



THE SIMON FOUNDATION
FOR CONTINENCE

fact sheet

PROMOTING CONTINENCE – CHANGING LIVES

COMMUNICATING WITH YOUR DOCTOR ABOUT INCONTINENCE

Many people find it difficult to discuss incontinence. In addition to feeling embarrassed, two other major difficulties may occur. First, a person may not know what vocabulary to use in describing the problem; and second, the patient may have no idea of the information the doctor needs in order to assist them with their incontinence.

Increasing your skills and knowledge in these areas will better equip you to seek medical advice.

KNOWING HOW TO DESCRIBE YOUR PARTICULAR PROBLEMS

Incontinence means the loss of bladder or bowel control. In the case of urinary incontinence, there are several different ways in which the symptoms present themselves. For some people leakage occurs when they sneeze, laugh, or lift (stress urinary incontinence, or SUI). For some leakage occurs only at night when asleep (enuresis). Others may feel the need to use the washroom, but experience leakage before they can reach one (urge incontinence). Some people experience urine loss without any sensation or warning at all. The definitions below may be helpful in describing your problem:

Stress Incontinence - refers to leakage of small amounts of urine when coughing, sneezing, laughing, lifting, jogging, or doing anything that causes the abdominal pressure to override the bladder's closure mechanism. With all the talk about "stress", it is important to emphasize that the physical stressor of stress incontinence should not be confused with the psychological stress of daily living.

Urge Incontinence - describes the compelling desire to urinate and the inability to delay voiding long enough to get to a toilet. Sometimes this condition is especially aggravating because the urge to void occurs so soon after the bladder has been emptied.

Mixed Incontinence - is a combination of stress and urge incontinence. It is very important for your doctor to determine if you have both types of incontinence so a treatment priority which meets your objectives can be chosen.

Overflow Incontinence - is the leakage of urine without the urge to void or the inability to urinate normal volumes. As the term implies, the small amount of urine that exceeds the bladder's capacity runs off, but the bladder remains full. Men who are experiencing enlarging prostate problems may have

this type of incontinence, as might individuals with a long history of diabetes.

Total Incontinence - is the complete absence of control, in the form of either continuous leakage or periodic uncontrolled expulsion of the bladder's contents. This condition is often associated with nerve damage, such as spinal cord injury.

Enuresis - is the term most widely used to describe bedwetting in children who are old enough to be "potty-trained." Armed with these definitions, you should be able to talk about your misbehaving bladder in terms your doctor and nurse are used to hearing, thus increasing the chances of having a successful dialogue with your physician.

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COMMUNICATING WITH YOUR DOCTOR ABOUT INCONTINENCE

RECOGNIZING AN UNACCEPTABLE MEDICAL RESPONSE

Medicine is both a science and an art. No physician, no matter how competent, can treat every physical problem. One of the ways in which medicine has coped with the explosion of knowledge is to specialize. However, even within specialties such as urology or gynecology, there are often sub-specialties.

It is important to understand that even a favorite, competent physician may not be the best choice to treat incontinence. Recognizing an unacceptable medical response not only helps the patient select the right physician, but also combats the possibility of the patient feeling worse about themselves for bringing up the topic of incontinence.

“At your age what do you expect?” or “It’s a natural part of aging,” are unacceptable responses. They imply that incontinence should be accepted. Aging does not cause incontinence. However, body changes which occur with aging may contribute to incontinence.

Another too-often heard response is: “What you’re experiencing is minor, some of my patients have no control left.” While it is true that the amount of urine loss varies depending upon the type of incontinence and the individual patient, this statement could indicate to a sensitive patient that their problem is not “enough” and they should not be seeking help. Remember, no heart patient would stick with a doctor who told them that their heart attack wasn’t massive enough to seek medical help.

“Your major health problem, Mr. X, is your weight and your smoking.” While this may be true, if the patient has just mentioned his incontinence problem it is certainly a

health issue important to him. If you are a patient that has experienced a similar response, you may need to re-direct your doctor back to incontinence by insisting that your misbehaving bladder needs attention too.

WHAT INFORMATION TO BRING YOUR DOCTOR:



When preparing to visit your physician, the following information should be of help:

1. A list of medications you are currently taking, including the strength and dosage of each medication.
2. A history of any related surgery.
3. A complete voiding schedule for three days if possible. This record should include the time of urination, amount of fluid voided, and when and how incontinence accidents occurred during this timeframe.
4. Be sure to tell your doctor if you are experiencing any of the following:
 - a. A burning sensation when urinating.
 - b. A feeling of having a full bladder, although you have just used the washroom.
 - c. Using the bathroom frequently, but voiding very little at each visit.
 - d. Rearranging your lifestyle around the location of a washroom and/or missing social gatherings because of your bladder control problem.

A PATIENT'S RIGHTS AND RESPONSIBILITIES

Much is written about patient rights, but it is important in order to establish good communications with your health care providers to recognize that you also have many responsibilities too; including to ...provide complete and accurate information to your health care professional.

...follow the agreed treatment option.
...notify your health care professional if you have stopped following the treatment option for any reason.
...ask all the questions you have to clarify your knowledge about your condition.

Sometimes individuals find it difficult to talk about incontinence issues with their physicians and often, just as the appointment draws to a close, a patient will bring up incontinence, making it difficult because of time constraints for a thorough discussion. Patients can be respectful and help to build good doctor/patient communications by acknowledging this occurrence and scheduling another appointment, perhaps at the end of the day when the physician might have a few more moments to spend.

WHAT DO YOU DO WITH AN UNHELPFUL RESPONSE?

If you have done your job regarding good communication and received an unhelpful response, then further additional action is called for. Gently remind the doctor that you really would like his/her help, that incontinence is a significant challenge in your life, and request a referral to a specialist who is interested and knowledgeable about diagnosing and treating incontinence.

Once you have learned to recognize an inappropriate medical response, you have taken the first step on the way to finding the proper medical care for incontinence.

The Simon Foundation is a non-for-profit educational organization dedicated to helping people with incontinence.

For a sample copy of **The Informer** and a list of Fact Sheets, send \$1.00 with a business-size self-addressed envelope to:

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