



# Incontinence

## FIRST, LET'S TALK ABOUT DEFINITIONS

- **Voiding** is the medical name for peeing or pooping (I guess **defecating** might be more specific for pooping) when you want and choose to.
- **Incontinence** is peeing or pooping when you DON'T want or choose to. It *can* be preceded by a strong urge, but doesn't *have* to be. It all depends on what is happening with your bits and pieces down there.
- **Urinary** or **Fecal** describes if your incontinence is pee, or poop, respectively.
- **Stress Incontinence** is leakage *without an urge*. This usually occurs with coughing, jumping, sneezing, or even just bending forward. Abdominal and pelvic downward pressures exceed upward supportive pressures, and pee or poop comes out. 😞
- **Urge Incontinence** is leakage *preceded by a strong urge*. In this case, you ALWAYS have a strong urge to go prior to leaking. If you have the abnormally strong urge, and don't leak, this is simplified to **Urgency**.
- **Mixed Incontinence** is a mix of Stress and Urge. You do have urgency and leakage at times, but other times, you leak without warning.
- **Functional Incontinence** is where you can get to bathroom, but have an accident because you can't undo your buttons or belt. You can also have Behavioral Incontinence where you 'always' get urgency when you arrive home from, or put your 'key in door.' These can all be retrained.
- **Frequency** is peeing more frequently than what is considered "normal." For pee, this would be more frequently than every 3-4 hours.
- **Constipation** is being unable to poop. We'll go over more in another lecture, but it is important to realize that ***constipation is often found alongside incontinence, for many reasons. We need to address both.***

## OKAY, I KNOW WHICH ONE IS ME. WHERE DO I START?

- Bladder diary, of course. Get real about WHERE you can make the most changes. Usually, we all need more fluid intake, to dilute our urine and set us up for success. Reviewing the Bladder Diary Lecture and Completing the Diary that is available in my Signature Series will set you up for success!
- Understanding 'normal' bladder filling-emptying cycle is vital, and understanding how the brain 'ought' to be in charge of the urge signal, and that if the bladder gets to be in charge, it can send abnormally rapid, large signals TOO SOON into the filling cycle. Understanding this physiologic cause of urgency, can help reduce your anxiety associated with it.
- Understanding pelvic organ pressure goals (see the Pelvic Pressure Basics Lecture in the Signature Series) will help you modify behaviors that may be contributing to this urgency, frequency or leakage.