



Incontinence

What is incontinence?

Incontinence is the involuntary leakage for the bladder and sometimes the bowel. It is when the sphincter of the urethra, tube leading from the bladder to outside the body, is weakened due to many contributing factors which then allows urine to leak. Women, whether pregnant or not, can experience incontinence at any time during their lives and most are too embarrassed to discuss. Many women during pregnancy experience some incontinence due the enlarging uterus pressing on the bladder and this pressure increases as the pregnancy progresses. It might be mild for some and severe for others. Women can develop incontinence years after childbirth which can be caused by child bearing and also aging. Most incontinence during pregnancy is known as stress incontinence caused by the increased pressure on the bladder.

How do I know if I have a problem?

Below are the signs that there is a problem. Any form of incontinence may cause embarrassment and can prevent women from going out in public or participating in activities.

Signs:

- Urine leakage after coughing, lifting, sneezing, laughing or during exercises
- Feeling the urgent need to go to the toilet
- Inability to control passing wind
- Feeling a lump in your vagina
- Feeling of dragging at the end of the day
- Difficulty in passing a motion unless a change in position

Reasons for incontinence after the birth can be due to a woman having:

- her first birth or a long birth
- a large baby or a difficult vaginal delivery



Caesarean sections may reduce the possibility of later incontinence but not necessarily. Incontinence usually abates in the first 3 months after birth as tissues, muscles and nerves repair. Regular pelvic floor exercises before and after birth, are extremely important to assist in strengthening the muscles of the pelvic area. If within 6 months of giving birth, incontinence is still evident then speak with your GP or obstetrician/gynaecologist. Women who have had irritable bowel syndrome or overactive bladders are more likely to have incontinence during pregnancy.

Overcoming Incontinence

Your doctor will investigate other possible causes for incontinence such as medication, infection or constipation. Your gynaecologist can advise on methods to alleviate the condition such as timing urinary voiding or exercises to strengthen pelvic floor muscles. A specialist physiotherapist will give pelvic floor strengthening exercises. If these methods do not work then corrective surgery may be recommended. Incontinence is better treated early to prevent further deterioration of the pelvic floor muscles and to also prevent it becoming a long term problem.

Dr Stamatiou recommends specialist physiotherapist **Melissa Harris**: www.thewomenspractice.com.au who can assist most women who experience this problem.