muscle weakness and post prostatectomy problems including erectile dysfunction (impotency) can often be improved. Leaflets on Pelvic Muscle Exercises for men and women are available on the Continence Service webpage.

### Biofeedback & Electro-stimulation

Biofeedback is a method of helping an individual to know that they are tightening the correct muscles during their muscle education programme through giving verbal and visual feedback. A discrete probe is inserted into the vagina or rectum and picks up when there is muscle activity. This is relayed to a screen where it is possible to 'see' that movement or lack of it. Electro-stimulation can be used if voluntary muscle contraction is difficult or impossible. A low non harmful electrical current is transmitted through the electrode to the muscle to stimulate it. This can help to re-establish the nerve pathways and muscle function.

### Medication used for Bladder Symptoms

Anti-cholinergics are used to relax the bladder and reduce the irregular contractions which contribute to a sense of urgency. They work by blocking the naturally released substance Acetylcholine which enables nerve impulses to pass over the spaces between different nerve endings. By blocking this, the contractions are reduced. There are a variety of different brands which have subtle differences in effect, but all work in essentially the same way. They can also all produce similar side effects which can include a sluggish bowel, drowsiness and a dry mouth. These side effects if they occur often diminish within 2 weeks of regularly taking the drug.

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### Re-educating the bowel

Adjusting the amount of fruit and vegetables can increase the regularity and the softness and ease with which the stool or faeces is passed. A record of the amount, of fruit, vegetables and grains which is compared to the type of stool produced enables an optimum balance to be achieved. It can take up to 6 months to regulate a bowel and a normal pattern which has been lost or in cases where one has not been established.

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### Medication used for Bowel Symptoms

Anti-motility drugs such as Loperamide are used to increase the time taken for food to pass through the gut. In real terms it slows the bowel down, allowing the stool to have more water taken from it. The result is a more formed stool. These drugs are used as part of the treatment where loss of bowel control is the issue.

Laxatives are used to increase the passage of food through the bowel and relieve constipation. Bulk forming preparations such as Isphagula Husk (Fybogel) are also bowel regulators and are the first line treatment for many individuals. Osmotics such as Movicol which is taken as a drink forces water into the stool giving it bulk and keeping it soft and easier to pass. Stimulants such as Senna can help in certain individuals but may also lead to reliance and regularly should be used with caution. All laxatives used should be monitored and should help to produce a Bristol Stool type 3-4 stool.