

Summary

Bladder retraining benefits those women who frequently have an urgent need to pass urine or who wet themselves in this situation. The purpose is to regain control of your bladder and enable it to hold a normal volume. The technique is simple, and if you think positively and adhere to the program, excellent results can be expected.

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A guide to understanding

BLADDER RETRAINING

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What Is Bladder Retraining?

Bladder retraining is a simple and effective method of treating many bladder symptoms. It is particularly helpful for urinary frequency (voiding more than seven times a day), nocturia (getting up more than once a night), urgency (a sudden strong desire to void) and urge incontinence (urinary leakage occurring before the toilet can be reached). These problems are very common and cause considerable embarrassment and inconvenience to the sufferers. They can lead to the loss of self-esteem and self-confidence. Bladder retraining is successful in most people and may avoid the need for medication or surgery.

When Is It Helpful?

The troublesome symptoms mentioned above are most often caused by an "unstable bladder" (overactive detrusor). In this condition the bladder contracts at inappropriate times, giving rise to frequency, urgency, etc. In most women no cause for the unstable bladder can be found but there may be a genetic predisposition. These symptoms may also be caused by an oversensitive bladder. Both of these problems respond to bladder retraining.

What Is The Aim?

The aim of bladder retraining is to increase the capacity of the bladder until it can hold the normal amount of urine (400-500mls) enabling you to void every three to four hours. This requires learning to suppress bladder contractions using a number of techniques. The program takes three months to completely alter the bladder function though some improvement may be noticed in a few weeks.

Time And Volume Chart

A daily record must be kept of how the bladder is working. This chart records the volume of urine passed (in mls), the time of the day this occurs and the time interval of the last void. You will need a measuring jug that can hold up to 1 litre and is calibrated in millilitres. Any urinary leakage is also recorded. This chart is a crucial part of the program and must be done if progress is to be made. It also enables you to see the progress that is being made. An example is shown below.

Date	Time	Interval	Volume	Leakage
Feb 2nd	7am		200ml	damp
	9am	2hrs	90ml	soaked
	10.15am	1.25	110ml	

Fluid Intake

A good volume of fluid intake is required, such as 8-10 glasses of liquid a day. More than this is excessive. Avoid drinking anything within two hours of going to bed. Many people find that caffeinated drinks (tea & coffee) make their bladder worse and a trial of not using these drinks is worthwhile.

The Training Program

The technique involves increasing the amount of fluid the bladder can hold by gradually 'stretching' it. Instead of going to the toilet as soon as you get the desire to void, you should wait 5 minutes every time. At first this may be difficult and you may only be able to achieve 2-3 minutes, but persist! Slowly increase the period of deferment from 5 to 10 minutes, and then from 10 to 20 to 30 minutes. Keep a time and volume chart of how your bladder is working every day. During the time you are putting off going to the toilet you are learning how to suppress bladder contractions. By filling the bladder with more urine its wall is being stretched and so will hold more. Set yourself a higher target bladder capacity to aim for each week or so. It is also vital to stop going to the toilet 'just in case'. This encourages your bladder to hold only small volumes. You should only empty the bladder when it is full and you have done your 'hold-on' exercise (the only exception is when the bladder wakes you at night).

Deferment Techniques

- One or more of these techniques may be helpful in controlling the bladder when the urge is there, and allow voiding to be delayed. They all require practice and can also be used together.
- 1) **PELVIC FLOOR CONTRACTION** This helps prevent urine leakage when there is an urgent desire to void and suppress the unwanted bladder contraction by a spinal cord reflex. Works best if applied early on in an unstable contraction.
 - 2) **PERINEAL PRESSURE** Pressure on the perineum (area between the vagina and rectum) by reflex suppresses unwanted bladder contractions, eg. sitting on the arm of a chair or the edge of a firm chair.
 - 3) **MENTAL DISTRACTION** When the bladder contracts at inappropriate times try to distract your mind by concentrating on something other than the toilet and emptying your bladder - anything will do, eg. mental arithmetic, the shopping list. Breathing exercises or other relaxation techniques can also be good distractions.

Drug Therapy

Some drugs can help the bladder to relax and decrease the number of unwanted contractions. These can be used together with bladder retraining techniques but do tend to have side effects and don't decrease the commitment required to gain control of your bladder.

Good Luck & Stick With It!