Male lower urinary tract symptoms: Lifestyle advice, bladder training and pelvic floor exercises

Frequently asked questions

What is the pelvic floor and why does it become weak?
Lower urinary tract symptoms (LUTS) include the need to pass water very frequently (frequency) and without much warning (urgency), associated with leakage of urine (urge incontinence); not being able to start to pass urine immediately (hesitancy), and a decrease in the force of the stream. This may also be associated with having to pass urine more frequently at night.

Sometimes after prostate surgery there can be leakage of urine during physical activity or when coughing or sneezing; this is stress incontinence.

Men can also experience leakage of urine after finishing voiding and then on walking away from the toilet (post-micturition dribble).

What is normal?
The kidneys are continuously filtering blood to produce urine, which is stored in the bladder. The bladder will hold 400 to 500mls of urine, and an urge to pass urine is normally felt when the bladder is half full, thus giving time to reach the toilet. For various reasons, this message may become blurred or your bladder may contract to empty without warning, not allowing time to reach the toilet.

At the base of the bladder is the prostate gland, which circles the water pipe (urethra). In men over the age of 60, it is quite common for this gland to become enlarged and give rise to the above urinary symptoms. It is important for you to have consulted your GP regarding this so that he can examine the prostate gland.

Going to the toilet up to eight times in 24 hours, with one of these occurring at night is considered normal.

There are several strategies that can be employed to control symptoms of urgency and frequency.

Lifestyle advice

Fluid management
A daily fluid intake of one and a half to two litres is recommended. This is approximately five to seven mugs.

Caffeine tends to act as an irritant to the bladder it is recommended that caffeine free products are tried. These are widely available. Substitute caffeinated drinks with water or fruit squashes. Caffeine is found in tea, coffee, chocolate, high energy drinks like Red
Bull and Lucozade, Coca-cola and cocoa. If you drink large quantities of caffeinated drinks you should cut down gradually over a fortnight to reduce withdrawal effects.

Large volumes of fluid within a short period of time and fizzy drinks can cause rapid filling of the bladder leading to frequency and urgency. Drinks should be spaced evenly through the day.

If you cut down on fluids to try to control frequency, this means urine will become more concentrated and will irritate the bladder more. You will also be more prone to constipation, which will exacerbate bladder symptoms.

Ideally urine should be a light straw colour. Very dark and strong smelling urine may mean it is too concentrated, and you should drink a bit more. If urine is very pale with no smell, then you may be drinking too much. During hot weather, air travel, after exercising and during sickness you will need to drink more.

The table below indicates some of the fluids and foods which can irritate the bladder.

<table>
<thead>
<tr>
<th>Good</th>
<th>Possible irritants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water</td>
<td>Caffeinated drinks</td>
</tr>
<tr>
<td>Decaffeinated drinks</td>
<td>Fizzy drinks</td>
</tr>
<tr>
<td>Squashes and cordials</td>
<td>Grapefruit juice</td>
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<tr>
<td></td>
<td>Alcohol</td>
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<tr>
<td></td>
<td>Spicy foods</td>
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<tr>
<td></td>
<td>Stronger brands of tea and coffee contain more caffeine and tannins</td>
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Cranberry juice should be limited to 400mls a day, and should be avoided if you have been diagnosed with interstitial cystitis or prescribed Warfarin.

**Drug management**

A number of medications can be prescribed by your GP to help control urgency and urge incontinence, and to treat prostate disease. You can discuss these with your GP.

Taking a prescribed diuretic (water tablet) will cause you to go to the toilet more frequently than normal a few hours after you have taken it. It is important for your health that you continue to take prescribed medications, so if you find it is causing you great difficulty you should consult your GP.

A number of common drugs and remedies can also contribute to bladder symptoms. You should seek advice from your pharmacist, GP or continence nurse.

**Bad habits**

Going to the toilet ‘just in case’
Straining to empty your bladder or bowel

**Good tips**

Give your bladder time to empty properly. If you feel you are not emptying completely, make sure you have fully emptied by waiting a few seconds and then try to empty more.
If you are troubled by getting up to empty your bladder during the night, do not drink directly before you go to bed. If you wake up thirsty during the night, have a few sips of water.

**Bladder retraining**
This is a process whereby you train your bladder to hold a greater volume of urine.

Bladder training is a way of teaching your bladder how to hold more urine and cut back on the number of times you need to pass urine (frequency). It also helps to stop urine leaking when you experience urgency (the sudden, uncontrollable need to pass water).

It is used to treat an overactive or unstable bladder which is responsible for the symptoms you are experiencing. If you have this condition the bladder contracts before you are ready to go to the toilet and this can happen especially if you get into the habit of going ‘just in case’, as the bladder learns to hold a small amount.

Instead of your bladder controlling you, you must learn to control your bladder. When you feel the urge to pass water, tell yourself that you are not going to. Try to distract yourself for five to fifteen minutes from the time you get the first urge (use whatever method best distracts you). If you do this for a week, every time you want to pass water, you should find that by the end of the week the urge to urinate is delayed.

During the next week do the same thing and delay passing urine by a further five to fifteen minutes; by doing this your bladder will learn to hold on more, and your symptoms will reduce.

Please be persistent and remember that your bladder is like any other muscle in the body and may require a few months training in order to reach its full potential.

**Deferment techniques** – helping you to hold on
Rushing to the toilet will not help.

You can tighten your pelvic floor muscles to help calm your bladder when the feeling of urgency develops, this will enable you to hold on for longer. Sitting or standing still when you get this urge will help you to concentrate on tightening your pelvic floor muscles.

**Pelvic floor exercises**

**Your pelvic floor muscles**
The pelvic floor muscles form a hammock underneath your pelvis to provide support and control the bladder and bowel. The muscles attach to the pubic bone at the front, then span backwards to the coccyx (tailbone) behind. The openings to your bladder and your bowel both pass through the pelvic floor muscle.

**What does the pelvic floor do?**
It supports your pelvic organs and abdominal contents, especially when standing or on exertion.
It supports the bladder to help stop leaking. The muscles need to work gently at all times and be able to work harder when you cough and sneeze to avoid leaking. When muscles are not working effectively you may suffer from urinary incontinence.

It is used to control wind and for ‘holding on’ with your bowels.

**Why should I exercise my pelvic floor muscles?**

The sphincter muscles around the bladder neck may be damaged by prostate surgery, so the pelvic floor muscles become an important way of regaining continence. You can also contract your pelvic floor muscles after emptying your bladder to prevent post-micturition dribble.

To do this pelvic floor muscles need to be exercised. The exercise programme will help to maintain and/or improve their strength.

**The exercise programme**

A pelvic floor contraction is performed by closing and drawing up you front and back passages. Imagine you are trying to stop yourself from passing wind and at the same time try to stop the flow of urine. The feeling is one of ‘squeeze and lift’.

You can do this lying, sitting or standing. You can see if you are contracting the correct muscles by standing in front of a mirror and if you are contracting the correct muscle you will see the penis and testicles lift.

Start gently and stop if it hurts.

**Do not**

- Pull in your tummy muscles excessively
- Squeeze your legs together
- Tighten your buttocks
- You should aim to perform at least 10 contractions of the muscles, up to six times during the day, every day
- Muscles only develop when you challenge them to work harder than normal. This will be different for everyone. There are many other ways of exercising the pelvic floor muscles
- Develop a habit of bracing your pelvic floor muscles gently during everyday activities (lifting, carrying and during strenuous exercise) and particularly during any task which might challenge the bladder or put pressure through the pelvis
- Do not exercise using the pelvic floor muscles to stop and start the flow of urine as it may interfere with normal bladder emptying

**Tips for a healthy pelvic floor**

To relieve the load on your pelvic floor, aim for an acceptable weight for your height and build. Being overweight (a BMI over 29) has been proven to have a negative impact on symptoms of stress incontinence. There are many ways of losing weight; your GP should be able to guide you as to the most suitable method for you.

Lifting puts extra strain on the pelvic floor. If you do need to lift a heavy object remember to tighten your pelvic floor before you lift, and hold it tight until you have lowered the load.
Smoking - research suggests that smokers are more likely to experience urinary incontinence and this is due to the excessive strain that repetitive coughing puts on the pelvic floor. If you do smoke and would like support to stop smoking contact:

CAMQUIT – Cambridgeshire Stopping Smoking Service – 0800 018 4304

Or visit www.camquit.nhs.uk NHS Smoking helpline 0800 169 0169

Avoiding constipation

Many people find symptoms are worse if they are constipated. As the bladder and bowel are next to each other, a full bowel will affect bladder function.

To keep a healthy bowel, eat a balanced diet, which includes both soluble fibre (oats, barley, berries and fruit) and insoluble fibre (wheat based foods, cereal, vegetables and nuts).

- Eat regular meals
- You should go to the toilet to empty your bowel when you feel the need, as delaying may lead to constipation
- Adequate fluid intake of one and a half to two litres will also help

For further advice and information contact:

Bladder and Bowel Foundation
0845 345 0165
www.bladderandbowelfoundation.org.uk

Local continence advisory service 01353 652145 or 01480 416734

Minor modification from the Cambridgeshire Community Services NHS Trust leaflet: Male Bladder Health

Who can I contact for more help or information?

Oncology nurses

Uro-oncology nurse specialist
01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 216897, bleep-154 620

Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses

Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237

Urology nurse practitioner (stoma care)
01223 349800
**Urology nurse practitioner (stone disease)**
01223 349800 or bleep 152-879

**Patient Advice and Liaison Centre (PALS)**
Telephone:
+44 (0)1223 216756 or 257257
+44 (0)1223 274432 or 274431
PatientLine: *801 (from patient bedside telephones only)
E mail: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke's Hospital, Hills Road, Cambridge, CB2 2QQ

**Chaplaincy and multi faith community**
Telephone: +44 (0)1223 217769
E mail: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

**MINICOM System ("type" system for the hard of hearing)**
Telephone: +44 (0)1223 217589

**Access office (travel, parking and security information)**
Telephone: +44 (0)1223 596060

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