

Menopause and bladder and bowel control



This fact sheet has been developed to assist women looking for more information about menopause and bladder and bowel control.

Menopause is a time of change in a woman's life. One of the changes many women notice is increased difficulty with bladder and bowel control.

Common symptoms

Passing urine frequently and rushing to the toilet (urgency) to pass urine are the most common symptoms. Other symptoms include:

- Leakage of urine with coughs, sneezes, or exercise
- Leakage of urine on the way to the toilet
- Getting up twice or more over night to pass urine
- Frequent urinary tract infections
- Rushing to the toilet to open bowels
- Inability to control wind
- Constipation

You should not ignore these problems because they rarely go away and usually get worse over time. They often interfere with work, social activities, and sexual and personal relationships. It is important that you seek help because these problems can be cured, treated or better managed. Talk to your doctor or call the National Continence Helpline on 1800 33 00 66.

Menopause bladder and bowel control

There are seven ways that menopause may cause problems with bladder and bowel control. These are:

1 Weak pelvic floor muscles

With the onset of menopause the pelvic floor muscles like most muscles in the body tend to weaken. As these muscles control both the bladder and bowel, any weakness may result in less control of the urge to visit the toilet and the ability to hold on to get to the toilet in time. Weak pelvic floor muscles may also cause many women to have difficulties controlling wind. Weak pelvic floor muscles may also play a part in the onset of prolapse. A prolapse (a sagging down of organs) is felt as a lump in the vagina this can be the uterus (womb), bladder or bowel and can put further strain on the pelvic floor.

2 A less elastic bladder

The base of the bladder becomes less elastic and therefore has more difficulty in stretching. As the bladder fills with urine this loss of stretch may irritate the bladder muscle causing it to be

'over active'. An 'over active' bladder will cause you to pass urine more frequently. Combined with weak pelvic floor muscles, this makes it much more difficult to hold on or to put off going to the toilet to pass urine. A program of bladder training and pelvic floor muscles exercises may help you regain control. Vaginal oestrogen cream or a pessary is sometime prescribed to help with these symptoms.

3 Vaginal dryness

The loss of the hormone oestrogen results in vaginal dryness as the lining of the vagina is not producing enough mucus. The urethra (outlet tube for the bladder) also develops similar changes. In the vagina this may result in the normal bowel bacteria moving in increasing the risk of developing urinary tract infections. Oestrogen cream or a pessary may be prescribed to prevent further urinary infections. Personal hygiene is particularly important and all women should wipe from front to back. Cranberry juice drink or capsules may help prevent urinary tract infections.

4 Weight gain

Many women find they begin to gain weight with the onset of menopause. If your weight gain is significant, you run the risk of developing bladder and bowel control problems. The pelvic floor muscles support most of your body weight. Any excess weight further strains these muscles, weakening them. Weak pelvic floor muscles do not support the bladder and bowel as they should. If this happens you may notice leakage when coughing and sneezing (also known as stress incontinence) or the need to frequently or urgently visit the toilet. We recommend you keep your weight in the healthy range.

5 Other health problems

Other chronic health problems may start to play a part in your health and these may cause or worsen incontinence. Diabetes has specifically been identified as putting women at higher risk as nerve damage (neuropathy) is a common complication of diabetes. Nerves to the bladder and bowel can be damaged causing loss of sensation, poor emptying and constipation. Keeping your diabetes well controlled is the best way to prevent or stop nerve damage.

6 Hysterectomy

Many women around menopause have a hysterectomy or prolapse repair and then find they have a problem with bladder control. It can be unclear if it is the surgery that causes the problem. Pelvic floor exercises before and following surgery should be part of the treatment you are offered.

7 Anal trauma/surgery

Many women who have had babies may find bowel control problems occurring with the onset of menopause. During birth, the anal sphincter (muscle around the anus) can be damaged but this may not become a problem until later in life. An exercise program for pelvic floor muscles may fix the problem; however, some women will need to have surgery to repair this damage.

Preventing and managing poor bladder and bowel control

There are five things you can do to regain control of your bladder or bowel. These are:

Eat well

Eat a healthy diet rich in dietary fibre to prevent constipation. We need at least 30gm of fibre each day. Eat at least 2–3 serves of fruit, 5 serves of vegetables and 5 serves of cereals and breads.

It is important to get the balance right as just adding fibre to your diet without increasing your fluids can cause or make constipation worse. If the steps outlined in this section do not solve an ongoing constipation problem, talk to your doctor.

Drink well

Drink 1.5–2 litres of fluid each day to prevent bladder irritation and constipation, unless otherwise advised by your doctor. Drinking extra fluids is recommended in hot weather or when exercising. Spread your drinks evenly throughout the day. Water is best. Limit caffeine, alcohol and fizzy drinks as these can cause bladder irritation. Always have an extra drink of water following these drinks.

Tone your pelvic floor muscles

Keep your pelvic floor muscles strong with a pelvic floor exercise program. These are muscles that gives you control over your bladder and bowel. Use your pelvic floor muscles by squeezing to control the urgent feeling to go to the toilet. When you feel the urge to pass urine or open you bowels, stop, stand still or sit down on a firm seat. Squeeze and draw up your pelvic floor muscles strongly. Think about something else rather than the urge. The urge should diminish or go away at this point so you can get to the toilet without rushing.

Exercise regularly

Keep moving. Aim to exercise for 30 minutes most days. Remember that walking is great exercise.

Practice good toilet habits

Go to the toilet when your bladder feels full or when you get the urge to open your bowels. Do not get into the habit of going 'just in case'. Take time to completely empty your bladder and bowel.

There are treatments available for poor bladder emptying including the correct toilet position. To get into the correct

sitting position on the toilet: sit on the toilet with elbows on knees, lean forward and support your feet on a footstool. If you think your bladder is not emptying completely it is important to talk to your doctor because this can cause kidney damage.

For more information

- Visit a doctor or phone the National Continence Helpline on 1800 33 00 66 for details of a local continence service.
- Phone the National Continence Helpline (1800 33 00 66) and speak with a continence nurse advisor. This free service is managed by the Continence Foundation of Australia on behalf of the Australian Government.
- Go to the Continence Foundation of Australia website: continence.org.au
- Go to the Australian Government website for Continence Aids Payment Scheme information: bladderbowel.gov.au
- The Jean Hailes Foundation for women's health website: jeanhailes.org.au.

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The Continence Foundation is the Australian peak body for awareness, education and advocacy for those with incontinence and their carers.

Note: The information in this fact sheet is based on general health guidelines for incontinence. If you are concerned about any aspect of your health or lifestyle, speak to your doctor.

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