

# Your Journey with Female Urinary Incontinence



For more information scan this QR code or go to [myhealth.alberta.ca/female-urinary-incontinence-pathway](https://myhealth.alberta.ca/female-urinary-incontinence-pathway)

## Urinary incontinence is leaking urine (pee) when you don't mean to.

You are the most important part of your healthcare team. This guide will help you to know what to expect as you work with your team to manage and treat urinary incontinence. If you have any questions along the way, please ask your healthcare team. Click on the page numbers in blue if you want more information about the step in your journey.

### Before your appointment ([page 8](#))

- Write down how you feel, your symptoms, and any questions or concerns. Include things you find make your symptoms better, worse, and what you have tried before.
- Consider completing a [bladder diary](#) before you see your healthcare provider, or they may ask you to do one after your appointment.
- Symptoms you may have include leaking urine when you sneeze, cough, laugh, or exercise, needing to urinate often, or suddenly (e.g., leaking on the way to the washroom), or trouble emptying your bladder fully.
- Pain is not a typical symptom of urinary incontinence. If you have pain, let your doctor know.



### Visit your healthcare provider ([page 9](#))

- Consider bringing a family member or friend to support you.
- Your healthcare provider will ask questions to assess what might be causing your incontinence and how it impacts you. Your health includes physical, emotional, spiritual, financial, and social elements.
- You will have a physical exam of your abdomen and an internal pelvic exam. You may also be asked to do a cough stress test to see how much urine you leak.
- Tell your healthcare provider about your use of pads, and how often you need to change your clothes because of incontinence.



### Get your assessments & tests ([page 11](#))

- Your tests may include blood work, urine tests, and post-void residual (the amount of urine left in your bladder after you urinate).



### Review your test results ([page 13](#))

- Talk with your healthcare provider so you know what your test and assessment results mean and how they will help your team and you decide what to do next.



### Review your treatment & management options ([page 14](#))

- After your healthcare provider determines what has caused incontinence, you will work together on a treatment plan for you.
- Your treatment recommendations will include lifestyle changes and pelvic floor physiotherapy.
- Other treatments may include bladder training, medications, a pessary device, managing constipation, surgery, or a combination of these.



### Talk with your healthcare provider about a referral ([page 21](#))

- Not all patients need to be sent to a specialist. If you are being referred, ask how long it will take to be seen and what you should do if you don't hear back.
- A referral is based on your symptoms, impacts of urinary incontinence on your day-to-day life, how you respond to non-surgical treatment, and your test results.



### Start your treatment & watch your symptoms ([page 22](#))

- Take an active role in your treatment. If you have a change in symptoms or notice new symptoms, consider writing down what it feels like, the date, time and what you were doing when they began.
- Make sure to tell your healthcare team right away or call 811 if you have pain, a hard time urinating or emptying your bladder, post-menopausal bleeding, unexplained weight loss, loss of appetite, or night sweats.



### Keep taking care of yourself ([page 23](#))

- Keep taking care of your overall health.
- Look for other healthy lifestyle resources and supports.



Whole-person health ([page 2](#))

#### Important Tips:

##### Need a family doctor?

[ahs.ca/findadoctor](https://ahs.ca/findadoctor)

##### Need a translator?

Let your healthcare provider know

##### Need health advice?

Call Health Link at 811

##### Need to find programs and services in your community?

Call 211 or visit [ab.211.ca](https://ab.211.ca)

## How to use this resource

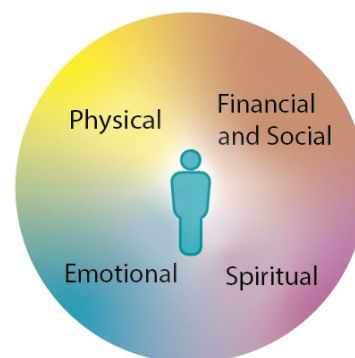
The information provided in this resource is based on validated evidence from a variety of sources, including healthcare professionals in Alberta, peer-reviewed journals, current clinical guidelines, validated patient resources, and specialty care recommendations. It is intended as general health information and should not replace the clinical judgement of a qualified healthcare provider. This resource does not address the unique needs of individual patients. Always consult with your healthcare team and follow their recommendations for your specific care.

These pages are for you to use as needed. You can look through all of them at once or just the ones that help you now. Feel free to come back to the resource whenever you need it.

## Whole-person health

The whole-person health approach will help you and your healthcare team better manage your health condition. It is drawn from the teachings of the medicine wheel.

Whole-person health means thinking about all parts of your health and wellness: physical, financial and social, spiritual, and emotional. All of these parts are connected and influence each other. It's important to be aware of your personal needs in each part and to share that information with your healthcare team.



**Whole-person health**

- **Physical:** your specific health conditions and how well your body works
- **Financial and Social:** your ability to meet your housing, transportation, food, and health needs, feeling supported to manage your daily life, and having meaningful relationships
- **Spiritual:** your beliefs, sense of connection, and purpose
- **Emotional:** how you think, feel, and cope with life events

Whole-person health also reminds us that we are all connected and work together: you, your support systems, and your healthcare providers. Your healthcare providers could be your doctor, nurse practitioner, or a team that comes together with you to plan and organize your care.

Your healthcare provider needs to understand who you are and what matters to you. This helps to build trust. But it can be hard to know what to share or what to say. Start by asking yourself:

**“What are the things in my life that are important to me?”**

**“What are the things in my life that may be affecting my health and well-being?”**



Here are some examples of things you may want to talk about with your healthcare provider:

### **Physical**

“My symptoms are making it hard for me to do my job.”

“My constant leaking makes it hard to keep myself clean and is making my skin hurt.”

### **Financial and Social**

“I need my daughter with me as a translator.”

“I find myself avoiding things and activities that are important to me because I’m scared I’ll have an accident in public.”

### **Emotional**

“I feel embarrassed about how I leak urine and have no one to talk to.”

“I feel embarrassed that I often leak urine and worry others around me may be able to smell it.”

“Leaking urine is causing me a lot of stress and I’m not sure how to manage it.”

### **Spiritual**

“It’s important that I follow traditional healing practices.”

“How can I include my culture’s foods and family recipes in my nutrition plan?”

“It’s important that my religious practice of fasting is respected and brought into my care.”

## What is female urinary incontinence?

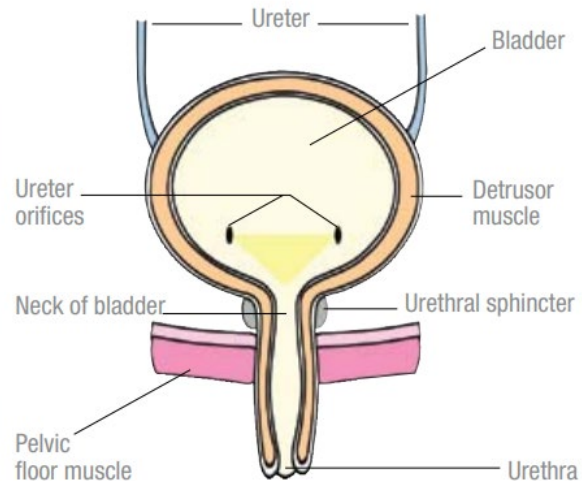
Urinary incontinence is leaking urine when you don't mean to, and it is a common problem. The risk of developing urinary incontinence does increase with age, but it should not be considered a normal part of getting older and should be discussed with your healthcare team. Urinary incontinence doesn't usually cause major health problems, but may have a small or big impact on things that you do in your day-to-day life.

Urinary incontinence is not a disease; it is a symptom of something else, and it can almost always be treated or managed successfully. If you notice symptoms of urinary incontinence, it is important that you talk with your healthcare provider as soon as possible so that they can support you to manage the condition.

### Proper function of the urinary tract

The kidneys filter waste from fluid in your body, and the waste forms urine (or pee). Urine travels down from your kidneys through two tubes called ureters and into your bladder. The bladder is a sac, and as it fills with urine, its walls stretch until you feel you need to relieve the pressure by passing urine (also called going pee). To pass urine, your pelvic muscles relax and your bladder walls tighten. Urine leaves your body through a tube called the urethra.

### Female Urinary Tract



The Canadian Continence Foundation (2012). *Female Urinary Tract* [Photograph]. The Canadian Continence Foundation. [The Source: Your guide to better bladder control](#)

## Types and symptoms of urinary incontinence

There are different types of urinary incontinence.

### Stress incontinence

Stress incontinence is the most common type of female urinary incontinence.

Stress incontinence happens when increased pressure is put on the bladder such as when you laugh, sneeze, cough, lift, bend over, or strain.

Stress incontinence is often caused when the pelvic floor muscles can't support the bladder properly, so the bladder drops down and pushes against the vagina. You can't tighten the muscles that close off the urethra, so urine may leak with exertion.

### Urgency incontinence

Urgency incontinence occurs when you have a sudden need to pass urine but can't reach the toilet in time. This can happen even when your bladder has only a small amount of urine. You may have no warning before you start to leak. Or you may leak when you drink water or hear water running.

Urgency incontinence is sometimes caused by an overactive bladder. With an overactive bladder, you may:

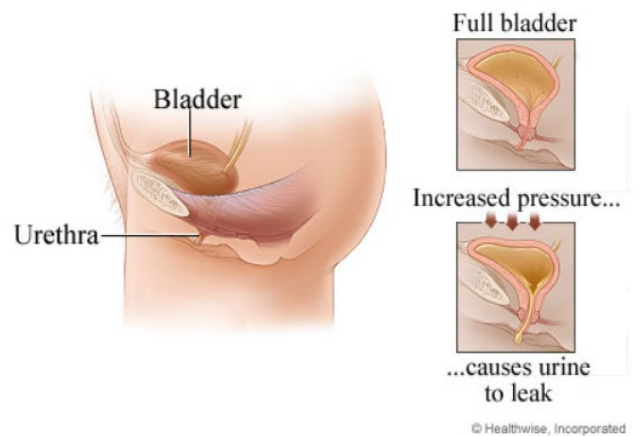
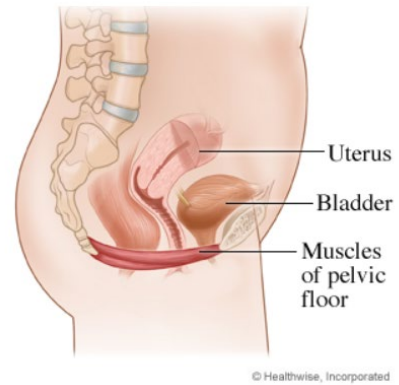
- Feel an urgent need to pass urine
- Need to pass urine often
- Wake during sleeping hours to pass urine

### Mixed incontinence

Mixed incontinence is a combination of stress and urgency incontinence. It happens when you leak with exertion and sudden urgency.

### Overflow incontinence

Overflow incontinence happens when you dribble urine constantly or often without the urge to empty your bladder, or the inability to urinate normal volumes. It is caused by the bladder being overfilled and never fully emptying. You may only pass a small amount of urine when going to the bathroom.



## Neurogenic incontinence

Neurogenic incontinence is caused by conditions that affect the brain like Alzheimer’s disease, Parkinson’s disease, or Multiple Sclerosis.

## Disability-associated (Functional) incontinence

Disability-associated incontinence happens when a person can’t get to the toilet on time due to a physical or mental reason (such as problems with walking, conditions that cause confusion like dementia). People can have functional incontinence on top of another type of incontinence.

**Keep in mind:**  
Regardless of the type of urinary incontinence, **pain** is not a typical symptom. If you experience pain, be sure to tell your healthcare provider.

## Factors that may contribute to urinary incontinence

Sometimes, urinary incontinence is temporary, and symptoms can be improved by treating the cause or addressing contributing factors. For many people, urinary incontinence is an ongoing issue and does not go away when underlying causes are treated or behaviour is changed.

### Medical conditions:

- Loss of estrogen – estrogen is a hormone that keeps the urethra healthy. Less estrogen in the body (e.g., after menopause) can play a role in incontinence
- Urinary tract infection (UTI)
- Weak/damaged pelvic floor muscles (e.g., from vaginal childbirth, past surgeries)
- Confusion or delirium
- Mental health conditions, especially depression
- Conditions that cause having to urinate more than usual (like diabetes, kidney disease)
- Conditions that cause nerve damage (like stroke, multiple sclerosis)
- Bladder cancer or bladder stones can cause incontinence, urgency, burning, pain, and/or blood when you pass urine
- Constipation (hard stool) can bother the muscles that control urination

### Past surgeries/treatments:

- Pelvic surgery
- Hysterectomy
- Pelvic cancer/radiation
- Pelvic organ prolapse (when one or more of the pelvic organs slides out of place and presses against the vagina)

### Medications (over-the-counter or prescription), including:

- Blood pressure
- Pain
- Heart
- Muscle relaxants
- Cold and flu



\*Make sure to discuss all medications you take with your healthcare team. Your healthcare team may be able to find another medication that doesn't cause urinary incontinence.

**Mobility, lifestyle & nutrition:**

- Mobility issues that make it hard to get to the toilet on time
- Extra weight or weight gain (can put pressure on the bladder)
- Drinking too much or too little fluid
- Alcohol
- Caffeine (like coffee, chocolate, tea)
- Carbonated drinks
- Emotional stress
- Smoking

## Before your appointment

Everyone will have their own unique journey with urinary incontinence. How you move through your journey, the number of visits with your healthcare team, the steps you will take, and the order you take them in will depend on your individual needs and will be decided in partnership with your healthcare team. Always follow the specific recommendations from your healthcare team.

Here are a few tips to help you get ready for your appointment with your healthcare provider:

- If you feel uncomfortable sharing the reason for your appointment with the staff when you call to book, you can always say “it’s personal” and share details about the reason with your healthcare provider during the visit.
- To better understand your situation, your doctor will ask you questions about:
  - Your medical history
  - When your urinary incontinence started and if it’s gotten worse
  - How often and how much you urinate and leak
  - What is happening when you leak
  - If you have pain when you urinate
  - What and how much you drink

It may help to keep track of these things using a symptom tracker or bladder diary for 3 or 4 days before you see your doctor (see Helpful tools and resource below or [page 28](#)).

- Write down a list of your questions and concerns. When you’re done, read your list and mark the most important things.
- Make a list of the prescription and non-prescription (over-the-counter) medications you use, including any vitamins, herbs, creams/ointments, and supplements.
- Ask someone you trust to go with you to your appointment. They can help you ask questions, write down instructions, and remember explanations.



### Helpful tools and resources

To get the most out of your visit, plan to write notes during the visit or see the Alberta Health Services **My Care Conversations app** ([ahs.ca/careapp](https://ahs.ca/careapp)) website for more information about recording your conversation with your healthcare provider.

Use a **bladder diary**: [albertahealthservices.ca/frm-20574.pdf](https://albertahealthservices.ca/frm-20574.pdf)

Use a **symptom tracker**: [hqca.ca/wp-content/uploads/2022/03/HQCA-Symptom-Tracker-March-23-2022.pdf](https://hqca.ca/wp-content/uploads/2022/03/HQCA-Symptom-Tracker-March-23-2022.pdf)

Watch a **short video about urinary incontinence**: visit [myhealth.alberta.ca](https://myhealth.alberta.ca), type “Urinary Incontinence: Talk to Your Doctor” in the search bar.







## Visit your healthcare provider

Your healthcare provider will review your history of symptoms and what tends to make your symptoms better and worse. They may ask how often, how long, and how severe your symptoms are. They may also ask how your symptoms impact the things you do every day like taking care of yourself, your job, your hobbies, and your sleep.

### What should I share with my healthcare provider?

- What impact are urinary incontinence symptoms having on things that are important to you, like your job, hobbies and interests, and relationships?
- What activities make your urinary incontinence symptoms worse?
- What has worked for you in the past to manage or cope with your urinary incontinence symptoms (such as using pads or making changes to what you eat, drink, and do)?
- There are many conditions that may contribute to urinary incontinence (like diabetes, high blood pressure, stroke, conditions that affect the brain). Talking with your healthcare provider about your overall health is important. This will help them find and manage any other conditions which may help with your urinary incontinence symptoms.
- What types of things help you work better with your healthcare team, and, what do you expect and need from the relationship with your healthcare provider?

### What should I watch for (symptoms of concern)?

Some symptoms can be a sign that something else is going on that needs attention or treatment right away. If you have any of these symptoms, make sure to tell your healthcare team right away or call 811:

- Symptoms of urinary tract infection (like fever and chills, blood in urine, generally feeling unwell)
- Pain or pelvic pain
- Having a hard time to urinate or feeling like your bladder doesn't empty fully when you urinate
- Post-menopausal bleeding (bleeding 12 months after your regular periods have stopped)
- Unexplained weight loss, loss of appetite, and night sweats



**You are the most important part of your healthcare team:** If you don't understand what your healthcare team is telling you, let them know right away. Be open and honest.

You might say:

**“This is new to me. Could you please explain it slowly, using language that is easier to understand?”**

**“It sounded like you said that I should... Did I understand that correctly?”**

**“Can you show me a picture or model to help me understand?”**



## Helpful tools and resources

- Making the most of your appointment: [myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=hw226888](https://myhealth.alberta.ca/health/pages/conditions.aspx?Hwid=hw226888)
- Working with your healthcare team: [hqca.ca/for-patients-and-families/working-with-your-healthcare-team](https://hqca.ca/for-patients-and-families/working-with-your-healthcare-team)





You will need tests and assessments to help find the cause of your symptoms, look at how severe your urinary incontinence is, and rule out other health problems.

### Examination of your pelvis and abdomen

- During this exam, your healthcare provider will check for things that might be causing urinary incontinence, like a mass, stool, fistula (a hole that forms in the wall of the vagina and opens into the urinary tract), or pelvic organ prolapse.
- Your provider will check to see if you have any skin irritation or vaginal discharge.
- Your provider will also check your pelvic floor muscle strength and function.

How a pelvic exam is done:

- Your exam will be done in a private room.
- You will be asked to remove your clothes from the waist down (in private) and will be provided with a gown or sheet to cover yourself.
- You will lie on your back on an exam table with your feet on footrests.
- Your provider will put on gloves and insert one or two fingers into your vagina. They will rest their other hand on your lower belly. This lets your provider feel your pelvic organs. You may feel some pressure when this is done.
- Your provider may need to use a speculum (instrument inserted into the vagina) to complete this exam.
- In some cases, your provider may put one gloved finger into your rectum and one into your vagina, to help check your pelvic organs.
- Be sure to tell your doctor if there is anything that can be done to help you feel more comfortable during the exam.

### Urine tests

Your doctor may ask you for a urine sample to test for infection or other concerns that could be causing your urinary incontinence.

#### It's your right

You may be offered a chaperon like a nurse or a support person who is at the appointment with you. If a chaperon is not offered and you would like to have one, please let your healthcare provider know. **You have a right to ask.**

If you feel uncomfortable or are in pain at any point, you always have the right to ask the provider to stop.

Even though urinary incontinence problems are very common, many people find them difficult to talk about with others. Your healthcare provider understands that incontinence problems can be hard to talk about, and they are there to support you.



### Cough stress test

Your doctor will ask you to cough to see if any urine leaks out. Usually, this test is done while you lie on your back with your knees and hips bent. Sometimes, your provider will ask you to stand. A comfortably full bladder is needed for this test.

### Neurological exam

Your doctor may ask you some questions and do an exam to learn if any nervous system (brain or nerve) issues might be causing your urinary incontinence.

### Post-void residual measurements (PVR)

The post-void residual measurement (PVR) test is not usually done in your healthcare provider's office as special equipment and supplies are needed. For this test, you will be asked to empty your bladder (pee). The amount you empty and the amount of urine remaining in your bladder right after emptying your bladder are measured. These measurements can be done in two different ways:

- Bladder Ultrasound
  - You will need a full bladder for this test. A full bladder means you will feel the urge to urinate, but you should not be too uncomfortable.
  - You will be asked to go to the bathroom to empty your bladder as much as you can. Your healthcare provider will measure how much urine you passed.
  - Your bladder is scanned after you return from the bathroom to see how much urine remains in the bladder. This amount is called the post-void residual.
- Catheter Measurement
  - With your bladder comfortably full, you are asked to go to the bathroom and pass urine into a container. The amount of urine you pass is then measured and recorded.
  - After you return from the bathroom, a healthcare provider inserts a small soft tube, called a catheter, through the urethra into the bladder and drains any remaining urine. This urine is then measured, and the amount recorded. This amount is called the post-void residual.

### Blood tests

- Your healthcare provider may ask you to have routine blood work done to see what may be causing your urinary continence or to rule out other conditions.

If the cause of the incontinence is still unclear after you have these tests, you may need more tests.



## Review your test results

It is important to know what your test results are and what they mean for you personally. Take time to discuss your results with your healthcare provider. Medical terms can be hard to understand. And even common words like “positive” or “negative” might mean something different for medical tests. Ask your healthcare provider for explanations and examples to make sure you fully understand.

You might ask:

**“What does this mean for me?”**

**“Is there a current concern? If so, what is it?”**



### Helpful tools and resources

See your results and health information using secure online tools. You will need to sign up for an account. If you don't have access, be sure to ask your healthcare provider for your results.

#### **MyHealth Records**

See your lab results, immunizations, and some other results with a MyHealth Records account. You can sign up on your own or get help to sign up at [myhealth.alberta.ca/myhealthrecords](https://myhealth.alberta.ca/myhealthrecords).

#### **MyAHS Connect**

See your health information, manage your Alberta Health Services appointments, and interact directly with some members of your healthcare team. Ask your healthcare provider how to access your MyAHS Connect account. Learn more at [ahs.ca/myahsconnect](https://ahs.ca/myahsconnect).





## Review your treatment & management options

Every individual will require their own specific treatment and management plan. Your treatment choices may depend on the cause of your urinary incontinence. Always follow the specific recommendations from your healthcare team.

### Behavioural training

#### Pelvic floor muscle training and pelvic floor physiotherapy

- Pelvic floor exercises can help strengthen some of the muscles that control the flow of urine. These exercises are used to treat urge or stress incontinence.
- Many people need help learning how to do pelvic floor muscle training properly. Seeing a pelvic floor physiotherapist is a great way to get the support you need.
  - Patients can self-refer to a private pelvic floor physiotherapy clinic. If you need help finding a clinic, the AHS Rehabilitation Advice Line can help you find options near you. Call the AHS Rehabilitation Advice Line at 1-833-379-0563 (Monday to Friday, 9 a.m. to 5 p.m.).
  - You can also search for pelvic floor physiotherapy resources near you using the drop-down search function on the Adult Community Rehabilitation website: [ahs.ca/communityrehab](https://ahs.ca/communityrehab)
  - In Alberta, you can also attend free Pelvic Health Physiotherapy webinars: [myhealth.alberta.ca/Alberta/Pages/Pelvic-Health-Physiotherapy-Webinars.aspx](https://myhealth.alberta.ca/Alberta/Pages/Pelvic-Health-Physiotherapy-Webinars.aspx)
- How to do pelvic floor exercises (Kegels):
  - Start by sitting or lying down, progressing to standing. Keep your knees slightly apart. Relax.
  - Find your pelvic muscle by pretending you are trying to hold in your urine and squeezing those muscles. Make sure you are not tightening your stomach or buttocks. You can test to see if your pelvic floor muscles are getting stronger by trying to stop the flow of urine, but **only do this as a test, never as an exercise**.
  - You can make sure you have the right muscle by inserting your finger into your vagina while doing the exercise to feel the muscle tightening around your finger.
  - Squeeze for 5 to 10 seconds while breathing normally, then completely relax for a full 10 seconds.
  - Repeat 12 to 20 times, three to five times a day.
  - Your pelvic muscles will only stay strong by exercising them consistently and correctly. It will take about 6 months for you to see ongoing benefit, but you could start to see results after 3 months.
  - If you have any pain while doing these exercises, stop and talk with your healthcare provider. Sometimes, if your pelvic floor muscles are too tight, doing these exercises can cause more problems.

#### Recently given birth?

**The earlier you access care, the better.**

If you develop incontinence after delivery, early access to care often helps improve outcomes and prevent it from getting worse.

Pelvic floor physiotherapy is the best treatment.



## Biofeedback

- This is a technique for learning to control a body function that is not normally under conscious control.
- Biofeedback uses a machine to record muscle contractions and turns them into a visual so you can see. It is usually used to teach how to do pelvic floor muscle exercises correctly.
- It is usually done by a healthcare provider in a healthcare setting, but you can buy or rent a machine for your home.
- Biofeedback pelvic floor devices, such as PeriFit, Elivie Trainer, and kGoal are great devices to help work on pelvic floor strength and relaxation on your own.
- Alternatives to biofeedback: Vaginal cones or weights are inserted into the vagina and held in place by squeezing your pelvic muscles, increasing the weight as tolerated.

When considering vaginal cones or weights, look for a product that offers multiple weights (5 different weights) so that you can progress your weight over time. These devices aren't for everyone. Always talk to your healthcare provider before using any device. Stop using these devices if your symptoms get worse or if you develop new symptoms or pain.

- Note: pelvic floor and biofeedback devices are not covered through government healthcare. If you have extended health coverage, your plan may help cover the cost.

## Bladder training (bladder retraining)

- Bladder training is used to treat urgency incontinence. You slowly increase the length of time that you wait to urinate once you get the urge to go. Examples of how to delay urination:
  - Stay still instead of running to the toilet
  - Do pelvic floor muscle exercises (Kegels)
  - Focus on something else like counting backwards
  - Do controlled breathing and relaxation – slow, deep breathes in through the nose and out through the mouth, focusing on relaxing your body
  - Cross your legs
  - Learn more: [myhealth.alberta.ca/Alberta/Pages/retraining-the-bladder.aspx](https://myhealth.alberta.ca/Alberta/Pages/retraining-the-bladder.aspx)
- Keep a bladder diary for a few days and bring it to your healthcare provider to help find a bladder training program that will work for you.
- Bladder retraining monitors let you know when it's time for your scheduled bathroom visit. They can also record your trips to the bathroom and any leaks that happen.

### Support Apps:

Electronic and mobile health tools (like smart phone apps, online education, virtual health options) are available to support patients who are managing stress incontinence. These should not replace other treatments or guidance from your healthcare team, but could be used as an added support.

E.g., [eContinence](#)  
(Tät® App)





## Lifestyle changes

### Self-care

- Set a schedule to urinate every 2 to 3 hours, regardless of whether you feel the need.
- If you have trouble reaching the bathroom before you urinate, try making a clearer, quicker path to the bathroom and wearing clothes that are easily removed (such as those with elastic waistbands or Velcro closures). Or keep a commode close to your bed or chair.
- **Absorbent products** for urinary incontinence are specifically designed to absorb liquid quickly and reduce the smell of urine. They can be disposable or reuseable and help absorb urine when you leak so that you can continue to do the things you enjoy. Choosing the right product depends on your lifestyle and how severe your symptoms are. You may have to test out a few products to find one (or a few) that work best for you. Examples are:
  - Bladder control pads – these pads are different from menstrual pads because they absorb liquid faster and help reduce the smell of urine
  - Disposable briefs (available in multiple sizes)
  - Plastic-coated underwear, belted undergarments
  - Learn more:  
<https://myhealth.alberta.ca/health/AfterCareInformation/pages/conditions.aspx?HwId=abs2460>
- Skin care: Barrier creams, gels, and ointments protect the skin from moisture and can be helpful to reduce skin irritation and rashes. If using absorbent products, change them as often as needed, and if they are reuseable, wash with a gentle liquid soap that moisturizes and protects. Contact your healthcare team if you notice changes with your skin.
- Toilet aids like bedpans, urinals, raised toilet seat and commodes can help if you have:
  - Trouble getting to the bathroom on time
  - To get up often in the night to use the toilet
  - A hard time using a standard toilet or have impaired mobility

#### Helpful Tip:

Consider cost when buying absorbent products. Products can be expensive, but remember that a less expensive product may not save money in the long run if you have to change it more often or do more laundry if it doesn't absorb urine well.

If you have medical benefits, check if they will cover part or all of the cost of these products.



### Quit smoking or smoke less

- People who smoke are more likely to develop overactive bladder than people who don't smoke (possibly because nicotine can affect the bladder wall muscles), which can contribute to urinary incontinence.
- Quitting smoking can also reduce coughing which can help reduce leaking urine.
- Need support to smoke less or quit? Visit [albertaquits.ca](http://albertaquits.ca).

### Maintaining a healthy weight

- Having extra weight puts pressure on the bladder. This can affect urinary incontinence and in some cases be the primary cause.
- Need support?
  - Alberta Healthy Living Program offers free services to Albertans, like health and nutrition education and individual support from dietitians. Learn more: [albertahealthservices.ca/info/page13984.aspx](http://albertahealthservices.ca/info/page13984.aspx)
  - MyHealth Alberta has online learning modules to help with weight management. Visit [myhealth.alberta.ca](http://myhealth.alberta.ca) and type “Weight Management Learning Modules” into the search bar.
  - Health Link has registered dietitians available to answer nutrition questions. Complete a self-referral at [ahs.ca/811](http://ahs.ca/811) or call 811 and ask to talk to a dietitian.

### Food and drink

- Aim to avoid or limit alcohol.
- Aim to avoid or limit caffeine to no more than 400 mg per day. The Health Canada website gives examples of foods and drinks that have caffeine and how much: [canada.ca/en/health-canada/services/food-nutrition/food-safety/food-additives/caffeine-foods.html](http://canada.ca/en/health-canada/services/food-nutrition/food-safety/food-additives/caffeine-foods.html)
- Maintain a healthy fluid intake
  - Balance is key: Too much liquid makes you have to urinate more often (which can increase the risk of incontinence), but drinking too little can cause constipation which can make urinary incontinence worse. It is best to drink smaller amounts (about ½ a cup every hour) over the day instead of larger amounts all at once.
- Consider using a bladder diary to write down what you eat and drink to see if any foods or fluids are triggering your symptoms.
- A registered dietitian can help you maintain a healthy diet and avoid unnecessary food restrictions. Complete a self-referral at [ahs.ca/811](http://ahs.ca/811) or call 811 and ask to talk to a dietitian.



## Avoid constipation

- Be physically active every day. Try to do moderate to vigorous activity at least 2½ hours a week and limit long periods of sedentary activity. All movements count, even standing!
- Include high fibre food each day like fruits, vegetables, beans, and whole grains. For more ideas, visit [ahs.ca/NutritionHandouts](https://www.ahs.ca/NutritionHandouts) and search for “constipation.”
- While it is best to try high fibre foods first, a fibre supplement (like Prodiem, Metamucil) can be taken every day if needed. Read and follow all instructions on the label. Make sure to stay hydrated when taking a fibre supplement.
- Schedule time every day for a bowel movement. Having a daily routine may help. Don’t rush or strain when having a bowel movement.
- The Bristol Stool chart ([see page 29](#)) can be used to help you describe the types of bowel movements you are experiencing.

Behavioural training, lifestyle changes, and exercises are very helpful for treating and managing incontinence. You can try them alone or with other treatments. It can take some time to see improvements, so try your treatments for at least 6 months.

## Medication for urgency incontinence

There are different medications that can help manage symptoms of urgency incontinence:

- Some medications help to stop the bladder muscles from contracting (squeezing).  
Examples: Tolterodine, Solifenacin, Fesoterodine
- Some medications help relax the bladder muscles. Example: Mirabegron
- Estrogen is a hormone that helps to keep the urethra strong. After menopause, estrogen levels go down, which can play a role in incontinence. Estrogen creams, pills, or a ring inserted into the vagina can help. There isn’t much evidence to support estrogen to treat incontinence, but some people find it helpful. Examples: Vagifem, Imvexxy, Estring, Intrarosa
- A specialist may recommend Botox. Botox is a medication that relaxes the bladder muscles by stopping the nerve signals from telling the bladder to contract. This medication can help those with incontinence caused by nerve damage (such as nerve damage from multiple sclerosis).

Usually, you need to take medications for at least 6 weeks before you notice real improvement. Sometimes your doctor might adjust your dose. Follow-up appointments should happen 12 weeks after you start the medication. It can take 6 to 12 months to know if a medication is working well for you.

## Medical devices

### Pessary

A pessary is a silicone device that is placed in the vagina to hold the bladder and uterus in place. It can be used to treat stress incontinence and pelvic organ prolapse. Pessaries can provide symptom relief right away and have minimal risks compared to surgery. Pessaries are usually very effective and most people are satisfied with their pessary.

- Pessaries help decrease pressure on the bladder and bowel, increase the length of the urethra and gently compress the urethra, which helps stop leaking.
- They come in different shapes and sizes. You will work with your healthcare provider to find a pessary that fits you properly. You may need to try a few different types and sizes of pessaries to find the one that works best for you. A pessary should not cause pain or pressure when in place.
- Pessaries are lower cost if you get one in an Alberta Health Services setting. You can also get a pessary through a private clinic. You can often be seen more quickly in a private clinic, but the cost is often higher.
- You can keep the pessary in when you go to the bathroom.
- Most pessaries can be worn while having sex (ask your healthcare provider).
- You can likely clean and care for your pessary yourself, but if you need help, ask your healthcare provider.
- You should get regular vaginal exams when you have a pessary. If you are able to care for your pessary on your own, it is recommended to have a vaginal exam once a year. If you need support caring for your pessary ( for example, if your healthcare provider helps you clean it), it is recommended to have a vaginal exam every 3 months.
- Talk to your healthcare provider if you notice vaginal discharge, a bad smell, irritation, bleeding, or pain. These symptoms can usually be treated.
- The Canadian Society for Pelvic Medicine has a video for patients called “Vaginal Pessaries: Self-Care Guide”: [canadiansocietyforpelvicmedicine.org/resources/for-patients](https://canadiansocietyforpelvicmedicine.org/resources/for-patients)
- Over-the-counter devices for stress incontinence are also available:
  - They are inserted into the vagina and apply light pressure on your urethra to slow or stop the flow of urine during activities like coughing, dancing, and jogging. You can still pee normally while wearing one. Starter kits are available to help you find the right size for you. Examples include Poise Impressa and Uresta. Talk to your healthcare provider if you are interested in over-the-counter options.

## Surgery

- Surgery may be considered if you have stress or mixed incontinence.
- Given that surgery has its own risks, it should only be considered once you have tried all other treatments and they have not helped.
- There are different surgery options for stress incontinence. The aim is to lift the urethra, the bladder, or both, into the normal position. This lowers the risk of leaking urine with sneezing, coughing, and laughing.
- The kind of surgery you have depends on your preference, your health, and your doctor's experience.
- Your healthcare provider will discuss the types of surgeries available and support you to decide what option may work best for you.
- More information about surgery for incontinence can be found by visiting [MyHealth.Alberta.ca](https://myhealth.alberta.ca).

## A word of caution

- You may have heard or seen advertisements promoting special treatments for urinary incontinence (like laser therapy) or special devices (like incontinence treatment chairs).
- If you see an advertisement for urinary incontinence treatment that you are interested in, talk to your doctor first. There is often little to no evidence that these options are effective, and they can be very costly to try.

## How to make the right decision for you

Asking the following questions can help you make an informed decision about your different options and decide what will work best for you:

**“What are the advantages and disadvantages of each option?”**

**“Can I use any of these options together?”**

**“How will each option make me feel? Will it have side effects?”**

**“What results can I expect?”**





## Talk with your healthcare provider about a referral

Depending on your symptoms, your history and test results, you may need a referral to a specialist, such as a urologist, gynecologist, urogynecologist, or pelvic floor physiotherapist (you can also self-refer to a pelvic floor physiotherapist). Sometimes, you may be referred to a specific clinic that has different providers that specialize in urinary incontinence. You can find out more about the referral criteria for a specialist by asking your healthcare provider.

At all necessary steps along your journey, your specialist will meet with you to discuss your health concerns and look at your test results. The specialist may diagnose your concern, order more tests, or discuss treatment and management options with you.

**Urologist:** specializes in the diagnosis and treatment of diseases of the male and female urinary system and disorders of the male reproductive system.

**Urogynecologist:** specializes in treating pelvic floor conditions.

**Gynecologist:** specializes in the diagnosis and treatment of diseases of the vulva, vagina, uterus, and ovaries.

**Pelvic floor physiotherapist:** specializes in the pelvic floor and can offer information, treatment, and advice on managing urinary incontinence through pelvic floor training, bladder training, and biofeedback.



## Helpful tools and resources

To learn about how to prepare for your specialist appointment, visit [ahs.ca/qure](https://ahs.ca/qure).

AHS Rehabilitation Advice Line: Patients can self-refer to pelvic floor physiotherapy privately or by calling the AHS Rehabilitation Advice Line at 1-833-379-0563 (Monday through Friday).





## Start your treatment & watch your symptoms

As you try the treatment options you chose, remember that if something doesn't work the way you thought it would, think about other options and connect with your healthcare provider to find a treatment that will work for you. Your healthcare provider will want to see you regularly to see how the treatment is working and if any changes need to be made.

Remember to watch for and let your healthcare provider know right away if you notice:

- Symptoms of urinary tract infection (for example, fever and chills, blood in urine, generally feeling unwell)
- Pain or pelvic pain
- Having a hard time to urinate or feeling like your bladder doesn't empty fully when you urinate
- Post-menopausal bleeding (bleeding 12 months after your regular periods have stopped)
- Unexplained weight loss, loss of appetite and night sweats

Watching your symptoms is important. Call your healthcare provider or Health Link at 811 if you have any concerns. You might feel like you don't want to bother your healthcare team, but no detail is too small to share. If it matters to you, it will matter to your healthcare team.

You can clarify with your healthcare team what to expect in terms of follow-up communication. Call your healthcare team whenever you:

- Have questions
- Notice your symptoms getting worse
- Have problems with your medication
- Haven't gotten test results or heard back about an appointment in the time you had agreed to



### Helpful tools and resources

If you can't reach your healthcare provider and need health advice or information, call Health Link anytime, day or night, by dialing **811**.







## Keep taking care of yourself

There are many different things that can impact your health and wellness. It is important to be able to work with your healthcare team to decide what is best for you, in your life, given your own unique circumstances as you manage your urinary incontinence.

Remember, you don't need to do everything all at once. Take realistic and manageable steps in your health and wellness. Consider why making a change may benefit you and the things that matter to you.



### Helpful tools and resources

#### Find resources and services in your community:

211 helps Albertans find the right resource or service for whatever issue they need help with, at the right time. 211 is available anytime, day or night, by phone, text, and online chat. It is confidential and available in over 170 languages over the phone. To contact 211:

- Call 211
- Text INFO to 211
- Visit [ab.211.ca](http://ab.211.ca)

Workshops, classes, and services from the **Alberta Healthy Living Program** can help you to improve your health and quality of life with a chronic condition: [ahs.ca/ahlp](http://ahs.ca/ahlp)

**Chronic Disease Management support:** [ahs.ca/cdm](http://ahs.ca/cdm)

**Health Information & Tools:** [myhealth.alberta.ca/Pages/HealthInfoToolsDefault.aspx](http://myhealth.alberta.ca/Pages/HealthInfoToolsDefault.aspx)



## Resources

There's lots of information out there, and it can be confusing to know what information is accurate and true. Here are some great resources that may be helpful for you.

### Urinary Incontinence Resources:

- [MyHealth.Alberta.ca](http://MyHealth.Alberta.ca) – search “urinary incontinence in women”
- The Canadian Continence Foundation offers overview of many bladder health conditions: [canadiancontinence.ca/](http://canadiancontinence.ca/)
  - “The Source: Your guide to better bladder control” via [canadiancontinence.ca/lived-experience-resources](http://canadiancontinence.ca/lived-experience-resources)
- Pelvic Health Physiotherapy webinars: [myhealth.alberta.ca/Alberta/Pages/Pelvic-Health-Physiotherapy-Webinars.aspx](http://myhealth.alberta.ca/Alberta/Pages/Pelvic-Health-Physiotherapy-Webinars.aspx)
- Find local pelvic floor resources on the Adult Community Rehabilitation website: [albertahealthservices.ca/rehab/Page15329.aspx](http://albertahealthservices.ca/rehab/Page15329.aspx)
- The Canadian Society for Pelvic Medicine patient resources: [canadiansocietyforpelvicmedicine.org/resources/for-patients](http://canadiansocietyforpelvicmedicine.org/resources/for-patients)
- Pelvic floor therapy - how to find a pelvic floor therapist: [cpta.ab.ca](http://cpta.ab.ca). You can also call the AHS Rehabilitation Advice Line (1-888-379-0563 Monday to Friday 9 a.m. to 5 p.m.)
- International Urogynecological Association – access videos and information about urinary incontinence and treatment: [yourpelvicfloor.org](http://yourpelvicfloor.org)
- Voices for Pelvic Floor Disorders is supported by the American Urogynecologic Society and offers patient resources that explain pelvic floor conditions: [voicesforpfd.org](http://voicesforpfd.org)

### Get help now:

- Emergency: Call 911
- Health Link: Call 811

### Mental health, addiction, and crisis support:

- [Addiction Helpline](http://Addiction Helpline): 1-866-332-2322
- [Mental Health Helpline](http://Mental Health Helpline): 1-877-303-2642
- Crisis Text Line: Text CONNECT to 741741
- Crisis Services Canada: 988  
or visit [talksuicide.ca](http://talksuicide.ca)
- Smoking Cessation support through Alberta Quits: [albertaquits.ca](http://albertaquits.ca)

### Community and social supports:

- Alberta 211: 211, or visit [ab.211.ca](http://ab.211.ca)
- Family Violence Info Line: 310-1818, or visit [alberta.ca/family-violence-find-supports.aspx](http://alberta.ca/family-violence-find-supports.aspx)
- Income Support: 1-866-644-5135, or visit [alberta.ca/income-support.aspx](http://alberta.ca/income-support.aspx)

### Helpful tip

If you can't print this resource at home, ask a family member, friend, or your healthcare provider to print it for you. You can also use a computer and printer at your local library.

**Alberta Health Services programs:**

- Home Care: [ahs.ca/homecare](https://ahs.ca/homecare)
- Find a Dietitian: [ahs.ca/nutrition](https://ahs.ca/nutrition)
- Spiritual Care Services: [ahs.ca/spiritualcare](https://ahs.ca/spiritualcare)

**Primary care (family doctors):**

- Find a doctor: [ahs.ca/findadoctor](https://ahs.ca/findadoctor)
- Virtual care guide: [ahs.ca/virtualhealth](https://ahs.ca/virtualhealth)

**Patient concerns and feedback:**

- Office of Alberta Health Advocates: [alberta.ca/office-of-alberta-health-advocates.aspx](https://alberta.ca/office-of-alberta-health-advocates.aspx)
- Alberta Health Services Patient Relations: 1-855-550-2555, or visit [ahs.ca/patientfeedback](https://ahs.ca/patientfeedback)

## Important phone numbers

Name or clinic name:

Phone number:

Name or clinic name:

Phone number:

Name or clinic name:

Phone number:

## Notes

Use this space to take notes.

### **About this Pathway**

The AHS Provincial Pathways Unit co- developed this patient pathway in partnership with patient and family advisors, primary and specialty care providers in Alberta. It is current as of October 2024.

### **Authors & Conflict of Interest Declaration**

This pathway was reviewed and revised by a multi-disciplinary co-design team including patient and family advisors, gynecologists, urologists, urogynecologists, geriatricians, dieticians, pharmacy, physiotherapy, and primary care providers from across Alberta.

### **Pathway Review Process**

Primary care pathways undergo scheduled review every two to three years, or earlier if there is a clinically significant change in knowledge or practice. The next scheduled review is March 2027. However, we welcome feedback at any time. Please send your [feedback here](#), or email us at [albertapathways@ahs.ca](mailto:albertapathways@ahs.ca).

### **Copyright Information**






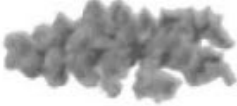

This work is licensed under a Creative Commons Attribution-NonCommercial-Share Alike 4.0 International license. You are free to copy, distribute, and adapt the work for non-commercial purposes, as long as you attribute the work to Alberta Health Services and abide by the other license terms. If you alter, transform, or build upon this work, you may distribute the resulting work only under the same, similar, or compatible license. The license does not apply to content for which the Alberta Health Services is not the copyright owner.

### **Disclaimer**

This pathway represents evidence-based best practice but does not override the individual responsibility of healthcare professionals to make decisions appropriate to their patients using their own clinical judgment given their patients' specific clinical conditions, in consultation with patients/alternate decision makers. The pathway is not a substitute for clinical judgment or advice of a qualified healthcare professional. It is expected that all users will seek advice of other appropriately qualified and regulated healthcare providers with any issues transcending their specific knowledge, scope of regulated practice or professional competence.



## Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid