



Diabetes & Bladder and Bowel Control

People with diabetes commonly experience problems controlling their bladder and bowel. These incontinence problems include accidental leakage, constipation, incomplete bladder-emptying, frequently passing urine (frequency) or feeling the need to rush to the toilet (urgency).

Poor control of the bladder and bowel is an important health condition. It can interfere with paid and voluntary work, social activities, sport and healthy exercise or sexual and personal relationships. Many people do not seek help yet these problems can be treated, better managed and often cured.

Normal bladder & bowel control

Knowing how the bladder and bowel normally work will help you understand the problems you may be experiencing.

The bladder and bowel store and expel body waste. The bladder stores and passes urine (wee) regularly throughout the day. On average we should pass urine 4-6 times during the day and once overnight. This will vary depending upon how much you drink, what you drink and how much you exercise and perspire. Your bladder should easily hold between 350–500 mls. When it is around about half full, you will start to become aware of your bladder filling. Rather than go to the toilet at this point, you should ideally be able to put it off until the urge is stronger but not urgent.

The lower bowel stores and expels faeces (poo). The normal range for “regular” bowel movements is anywhere from 3 times per day to 3 times per week. The faeces you pass should be soft formed and easily passed with no straining.

The pelvic floor muscles are the “hammock” of muscles and tissue that stretch from the pubic bone at the front to the coccyx (tail-bone) at the back. They play an essential role in giving us control over the bladder and bowel (as well as for sexual function and response). When we hold on to go to the toilet, we are relying on the pelvic floor muscles to give us control.

When you go to the toilet you should feel in control and not have to rush or leak before you get there, and not strain to empty your bowel. Afterwards, you should feel as if you have completely emptied your bladder or bowel.

Check these symptoms of poor bladder and bowel control -

- Leakage of urine with coughs, sneezes, laughing or exercise
- Leakage of urine on the way to the toilet.
- Passing urine frequently
- Getting up twice or more overnight to pass urine
- Frequent urinary tract infections (UTIs)
- Feeling the bladder is not completely empty
- Poor urine flow
- Straining to get the bladder to empty
- Rushing to the toilet – urgency to pass urine or open bowels
- Inability to control wind
- Constipation
- Wetting the bed when asleep
- Leakage from the bowel with the urge to open the bowels
- Leakage from the bowel without the urge to open the bowels
- Leakage from the bowel when passing wind

Diabetes and the link with bladder and bowel control

There are four main ways that diabetes is linked with bladder and bowel control problems -

1. Obesity

This is a key factor in people developing Type II Diabetes. It is also a major risk factor for 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 important for bladder and bowel control 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.

2. Nerve damage

Diabetes may cause damage to the nerves (neuropathy) and commonly occurs in the feet, highlighting the need for regular foot-care. Similarly, diabetes may affect the bladder and bowel: nerve damage to the bladder and bowel causes loss of sensation. You may therefore have little warning of needing to go to the toilet or perhaps a lack of awareness of your bladder filling.

Your bladder and bowel may not empty well and this puts you at risk of developing urinary tract infections, kidney damage and constipation.

Keeping your diabetes well controlled is the best way to prevent or limit nerve damage.

3. Reduced immunity

Diabetes interferes with the immune system and puts you at greater risk of infection. A common infection experienced by people with diabetes is urinary tract infection (UTI). It is the combination of the immune system changes and the poor bladder-emptying that causes these. Often they will recur. Treatment includes antibiotics and strategies to promote better bladder-emptying. In addition, personal hygiene is

particularly important, for example, all women should wipe from front to back after using the toilet. Cranberry juice drink or capsules may help prevent urinary tract infections.

4. Medication

The medicines used to control Type II Diabetes may cause loose bowel actions (diarrhoea). The combination of weak pelvic floor muscles and loose bowel actions may cause bowel incontinence. The medicines that particularly cause problems are Metformin, Acarbose and Repaglinide. If you are experiencing these problems talk to your doctor, diabetes nurse or dietician. Soluble fibre can help firm up the diarrhoea and slow down the bowel motions. Sources of soluble fibre include oats, barley, rye, peeled fruit and vegetables.

Preventing and managing poor bladder and bowel control

There are five things you can do for good 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 - just adding fibre to your diet without increasing your fluids can cause or make constipation worse. Please note that if the steps outlined in this section do not solve your constipation problem, see your doctor for advice.

- **Drink well**

Drink 1.5–2 litres of fluids each day to prevent bladder irritation and constipation, unless otherwise advised by your doctor. Drinking extra fluid is recommended in hot weather or when exercising. Spread your drinks evenly throughout the day. Water is best. Limit caffeine, alcohol and fizzy drinks to 2-3 drinks daily as they can irritate the bladder. Always have a glass of water following these types of drinks.

- **Exercise regularly**

Keep moving! Aim to exercise for 30 minutes most days and remember that walking is great exercise.

- **Tone up your pelvic floor muscles** (see note on continence physiotherapists in “For information, advice and support”)

Keep your pelvic floor muscles strong with a pelvic floor exercise program. These muscles give you control over your bladder and bowel. Use your pelvic floor muscle by squeezing to control the urgency to go to the toilet. When you feel the urge to pass urine or open your bowels, stop, stand still or sit down on a firm seat. Squeeze 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.

- **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 and these include correct toileting position. Get into the correct sitting position on the toilet: sit on the toilet with elbows on knees, lean forward and feet supported on a footstool. Some people are taught intermittent self-catheterisation to empty their bladders. It is most important if you think your bladder is not emptying completely to talk to your doctor or diabetes nurse.

For information, advice and support

No bladder or bowel problem is “too small to worry about”. But it is particularly important that people dealing with medium to severe levels of incontinence get the best professional advice. If continence products are being used, it is important to know the most suitable ones for comfort and security – and at the best price – and whether there is eligibility for continence product funding assistance.

A thorough continence assessment and regular reviews are important. A continence assessment will take into account a person’s individual medical history and living situation. Any treatment - or combination of treatments - can then be devised to best suit that person. This will include product selection and perhaps a mix of products to suit different situations or times of day. Getting good advice from a health professional skilled in continence management is the best option. Good tips about products and better management, perhaps including some simple “at home” strategies to improve incontinence, can improve quality of life.

A continence physiotherapist is the best person to guide you with pelvic floor muscle exercises to ensure you are doing them effectively. They can help you correctly identify the muscles and will monitor your progress. The National Continence Helpline has contact details for continence physiotherapists and continence services in your local area.

Poor bladder and bowel control is a common problem for people with diabetes. It is an important quality of life issue so it should not be ignored or dismissed. Seek help if you have poor control of your bladder or bowel or are an at-home carer for someone who does. Incontinence can be improved and often cured. Because of the impact it can have on your lifestyle (and particularly, for those with diabetes, on levels of healthy exercise) it deserves expert attention.

For information about bladder and bowel function, management advice, product funding assistance schemes, free leaflets and your local services, contact the National Continence Helpline (freecall) 1800 33 00 66 or visit the CFA website www.continence.org.au



Published 2008

1300 782 231