

Management Techniques for Incontinence

Tips for Coping with Bladder Control Loss

Incontinence is the medical term for the inability to control urination. The feelings of helplessness associated with incontinence are often far worse than the medical condition itself. The treatment options vary from simple lifestyle changes to medical procedures, and can help you regain control of your bladder and maintain a normal, active lifestyle. Please consult your doctor for the best treatment for your specific needs.



InfoPro™ is a FREE educational program designed by HDIS to help health professionals and patients understand bladder control loss.



For more information, contact our friendly, knowledgeable Incontinence Counselors.



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A special thank you to NAFC (National Association for Continence), P.O. Box 1019, Charleston, SC 29402-1019, for their assistance in developing this brochure. For additional information or educational literature regarding incontinence, you may contact NAFC at 1-800-BLADDER.

An artificial sphincter can be surgically inserted to cure stress of total incontinence by sealing the sphincter during urine storage.

For women experiencing stress incontinence, there are several procedures which can be performed to move the urethra into a better position. An artificial sphincter can be inserted for stress or total incontinence in those cases where the sphincter does not create a tight enough seal to prevent leakage.

Periurethral injections may be used for men or women experiencing stress or total incontinence. A substance is injected into the area surrounding the urethra to help close off the urethra and prevent leakage.

ABSORBENT PRODUCTS AND CATHETERS



There are a variety of absorbent products available to help you manage incontinence. They range from pads and guards for light protection to disposable briefs and protective underwear for heavy or night time protection. See the HDIS catalog for complete product assortment available.

If you are experiencing overflow incontinence, your doctor may recommend self-catheterization. A catheter, a thin tube, is inserted into the urethral opening to reach the bladder. The bladder can be completely emptied. Although the procedure may seem intimidating at first, most people are happy to be rid of the bothersome symptoms associated with overflow incontinence. (Please consult your doctor for appropriate size catheter.)

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BEHAVIORAL CHANGES

There are many simple changes that can be made to help minimize the impact incontinence may have on your life.



Avoid foods and beverages with caffeine, such as coffee, soda, and chocolate. Caffeine is a bladder irritant.

Do not smoke, it is also a bladder irritant. Smoking may also lead to coughing which places stress on the bladder and may lead to leakage.



Drink plenty of water. It will dilute your urine and reduce the amount of irritation to the bladder.

Determine a schedule for voiding

based on your normal voiding habits, then work to increase the intervals between voids. This is generally helpful for people with urge incontinence.



Perform pelvic floor muscle exercises. The pelvic floor muscles are responsible for providing support to the bladder, urethra, bowel, and vagina and uterus in women. By learning to squeeze these muscles you can control the sphincter muscle, which is responsible for releasing urine into the urethra and out of the body.

In order for these exercises to be effective, you must locate the proper muscles. During urination, try to stop the flow of urine. If you can do this, then you have used your pelvic floor muscles. If you have difficulty locating the proper muscles, consult your physician for help. Use of the wrong muscles can actually worsen incontinence.

As with any exercise program, results will not come overnight. If done properly and on a regular basis (ask your doctor for the number of repetitions best suited for your needs) you should see improvement in stress, urge or mixed incontinence.

MEDICATIONS



Your doctor can prescribe different medications which can be helpful for all types of incontinence. They may, however, also have side effects. Be sure you discuss these issues with your doctor when determining which medication is best for your situation.

For urge incontinence, there are medications which will relax the bladder. This will enable the bladder to fill to a normal level before you feel the urge to urinate.

For stress incontinence, there are medications which will strengthen the sphincter muscle. When the bladder is storing urine, the sphincter muscles are contracted to form a tight seal to prevent urine from being released. The sphincter does not form a tight enough seal in those individuals with stress incontinence, which means any stress placed on the bladder can lead to leakage.

For someone with both urge and stress incontinence, a combination of medication may be prescribed to strengthen the sphincter and relax the bladder to prevent leakage.

In cases of overflow incontinence, the bladder fails to contract properly allowing excess urine to be leaked without control. There are medications which can help the bladder contract properly and empty.

MEDICAL PROCEDURES



For some individuals, surgery may be the most appropriate method of treatment. There are risks associated with surgical procedures which should be discussed with your doctor before a course of action is chosen.

If the bladder cannot be emptied because of blockage in the urethra, surgery will probably be necessary to remove the obstacle. For example, an enlarged prostate gland may pinch the urethra closed because the urethra runs through the prostate. In these cases the doctor may perform a transurethral resection of the prostate (TURP). A resectoscope is inserted into the penis and then the tissues causing the blockage are shaved away.

If the prostate itself has become too large or cancer is present, the doctor may remove the prostate and some of the surrounding tissue. Incontinence which results from prostate surgery often goes away on its own with time, but additional surgical procedures may be required.

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