



IMPORTANT PHONE NUMBERS.

Family member	
Doctor	
Other healthcare professional	
Other important phone numbers	



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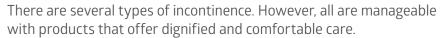
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TYPES OF INCONTINENCE.





Stress incontinence happens when stress or pressure is placed on the bladder with physical activity such as sneezing, laughing, coughing or lifting something heavy. A small amount of urine leaks out during these activities.

Urge incontinence happens when people feel a strong urge to urinate and cannot hold it long enough to get to the toilet. People with urge incontinence have to urinate more frequently and often wake up during the night with the urge to urinate.

Mixed incontinence is a combination of both stress and urge incontinence. Many older people, especially women, have this type of incontinence.

Functional incontinence is when someone feels the urge to urinate and can hold it, but cannot get to the bathroom by themselves.

Overflow incontinence is a constant leakage of a small amount of urine because the bladder never completely empties.

Transient incontinence is a temporary form of incontinence that goes away once the cause is treated. Illness is a common cause of transient incontinence.

Fecal incontinence is the loss of control of bowel movements. It can range from an occasional leakage of small amount of stool to complete loss of bowel control.



HOW TO MANAGE YOUR INCONTINENCE.

There are many strategies used to help people remain continent and comfortable. You may be using one of these helpful strategies to manage your incontinence.

Scheduled voiding is a strategy used to help residents who cannot self-toilet. It can help decrease the number of incontinence episodes. An individualized schedule is developed to take the person to the toilet at specific times, usually every two to three hours.

Bladder retraining is another strategy that is used with residents who are aware of the urge to void, are cognitive enough to control the urge and want to control the urge. Similar to scheduled voiding, a schedule is developed to take the resident to the toilet at specific times. In between the scheduled toileting, the resident works on controlling the urge to void.

Prompted voiding can successfully help incontinent residents have fewer episodes of incontinence as well as increase the awareness of a full bladder. Again, an individualized schedule is developed and the resident is prompted to go to the bathroom at specific times.

Pelvic floor muscle exercises (Kegels) can strengthen muscles to prevent urine from leaking out of the bladder. These exercises are very effective with stress and urge incontinence. Residents who can understand and follow directions are able to do the exercises.



Avoiding bladder irritants such as caffeine, alcohol and carbonated beverages may decrease the number of incontinence episodes.

Some medications can affect your bladder function. Speak with your healthcare provider about the effects your current medications have on your incontinence.

TYPES OF ABSORBENT PRODUCTS.

Absorbent products are used to promote dry skin, control odors and prevent embarrassment. There are many types of absorbent products to meet individual needs.

Small bladder-control pads can be worn inside the individual's own underwear. This works nicely with stress incontinence.

Disposable protective underwear works well for someone who can walk around and participate in toileting activities.

Disposable briefs work well for someone who is completely dependent on others for help with their incontinence care.

Two-piece pad and liner system works well for both someone who can participate in their toileting activities and for someone who is completely dependent on others for help with their incontinence care.

