

## Incontinence is *not* a Milestone

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Continence, the ability to defer defecation (or voiding) until a socially convenient time<sup>1</sup>, is something that we take for granted each day. The ability to maintain continence relies on proper function of the nerves and muscles surrounding the rectum and anal canal. These muscles, commonly called the pelvic floor, support the bowel and bladder and are intersected by the urethra (urine tube) and the rectum. Weakening of the pelvic floor can lead to urinary and/or fecal incontinence.

All too often, the middle aged to the young elderly assume that continence is just another milestone in life and accept the “inevitable”. Others will not seek medical help until the problem has become so severe that community outings become limited so as to avoid “accidents”. An estimated 17 million Americans suffer from overactive bladder.<sup>2</sup>

When do you suspect the pelvic floor muscles are weakening? Ask your patient if they have experienced one or more of the following:

- (Some) prostate gland surgery
- Constipation
- Persistent heavy lifting
- On-going cough (smoker's, chronic bronchitis, asthma)
- Overweight/ lack of general exercise

Studies now show that daily exercise, proper diet and medical interventions can help to reduce the affects of these factors on the pelvic floor. Physical therapy intervention can assist your patient in regaining control over his or her bladder and bowels. Treatment intervention may include core strengthening, massage, biofeedback and Kegel contractions. Biofeedback has the potential to change disordered muscle activity, and the advantage of being risk free. Chronic constipation, along with outlet obstruction due to non-relaxing pelvic floor muscles, has been effectively treated with biofeedback. Along with Kegel exercises for strengthening and down-training for relaxation, biofeedback can help to change life-long muscle patterns to those associated with healthy bowel and bladder habits.

Treatment is not solely for the female population. Approaches can and are used for males who experience temporary incontinence following prostate surgery or radiotherapy. These symptoms may get better with time, but still require intervention. With radical prostatectomy, 20% of men will have minor urinary incontinence and 5% will have major symptoms. Do your patients report leakage when coughing, sneezing, and exercising? Are they voiding more frequently day and/or night? Do they have to rush to the bathroom? Do they use awkward positions or self-palpate to facilitate voiding? Incontinence is not something that has to be an acceptable change in life. If

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<sup>1</sup> Keck school of medicine, USC

<sup>2</sup> [www.incontinence.org](http://www.incontinence.org)

you are hearing these changes from your patients, they may likely be good candidates for a multidiscipline approach from you and physical therapy.