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Pelvic health physiotherapy & the management of urge urinary incontinence or urgency

Pelvic Health Physiotherapy Team

Contact information

If you need any further support or advice you can contact the Pelvic Health Physiotherapy team below:

Tel: 01932 722547

Email: asp-tr.stpetersphysioappointments@nhs.net

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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- **Neuromodulation**

There are a range of types of neuromodulation that can help to reduce urge incontinence. Sacral Nerve Stimulation (SNS), would be the first option considered, this is a device that is surgically implanted and aims to improve bladder control. This can be discussed in more detail with your urogynaecologist.

There are other forms of neuromodulation that can be considered if SNS is not deemed suitable. These include neuromuscular stimulation (via a small vaginal probe) and posterior tibial nerve stimulation (via a small needle in the ankle). If needed, these options will be discussed with you in more detail by your pelvic health physiotherapist, specialist Urogynaecology nurse or doctor.

Urge urinary incontinence and urinary urgency

Urinary urgency is when you feel a sudden or intense urge to pass urine. Urge urinary incontinence is when this urge results in urinary leakage as we cannot reach the toilet in time.

This is often due to the bladder muscle giving the message to the brain that the bladder is fuller than it actually is. This results in the bladder contracting too early, giving the feeling that you have to pass urine urgently. In many people the exact cause of urge incontinence and urgency is unknown. However we do know that symptoms can become worse depending on the fluids we drink, daily habits and our stress levels.

What can you do to help?

The first treatment for this type of incontinence is often through sessions with the pelvic health physiotherapist. This treatment involves a combination of the advice listed in this leaflet. The first changes you should make are listed below.

1. Drink 1.5 to 2 litres of fluid per day.
2. Avoid / significantly reduce caffeine and alcohol.
3. Regularly practice pelvic floor exercises (see below).
4. Avoid going to the toilet 'just in case'.

Check your fluid intake

For an average adult we should drink approximately 1.5-2 litres of fluid per day.

Drinking too much or too little can irritate the bladder and cause the feeling of needing to go to the toilet more frequently. Although it seems to make sense that if we drink less fluid we would also pass urine less often, this is not always the case. The bladder prefers to hold less concentrated urine, so drinking less often results in acidic urine that irritates the bladder lining causing an increase in urgency.

- Try to spread it evenly throughout the day
- Try to stop drinking 2 hours before bed (particularly if you are waking in the night to pass urine)
- Consider cutting down on items which may irritate your bladder. We have listed the fluids that can irritate your bladder and some good alternatives below.

Bladder Irritants:

- Tea / coffee / green tea / hot chocolate
- Fizzy drinks
- Energy drinks
- Citrus fruit juice: orange / grapefruit
- Alcohol: beer / spirits with fizzy mixers / wine
- Low sugar / diet drinks
- Acidic food i.e. tomatoes, oranges



Other treatments for urge urinary incontinence

If physiotherapy does not help to improve the problem then you may be offered further treatment. Further treatment will only work well, if you have followed all of the initial steps.

Further treatment will often include one or more of the following.

- **Medication**

There are medications available that can help in reducing symptoms of urinary urgency and frequency. These are prescribed as a long term medication to help control your symptoms. It is also important to remember you should still keep following all of the advice in this leaflet to help give these medications the best chance of success.

- **Botulinum toxin A (Botox)**

Botox may be considered for those people that have not responded to treatments mentioned above. This is a substance that reduces the strength of the bladder muscle contraction. Botox can be injected into the bladder to help reduce urge incontinence; the benefits can often last six months or longer.

There is a risk that Botox will prevent the bladder from emptying, this occurs with 1 in 25 women. Due to this, you will need to learn to self catheterise prior to any Botox treatment.

A pelvic health physiotherapist can help to be sure you are exercising the pelvic floor muscles correctly and at the right level for your problem. After this if you still find it difficult to work these muscles correctly the physiotherapist can use a variety of different methods to help you improve; these will be discussed with you to help choose the best option.

Bladder retraining

This should be completed with guidance from your pelvic health physiotherapist or nurse. This involves teaching you ways to help distract the bladder and gradually increase your ability to control the bladder urges you feel. This is built on gradually over a period of weeks.

There is a separate bladder retraining leaflet that covers this in more detail. If you do not have this you may wish to ask your pelvic health physiotherapist for a copy.

Replacement Drinks:

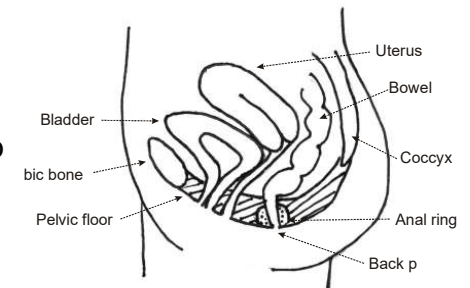
- Water
- Diluted fruit squash (check for artificial sweeteners as these can also cause bladder irritation)
- Cranberry juice (not if on warfarin)
- Barley water
- Fruit, herbal, peppermint teas
- Decaffeinated tea / coffee
- Bovril / broth / soup including 'cup a soup'



Pelvic Floor Muscle Exercises

What are pelvic floor muscles?

The pelvic floor consists of layers of muscle that stretch from the coccyx (tailbone) to the pubic bone (see diagram). Good pelvic floor muscles help support the bladder, womb and bowel. They help to close the urethra (bladder outlet) and anus (back passage).



have a bowel motion the pelvic floor muscles relax. Afterwards, they tighten again to restore control. The muscles actively squeeze when you laugh, cough, lift or sneeze to help prevent any leakage.

How can exercise help my Pelvic Floor Muscles?

Exercising the pelvic floor muscles can strengthen them so they give the correct support. This will improve your bladder control and improve or stop leakage of urine.

Like any other muscles in the body, the more you use and exercise them, the stronger the pelvic floor muscles will be.

The exercises

Imagine you are trying to stop yourself passing wind and then pull forward as though you are also trying to stop your flow of urine. This closes and draws up the back passage and vagina.

You need to exercise the muscle in 2 ways

1. Slow holds - for stamina

Hold the muscle in for as long as you can up to 10 seconds. Release fully and rest for at least 5 seconds between each one. Aim to do 10 in a row.

2. Fast squeezes – to react quickly

Squeeze the same muscles but strong and fast, release straight away. Aim to do 10 in a row.

You should aim to do these exercises 3-5 times a day.

You can do these exercises almost anywhere, anytime but not when passing urine. In the beginning you will find these exercises easier to do when lying down or sitting.

Try not to squeeze your legs together, tighten your buttocks or hold your breath whilst doing these exercises.

How long will it take to notice a change?

It takes time for exercise to make muscles stronger. You are unlikely to notice any improvement for several weeks - so be sure to stick at it. You will need to exercise regularly for up to 6 months before the muscles gain their full strength.

Once you have got your pelvic floor muscles strong do not forget them. You should continue to do your pelvic floor exercises a few times each day to ensure you keep their full strength and reduce the chance of the problem coming back.

What if I can't do these exercises?

If you have problems doing the exercises or if you do not understand them then you should ask to see a pelvic health physiotherapist or specialist nurse who can help you.

For best results a tailored programme of exercises can be prescribed for you; this is often done by a pelvic health physiotherapist.