Bridge

BLADDER & BOWEL CONTROL HEALTH

SPRING
2024

Women's Health Edition

Continence Foundation of Australia

Prolapse, childbirth and perimenopause – Bronwyn's story

Stefania's story: Chronic diseases and advocating for yourself

Understanding your pelvic floor

Menopause: the perfect time for a full health checkup

National Continence Helpline 1800 33 00 66

A free service staffed by nurse continence specialists who can provide information, referrals and resources 8am - 8pm AEST weekdays.

The Foundation, established in 1989, is a not-for-profit organisation.

Published by the Continence Foundation of Australia
ISSN 1836-8107. Online version ISSN 1836-8115.

The Bridge Magazine is published quarterly by the Continence Foundation of Australia. It is supported by the Australian Department of Health and Aged Care under the National Continence Program.

The information in the Bridge Magazine is for general guidance only and does not replace the expert and individual advice of a doctor, continence nurse or continence physiotherapist. The Bridge Magazine cannot be reprinted, copied or distributed unless permission is obtained from the Continence Foundation of Australia.

Advertising
The Continence Foundation of Australia appreciates the support of advertisers in publishing the Bridge Magazine. Advertising conforms to the standards required by the Continence Foundation of Australia, but endorsement is in no way implied by the publishing of said material.

References
For a list of references for any articles appearing in the Bridge Magazine, please **email** media@continence.org.au

Become a member of the Continence Foundation of Australia and receive many benefits including discounted registration to the annual National Conference on Incontinence, free publications and timely information about events and education courses.

Email membership@continence.org.au or **Phone** 03 8692 8400.

The Continence Foundation of Australia greatly values the stories people share of living with or caring for someone with incontinence. Reading the experience and advice of others can make a huge difference to someone in a similar situation. If you would like to share your story with us, please register on our website.
Go to www.continence.org.au/life-incontinence/personal-stories#sharestory

Unless otherwise indicated, the photographs used in the Bridge Magazine are those of models and bear no resemblance to the story.

NATIONAL OFFICE

Continence Foundation of Australia
Suite 1, 407 Canterbury Rd, Surrey Hills VIC 3127
Ph 03 8692 8400 | **Fax** 03 9380 1233 | **Email** info@continence.org.au
Web continence.org.au

CONNECT WITH US

@Continenceaus @AusContinence Continence Foundation of Australia

Click here to subscribe to our mailing list and receive each edition of the Bridge Magazine in your inbox.

If you do not have access to an email address, call us and we can send hard copies of the Bridge Magazine on a case-by-case basis.

CEO'S MESSAGE:

This spring, Bridge Magazine shines a light on women's health, focusing on a crucial yet overlooked issue: incontinence. Affecting one in three adult women, it's a prevalent concern demanding attention.

Inside this issue, specialist physiotherapist Libby Oldfield guides you on understanding your body and recognising early signs of pelvic floor problems. We also meet two women who have transformed their personal experience with incontinence into advocacy, empowering others to seek help.

Menopause and its impact on bladder health are explored in a conversation with Sarah White, CEO of Jean Hailes for Women's Health. Learn how to navigate this transition, dispel the stigma, and access vital support.

Need help? The Continence Foundation of Australia's National Continence Helpline is a free and confidential service staffed by Nurse Continence Specialists who offer information, advice and support. They also provide a wide range of continence-related resources and referrals to local services (call **1800 33 00 66**, Mon-Fri 8am-8pm AEST).

Gian Sberna
CEO
Continence Foundation of Australia

IN THIS ISSUE

PROLAPSE, CHILDBIRTH AND PERIMENOPAUSE – BRONWYN'S STORY

Twelve years ago, Bronwyn Ford underwent major surgery, including inserting pelvic mesh and a hysterectomy, to help relieve symptoms of severe pelvic organ prolapse. She has since experienced several other health issues including surgery and treatment for non-invasive breast cancer, osteoporosis, pre-diabetes, and acute onset rheumatoid arthritis. "The thing that has affected my life the most is the prolapse and continence issues—they have an everyday impact, but it has made me much more resilient. When these things crop up you say, okay this is what's happening, what can I do now to keep moving forward and make sure it doesn't have too much of an impact on my life," explains Bronwyn. "I try to be as proactive as I can in my health care and dedicate myself to advocating so that other women aren't left wondering what should I do? How do I cope with this?"

Pelvic organ prolapse is when one or more of the pelvic organs (bladder, uterus, bowel) move from their normal positions and may bulge or protrude into the vagina due to damaged, weakened or stretched pelvic floor muscles and connective tissues (ligaments and fascia).

BRONWYN'S JOURNEY WITH INCONTINENCE

After her prolapse surgery, Bronwyn started to experience urinary incontinence and worked with specialist pelvic floor physiotherapists to retrain her pelvic floor muscles. With time and dedication to reconnecting her brain to her pelvic floor, she says the reaction of the muscles has now become automatic and she doesn't have to consciously activate them to prevent leaking when she coughs or sneezes.

As well as issues with controlling urine due to her prolapse and pelvic floor injuries, Bronwyn also experiences problems with her bowels and constipation, "I find it does impact if you want to go out for the day or go away on holiday, you are very much regulated by your bowel movements."

TOP TIPS FOR PROLAPSE AND CONSTIPATION

- Keeping hydrated
- Eating enough fibre
- Using a toilet stool to lift your feet and create a squat position
- Seeking help from a pelvic floor physiotherapist
- Medication from the pharmacy or general practitioner
- Calling the National Continence Helpline **1800 33 00 66** for advice and referrals

When Bronwyn went in for her pelvic organ prolapse repairs and hysterectomy, she found there was little information given to her about preparing for the surgery and how to help her body recover afterwards. She also felt there was little advice given about having to keep working on your recovery with a physiotherapist so that the symptom relief from the surgery is maintained.

"The best thing for me when I was going for surgery was a book by Queensland physiotherapist, Sue Croft. I bought her book two weeks before my surgery and I read it from cover to cover. I photocopied the pages where she explained what to do leading up to the surgery, straight afterwards and in the following weeks and months. I put it on my fridge and I said to my kids (who were teenagers at that time) this is what I can do, and this is what I can't do while I'm recovering. The detail was helpful because the discharge notes were just: no driving and no heavy lifting for two weeks, no sex, baths or tampons for six weeks, avoid constipation, gentle exercise."

Now in her 60s, Bronwyn has a positive outlook and tries to maintain a healthy lifestyle including eating healthy foods, exercising and staying hydrated. "I do exercise that is suitable for me and find something that I love to do which then gives me the incentive to want to go and do it," Bronwyn told us. She enjoys classes such as Heartmoves, Zumba Gold and retro aerobics and also includes strength and resistance training. "I am still under the care of the physiotherapist, so she gives me exercises to do for my pelvic floor and I have also seen an exercise physiologist who helped with looking at my exercise routines and tweaking them, showing me how to do different exercises for all over body strength".

ADVOCATING AND EDUCATING

Since Bronwyn shared her story with us in 2021, she has been dedicating her time to raising awareness of prolapse, continence issues, and birth trauma. This includes all sorts of activities— assisting in running a Jean Hailes Women's Health Week event at her local gym, to submitting to the New South Wales parliamentary inquiry into birth trauma, and the Australian government's inquiry into menopause and perimenopause issues. "My prolapse and continence issues came to a head when I started going through perimenopause. That's something that doesn't get spoken about a lot," said Bronwyn. "In addition to experiencing the everyday symptoms of perimenopause and menopause, women that have prolapse and continence issues can experience worsening symptoms from those conditions as well."

ONLINE PELVIC ORGAN PROLAPSE SUPPORT GROUPS

Bronwyn has been a member of online pelvic organ prolapse support groups since 2018. "It's amazing the number of women that join the support groups that are blindsided by the diagnosis because they've never heard of prolapse before, or if they have heard of it, they think it only happens to older women." Giving birth and menopause are two of the main risk factors for development of prolapse, however, there are other risk factors as well. Even women who have not had children can develop prolapse. "We have had a girl as young as 14 join the group who had been diagnosed. At first, she and others had been told by doctors they were too young to have prolapse, but prolapse can be caused by many different, often interacting risk factors including Ehlers-Danlos syndrome and other inherited connective tissue disorders."

Bronwyn Ford

> ***Common questions that come up in the support groups are,* how come I've never heard of prolapse before? How come my doctor says: I'm too young to have prolapse? *Mostly, women just want to know what they can do to help themselves."***

She finds the support groups help people put two and two together with symptoms, diagnoses and risk factors. Some risk factors are avoidable, some are not. From the reading she has done and discussions with her specialists, Bronwyn now knows that if she had had help straight after childbirth, rather than 17 years later, she could have avoided some of the issues she is currently living with. Her aim is to educate other women about what they can do to minimise their risks of prolapse and incontinence. “Many women who are experiencing prolapse immediately postpartum are told to *just wait and see what happens*. I don't believe in just wait and see without education on what you can do in the meantime to ensure that it doesn't progress any further or what to do if you start experiencing XYZ. Education is the key and that's what we are lacking: good quality education for women who want to know how to manage their prolapse. They want to know what they can do to avoid it getting worse, because unfortunately there's every chance that if you've got a minor one, it could get worse as you get older.”

“There are always women out there searching for support and it's disappointing to think that they must resort to a Facebook support group that is being run by other women experiencing the same thing to get the help they need. It is great though to find people that understand what you're going through and what you're dealing with. These women are at a loss, they just don't know who to turn to, or who to talk to for support a lot of the time. A lot of GPs are very good, but there's a limit to what they know unless they specialise in the area. Most of the time I say to people that you need to see a Women's Health Physiotherapist who has extensive knowledge in the area, not every single physiotherapist is going to be equally educated about dealing with prolapse and incontinence. It can be challenging to access specialist physios and doctors—both financially and geographically.”

One of the big takeaways from Bronwyn’s story is—it’s never too late to get help—even if it has been years or decades since your prolapse or pelvic floor issues started. Another important point she raised is that your health is a constant work in progress and investing time in yourself and your body will pay off.

GET SUPPORT

If you relate to Bronwyn’s story but don’t know where to get help, phone the free National Continence Helpline 1800 33 00 66, 8am-8pm AEST Mon-Fri to ask a nurse continence specialist about any questions you have relating to prolapse, bladder or bowel control health.

BRONWYN’S RECOMMENDED RESOURCES:

- Continence Foundation of Australia website
- Jean Hailes for Women’s Health website
- Book: The Day My Vagina Broke, Stephanie Thompson
- Book: Pelvic Floor Recovery – Physiotherapy for Gynaecological & Colorectal Repair Surgery (Edition 5), Sue Croft
- Webinar: Let’s Talk - Menopause & Continence

> ***My advice is, don't suffer in silence. Don't be frightened to speak about what you're experiencing. Even if you don’t know the medical term for it—there is someone out there who knows what you're going through. Don't get discouraged."***

Continence Foundation of Australia

SCAN ME

Join our Continence Consumer Network

Scan the code to find out more.

continence.org.au

STEFANIA'S STORY: CHRONIC DISEASES AND ADVOCATING FOR YOURSELF

When Stefania Little was born in the 1990s in Western Australia, Hirschsprung's Disease was mainly thought to affect males and people with Down Syndrome. She was the first female patient her doctor had treated with the disease.

WHAT IS HIRSCHSPRUNG'S DISEASE?

Hirschsprung's Disease is a congenital condition which causes missing nerve cells in all, or part, of the large intestine (colon), which is part of your bowel. It is often diagnosed in newborn babies, but with more now known about the disease, people are being diagnosed later in life.

STEFANIA'S STORY

I was diagnosed within 24 hours of being born. My mum fed me and I threw up green bile straight away, which comes from the bowel. They had to get onto it quickly, and from there the rollercoaster started. I had my first colostomy bag within the first week of being born. For the first ten years of my life, I spent more time at the hospital than at home and had had seven colostomies, two ileostomies, perianal abscesses, fistulas, adhesions, hernias and sepsis.

I had a sphincterotomy and they overcut the sphincter, so instead of being constipated, now I was incontinent. Around age 10 my doctor had to retire, and I got a new doctor. All he wanted to do was give me a permanent colostomy bag to help with the incontinence, and mentally I couldn't handle that. I would shut down and cry because I didn't want to be at the appointment. My mum reached out to the old doctor and managed to get a new referral to Dr Rupert Hotter, he spent three years doing research and testing on me to see if I was eligible for what was then a new treatment: a sacral nerve stimulator. I found I was eligible for it at 15, but had to wait until I was 16 to get the sacral nerve stimulator put in. Perth didn't offer the surgery, so they flew me to Sydney, and I was the youngest person in Australia, back in 2009, to get the treatment. They give you a two-week trial and you have to keep a diary of how it is going. But straight away I felt a huge difference once that machine was turned on. Suddenly, I had feeling in my backside. Honestly, it's been the most life-changing thing. When I got the sacral nerve stimulator, I was no longer incontinent, and it was a huge relief I wasn't going to have to have a permanent colostomy bag.

> Sacral nerve stimulation is a means of directly stimulating the third sacral nerve with an electrical current to alter/improve bladder and bowel function and modulate pelvic pain.

STARTING A FAMILY

I was told at ten years old that I would never be able to fall pregnant or carry a child because by that time I had had 136 surgeries. But fast forward to when I was 17, I found out I was about five months pregnant with Samantha and I carried her to pretty much full term, she was 39 weeks. For the first four days, she seemed fine, she was passing meconium and doing the right things. Then suddenly it stopped. Samantha was very jaundiced again, she wasn't waking up, she wasn't feeding. Mum said to pack a bag and go to the hospital, I think she has Hirschsprung's Disease.

I was in denial, I really didn't want her to have it. The doctor walked into our cubicle in ED and looked at me and my mum and said, I know who you are, and I know what this baby has. It turned out she was my doctor when I was a kid, and now she is Samantha's doctor. They had to rule out a twisted bowel first because it presents with the same symptoms. She had surgery and they were able to do what's called a pull through where they cut out a section of the bowel and then rejoin it to the anus. They managed to avoid giving her a colostomy bag which was great for my mental health as I have a lot of trauma around them from when I was a kid.

MANAGING INCONTINENCE

I have had a lot of doctors say to me, "You have had the surgery for Hirschsprung's Disease, so you no longer have it." But Hirschsprung's Disease is incurable. There are so many ramifications from cutting out that bit of bowel: scar tissue causing weakness in your remaining bowel, IBS, bloating, gas, constipation, incontinence. All of these are still issues for me.

Even with the sacral nerve stimulator I still must make lifestyle changes. For instance, I always have to scope out the toilet when I go somewhere new. Just in case I need to go quickly. I have to be really careful with my diet and keep dairy, high-fat foods, carbonated drinks and gluten to a minimum. I have also just been diagnosed with endometriosis and I have a ten-centimetre cyst which keeps getting infected, so I am trying to get treatment for that. I have had to have repeat surgeries to replace the battery on my sacral nerve stimulator. The one I have now will last about seven years, but I think the newer ones can last up to 15 years. The batteries are also getting smaller, and I can now get the surgery in Western Australia rather than having to travel to Sydney.

For my daughter, after the initial surgery, she had an overactive bowel, so a fast transit bowel, with a bit of incontinence. We have had to do diet restrictions to rule out anything that makes it faster. And occasionally medications, but she's doing great now. For Samantha, I had to push and push to get referred to a continence nurse to talk to them about her bowel health. But now we have Carrie Murphy from Perth Children's Hospital, and she is so great at talking to Samantha and asking her questions directly—rather than talking to me about Samantha's condition and asking me all the questions when she is sitting right there.

ADVOCATING FOR YOURSELF

My mum is the main reason I advocate for Hirschsprung's Disease, back in the 90s she had to go through all my medical stuff alone. I also felt very alone with it which is why I started my page and joined other Hirschsprung's support groups online. It is very helpful to connect with people going through the same thing.

My advice for any parent with a child who is soiling themselves or wetting themselves is to keep asking for help. Some doctors will just go, "too hard basket", so if you feel in your gut that you don't like what you're hearing, tell them, because you know your body. You know your child's body better than they do. Fight for more answers, get a second opinion, keep asking until the answer sits right with you. And if it keeps coming back to the same answer, and you're still not happy with it, then you need to say, all right, if this is the only answer you're giving me, what support can you give me?

Stefania and Samantha

> *"If you find it hard to advocate for yourself, don't be afraid to ask for help from family and friends who can be your voice, or your child's voice."*

Living with incontinence is not something you have to put up with, and there are treatments, physios and dieticians who can give you exercises, or diet restrictions, or medications that can help. Children can get an "I need to go" card from the continence nurse to help them access toilets when out in public places. Make sure you get put in touch with the hospital school liaison officer to help you put processes in place with schools and a protocol with the teachers to avoid your child having an accident. There is also the Continence Aids Payment Scheme (CAPS), so there is a lot in place and there is a lot of help once you know what to ask for.

GET SUPPORT

If you relate to Stefania's story but don't know where to get help, phone the free National Continence Helpline **1800 33 00 66**, 8am-8pm AEST Mon-Fri to speak to ask a nurse continence specialist any questions you have relating to bladder or bowel control health.

MENOPAUSE: THE PERFECT TIME FOR A FULL HEALTH CHECKUP

We talk to Sarah White, CEO of Jean Hailes for Women's Health, on all things menopause. Discussing menopause symptoms openly with your family, friends, and health care providers helps to remove stigma and normalise the menopausal transition. We want all women to feel encouraged to seek support from a health professional if they are struggling with menopause symptoms.

WHAT IS MENOPAUSE?

Menopause is officially 12 months after your last period. The time leading up to it is called perimenopause, and that is the time that your hormone levels (oestrogen and progesterone) start changing and causing a variety of often unwelcome symptoms. These can include hot flushes, increased frequency of urinary tract infections, sleep trouble, fatigue, change in body shape, decline in bone density, incontinence and urgency, depression, anxiety, brain fog, and heart problems, to name but a few.

“Everybody's experience is really individual. Menopause is described as a biopsychosocial event. So, there's a biological factor to it. There's a psychological factor to it. There is a social factor to it. Menopause means very different things in different cultures. It marks the end of fertility—in some cultures that's a really terrible thing, and in some cultures, it is celebrated. We have a huge cultural issue with menopause in Australia, because it is associated with gendered ageism. Gendered ageism is where ageing is seen as a problem for women and yet men of the same age are viewed as having somehow reached seniority and wisdom. Menopause in our society can be presented as the angry, volatile, woman flying off the handle, or being past their use-by date—all those sorts of terrible things that go along with gendered ageism. We must reframe how we consider menopause to get past that social construct around it. We are living a good third of our lives after menopause, so it's not the end and nor is it a sign of old age to go through the menopause transition.”


Sarah White

“Like a lot of women’s health issues, menopause wasn't discussed very openly until recent times. However, we still don't talk much about periods and we certainly don't talk about continence problems or sexually transmitted infections. So out of all those things, I think menopause is not quite as intimidating to discuss.”

HOW DOES IT AFFECT CONTINENCE?

Changes in hormone levels during perimenopause can uncover underlying issues with your pelvic floor strength and can cause genitourinary syndrome of menopause (GSM), which affects the urinary tract, the vulva and/or vagina. Perimenopause can be the start of continence issues such as leaking urine when you sneeze or cough or having to visit the toilet very frequently and urgently. GSM can also cause painful sex, because the tissues of the vagina get thinner, and it can cause vulva irritation, dryness and itchiness. If you are experiencing these sorts of changes, go and talk to your doctor because there are creams and pessaries that can help with the GSM and, of course, there are treatments for continence problems, such as physiotherapy and continence devices.

“You don't need to be medically qualified to know your own body and know what is normal for you.”

“Part of this year’s Jean Hailes’ Women’s Health Week theme, *Your Voice, Your Choice*, was being able to advocate for yourself. So, what we're saying to women is know your body, touch your body, look at your body—every single part of it. Know what your bathroom habits are like. Know what things are like when they are "normal", because the very best thing we can do for our health is to notice when something is not normal. If you don't know what normal looks like, it's hard to know when something changes. We're encouraging women to get to know their body and their bodily rhythms and routines so that they can talk to their doctor when something changes and say, for example, *I'm having to go to the toilet more often*.”

ARE MENOPAUSE SYMPTOMS TREATABLE?

“YES! 50% of people don’t go to their doctor to get help during perimenopause and we want to change that. Menopause is a great time to go in and have a full ‘grease and oil change’—a full medical checkup: your bloods, your bone health, and your cholesterol.

There is a huge range of treatments—from simple lifestyle changes to significant medical interventions like surgery. Depending on the symptoms which affect your life, there are lots of different options available, from medicines in pills, gel, cream, or patches, to physiotherapy, or psychology.”

“Be prepared, don’t be scared—1 in 4 women won’t experience any symptoms, 1 in 4 experience extreme symptoms, and the rest will experience a range of symptoms in between.”

ADVICE FOR PEOPLE ABOUT TO ENTER MENOPAUSE

"It's a tragedy that we are beginning to have this very welcome, open discussion about how menopause affects women, but it is being hijacked by people who want to make money from it. Researching and discussing your experience online is good to normalise symptoms and hear from people with lived experience but be careful of misinformation. Only read information from credible sources. When you read something online, in the mainstream media, or on social media, consider where the information is coming from and what they might be trying to sell you. Think critically about the information you find online and be especially careful of celebrity influencers both in Australia and based overseas, including GPs, always check the information you see online with your healthcare provider."

“We say, be prepared, but don't be scared, because we know that people who go into menopause feeling worried about how it's going to affect them, tend to have a worse time of it. And that's because if you're focused and worried about hot flushes, then when you have one, you are already in a heightened state of anxiety about having a hot flush. Managing anxiety around what is going to happen can help. Educate yourself and seek help.”

WHEN SHOULD I GO TO MY DOCTOR?

"Menopause is a really important time to go and talk to your doctor. Even if you think, oh, it's just menopause—go and talk to your doctor and get a full health check so that those 30-odd years you live post menopause are lived in good health. If you haven’t already, it is also an important time to start looking after your bone health and your heart health. Because after menopause, women are more at risk of cardiovascular issues and then more at risk of bone loss that leads to osteoporosis.”

“And don’t forget, that menopause presents with the same symptoms as other issues that might not be as benign. So hot flushes can be caused by menopause, but they can also be caused by hypothyroidism. Women need to go to talk to their doctor and if the doctor dismisses it and says it's just menopause, well, ask the doctor about what that actually means. You want a good understanding of what particular aspect of perimenopause is causing your symptoms and what the options are to treat it or at least offer some relief.”

PERIMENOPAUSE AND MENOPAUSE SYMPTOM CHECKLIST

“We encourage women to download the checklist from Jean Hailes and take it to your doctor, marking off the symptoms you're experiencing and how much they're affecting your life. It is a great conversation starter to discuss symptoms and get the treatment, medication, or devices that can help you through the perimenopause with as little discomfort and impact on your day-to-day life as possible.”

Go to continence.org.au for more information about menopause and incontinence.

UNDERSTANDING YOUR PELVIC FLOOR

In this women's health edition, we want to create a safe space for women to understand their own body and seek help should they need it. We talk to Libby Oldfield, a Specialist Women's, Men's and Pelvic Health Physiotherapist for some top tips on how to keep your pelvic floor healthy and risk factors to watch out for which are relevant to women of all ages and stages of life.

WHAT IS MY PELVIC FLOOR AND WHY IS IT IMPORTANT?

The muscles of the pelvic floor form a bowl shape that sits at the base of your pelvic bones and helps support your internal pelvic organs (bladder, bowels, and uterus). When it is healthy you can exercise, go to the toilet and have sex with no issues. If you have a problem with your pelvic floor, you may experience problems with these things.

Your pelvic floor is also important for your posture, it helps supports your entire trunk and makes up part of your core group of muscles which support your body as you move.

There are many stages of life that can present a risk to your pelvic floor. This includes activities such as regular high intensity exercise and heavy lifting, menopause, and pregnancy and birth, which can add strain to your pelvic floor muscles. Just like with continence problems, pelvic floor problems can also be treated by a Pelvic Health Physiotherapist.

PROBLEMS WITH YOUR PELVIC FLOOR

When you think about incontinence, you may think it only affects the elderly or new mums. But issues around leaking urine when you cough, sneeze or exercise, waking up multiple times during the night to go to the toilet, or having the urge to go to the toilet very frequently, can all be symptoms of bladder and bowel problems that affect women of all ages.

Your muscles are coordinated by your brain. Incontinence and pelvic floor muscle dysfunction might not be directly related to a physical issue with your bladder, there could be many other factors at play.

One factor that can impact your continence is stress. The pelvic floor is very vulnerable to stress and reacts to your brain's fight or flight response. Stress can make your body tighten the pelvic floor muscles and not relax them, leaving the muscles tired and without energy to contract and hold your urine while you cough or sneeze, causing leakage or difficulty using tampons or having pain free sex.

Overactive bladder (strong urges and perhaps leaking when you get the urge) is another example of a bladder and/or pelvic floor problem that can be affected by stress. Pelvic Health Physiotherapists can help you work on your brain-bladder connection, your pelvic floor muscles and help with good bladder and bowel habits to ensure that life's stresses don't have a negative effect on your toilet habits.

> *I love my job because of the difference I make in helping people understand that what they are experiencing is not normal. And they don't have to live with it. With the correct advice and management, there are often simple things they can do to change it."*

Constipation (not being able to poo easily) is another condition that can cause your pelvic floor some issues. If you strain on the toilet or spend too long there, it can weaken your pelvic floor and cause you to leak urine during daily activities. Alternatively, if your constipation is caused by pelvic floor dysfunction, you might find it hard to let the poo or wee out when you want to, leading to more frequent trips to use the toilet.

Signs you might be experiencing issues with your pelvic floor

- Strong urges to wee and frequent toilet visits that impact your life
- Leaking wee or poo during exercise, or when you cough or sneeze
- Leaking wee when you get a strong urge to go to the toilet
- Waking multiple times during the night to visit the toilet
- Difficulty with going to the toilet
- Painful sex or difficulty with tampons

WHEN DO I NEED TO SPEAK TO SOMEONE?

It is never too late to get help with these issues. Even if your symptoms started years or decades ago.

PELVIC FLOOR SCREENING TOOL FOR WOMEN

If you answer yes to one of these questions, get help, even if you have had the symptoms for years, treatment can relieve the symptoms

Libby Oldfield

> *I love helping women achieve their goals. The first question I ask them is: what is it that you can't do at the moment that you would like to do?"*

Acknowledging you have a problem is the first step. The second step is realising you don't have to live with it. It is not a natural consequence of ageing, childbirth or being a woman, and there are things you can do to treat all issues around toileting.

The best place to start is a Pelvic Floor Physiotherapist, a postgraduate trained Physiotherapist who will understand the complexities of your problems.

At your initial appointment the Pelvic Health Physiotherapist will start by asking questions about your general life and details of your condition. Don't be embarrassed to tell them what has been happening to your body, these professionals talk wee and poo all day and know how to ask questions in a respectful way. They will not be surprised by anything you tell them. They will listen non-judgmentally and offer a mix of exercises, product suggestions, lifestyle adjustments, and can help you start a bladder/bowel diary to really get to know your body.

Not ready to talk to someone in person? Visit continence.org.au for more information or call our National Continence Helpline for confidential advice ***1800 33 00 66*** *(Mon-Fri 8am-8pm AEST).*

NATIONAL CONTINENCE HELPLINE Q&A

TAKING THE FIRST STEPS

The Deloitte 'Economic Cost of Incontinence in Australia' report estimates that 4.8 million women experienced some level of urinary and/or faecal incontinence in 2023, with women 2x more likely than men to have incontinence.

Menopause increases the risk of a woman experiencing incontinence as a result of the hormonal changes that occur. Some of the common symptoms a woman may experience include leaking with coughing, sneezing and exercise, rushing to the toilet to pass urine or open their bowels, leaking or soiling on the way to the toilet and getting up more than once at night to use the toilet.

If you are experiencing symptoms of incontinence and need help, speaking to your general practitioner (GP) is a good starting point. It can, however, be difficult knowing how to speak to your GP about your incontinence, and what to expect from the consultation. Here are my tips to start seeking help.

PREPARING FOR YOUR FIRST CONSULTATION

Being prepared for your first consultation is important. In the lead up to your appointment, write down as much information as possible to help you describe the problem. This could include:

- Writing down your symptoms and notes of what you are experiencing, including how often they occur and what activities (exercise, laughing, coughing) seem to bring them on
- Keeping a chart of your bladder or bowel pattern for a few days

FURTHER TESTS

During the consultation, your GP might require further tests. This might include a urine test to make sure you don't have a urinary tract infection, blood or changes to your urine.

Additionally, you might need a blood test to check how well your kidneys are working. You could also benefit from a renal tract ultrasound or an ultrasound of your bladder and kidneys. You might need an x-ray or scan of your bowel.

It might also be helpful for your GP to check your abdomen (or tummy), vagina (or birth canal), anus (or bottom hole) and/or general genital area to make sure there are not any obvious changes such as leakage with cough, a prolapse or skin irritation.

Your GP may start some treatment based on what they find or they may decide to refer you to a continence service to see a nurse continence specialist or a pelvic health physiotherapist. They might think you need to see a specialist such as a urologist, gynaecologist, urogynaecologist, gastroenterologist or colorectal surgeon and will organise a referral. There are public and private continence related services throughout Australia that may be able to improve your situation or even cure your incontinence.

CONTINENCE PRODUCTS

It may also be suggested that you use continence products. There are many continence products available in supermarkets, pharmacies and specialist suppliers. It can be confusing to determine what is the right product for you as everyone is different with different needs and preferences. You want to make sure the pad is comfortable to wear, does not leak, does not need to be changed too often, does not cause any skin irritation and is affordable.

NATIONAL CONTINENCE HELPLINE 1800 33 00 66

You can also call the National Continence Helpline on **1800 33 00 66** (8am-8pm AEST) to speak to a nurse continence specialist for some initial advice and direction, including what to ask your GP and where to go to get a continence assessment to suit your situation in your local area.

Quality that's affordable

Save money for the things that count, without compromising on quality.
Try the m|devices Hydrophilic Nelaton Catheters with Water Sachet.

m|devices Hydrophilic Nelaton Catheters with Water Sachet

Affordable
Priced to be competitive against all major brands

Comfortable
Hydrophilic coating supports lubricant free insertion

'All-in-one' Product
with no touch sleeve and easy peel packaging

Sold through leading healthcare distributors.
Trial products available at: **mdevices.com.au**

m|devices®
WHERE CONTINENCE MEETS CARE

Always read and follow instructions for use, visit www.mdevices.com.au for further information.

The Continence Foundation of Australia appreciates the support of advertisers in publishing Bridge. Advertising conforms to the standards required by the Continence Foundation of Australia, but endorsement is in no way implied by the publishing of said material.

Continence Foundation of Australia

Always rushing to the loo?

It doesn't have to control your life

One in three women experience leakage from the bladder or bowel (incontinence). There is help available – you're not alone. In many cases, incontinence can be treated, better managed or even cured.

Speak to a Nurse Continence Specialist for free, confidential advice.

Call National Continence Helpline

1800 33 00 66

Scan the code for further information or visit **continence.org.au**

The Continence Foundation is a not-for-profit organisation and peak body promoting bladder and bowel control health.