


Retraining Your Bladder

Tina Allen: So what is the continence mechanism? Most of us figure this out when we're getting around the ages of two to four, three to four, three to five when we're getting potty trained. When we're first born, the mechanism is very just automatic. The bladder fills, once it gets to a certain size, it contracts and then we empty in our diaper.

Then we get to an age where we've developed enough awareness and muscle control that we can start being in charge of our bladder and how it works then is our bladder fills, it gets to a certain size, it gives us an urge and then these muscles, these pelvic floor muscles that we were just talking about contract very subtly. You didn't even know it was doing it, right? But they contract very subtly, maybe 10%, maybe 20% of their maximum and that tells the bladder to relax. It's not time to go yet.

It continues like that. Our bladder relaxes, continues to fill, and then it gives us another stronger urge and maybe then we're on the highway or we're out playing and we can't come in. So we do an unconscious couple, little Kegel contractions or pelvic floor muscle contractions. The bladder relaxes and continues to fill. Then once we decide to go ahead and go to the bathroom, we go in the bathroom, we have a seat, our pelvic floor muscles relax. When we relax, that's a signal for our bladder to turn on and contract and empty in the toilet. So that's the function of this and how it works.



Continence Mechanism

Our bladder and pelvic floor muscles work together to maintain continence.

We figure this mechanism out when we are toddlers and this control continues until something occurs:

- Cancer treatment
- Pregnancy
- Surgery.

Tina Allen: Now something can happen in our life and it can be different cancer treatments, different surgery, it could be pregnancy. But then that function isn't working so well and we have to retrain it again. That's what we want to try to do is retrain as much as we can. That's partially thinking about the continence mechanism. So what we need to do, or what we can do is we can learn how to allow our bladder to fill. We can stop interrupting our flow of urine. So, many of us came up at a time where we were taught to stop the flow of your urine as you go to the bathroom. That way, you know you have the right muscles.

Continence Mechanism

We can retrain these mechanisms:

- By allowing our bladder to fill
- By not interrupting your flow of urine
- Notice if something we drink/eat triggers increased urgency
- Timing when we go to the bathroom

What we have found is if we do that, we start un-learning this mechanism of controlling our bladder. So I put out there right now for all of you that if you've been taught to stop your flow of urine, please don't do that. Stop cutting off the flow of urine for yourself. Let yourself empty your bladder and then do a small Kegel and move on. So that's why we went through all those other ways of doing it and I never mentioned stopping your flow of urine because we don't want to interrupt these signals that you're getting from your bladder about how to empty and how to fill.

Also, notice if something we drink or eat triggers urgency to go and we'll cover that coming up. But you can notice if something's irritating you and then you can try to get back that away or reduce that. Then timing when we go to the bathroom. Okay. Then how do we retrain our bladder? First off, we need to notice our habits. So some of us will keep a bladder diary. We'll have a piece of paper that we write, what time we went to the bathroom, did I have an urge to go? And then I'll also maybe write what I drank during the day. And so I can notice am I going to the bathroom every hour, every three hours, every two hours? If I get an urge to go, can I put it off? So I'm just taking notes about what my bladder's doing and I can see how often I'm leaking.

Bladder Retraining

Noticing Habits (possible use of a diary): Helps you and your provider become aware of how often and when you void or leak

Urge Wave/Deference/Delay: Gain control of urge utilizing urge suppression strategies.

Progressive Timed Voiding: Setting a schedule for voiding during the day (ex: void every 1 hour then add 15-30 minutes as successful without leakage).


Noticing Irritants: How does what they eat or drink affect leakage/urgency?

Tina Allen: We also can learn how to ride the urge. We can learn how to defer the symptoms and gain control of that urge, especially with the knowledge that you have of, it's normal to go to the bathroom every two to four hours and so you can try to figure out, "Is this normal for me?" If you notice that you can't control your urge, which we'll cover that coming up, you can try the progressed time voiding, which is that. You pick a time to go to the bathroom during the day, not at night, during the day, let's say every hour.

So, you go to the bathroom once an hour and then once you know you're doing well with that, with no urgency, frequency and no urinary leakage or limited urinary leakage, you can extend that out by 15 to 30 minutes until you get to maybe two and a half hours. Because that's a pretty average time that gets us through most movies and gets us through most dinners, gets us home from what we're doing. And so you could just progress that really gradually. Then from there hopefully you can keep holding on to that. I tend to find if we take care of the things during the daytime, when you're awake and conscious, your nighttime voiding gets better too.

Focus on when you're awake and then see if that resolves some of the nighttime issues you might have. Also noticing any irritants you may have. So is there something that you drink that sets you off? We'll cover the most relevant ones are the ones that bother most people here. Here they are. So for most folks, if something's irritating your bladder, it's going to be caffeine in any form. Yes. Even chocolate. Carbonation, even bubble water. It can be alcohol, citrus and usually citrus juices and artificial sweeteners. So those are ones that tend to bother people the most. That doesn't mean you get rid of all of those. What it means is you notice, "Wow, I'm having a lot of urgency, frequency. What did I drink the last day that caused this?"

Now, if you're somebody who drinks 12 diet Dr Pepper, nothing against Dr Pepper. But if you drink 12 diet sodas a day, that's something different. That's a little too much. That's all carbonation, caffeine and artificial sweeteners. It's really hard to tease that out versus somebody who drinks a cup of coffee in the morning, drinks mainly water or something non-irritating during the day and has an occasional glass of wine or beer at night, probably not as big of a deal unless you notice something. Usually if you get rid of something for about two weeks, you'll know if it bothers you and then you'll get to make a decision as an adult, "I love my cup of coffee and I'm just going to end up going to the bathroom a little more frequently in the morning and then it settles out." Right?




What Might Irritate your Bladder?

Most Common:

- Caffeine
- Carbonation
- Alcohol
- Citrus
- Artificial Sweeteners

Less Common

- Spicy foods
- Milk Products
- Acidic foods such as tomato based foods





Tina Allen: So there's just this... You get to be the adult and it's your body in this. When your provider is going to say to you is when you're drinking those 12 diet sodas a day, we want to change and get you some more nutritious food and drink and you're okay.

Now, how do we ride out that urge wave that I discussed. So what do we do? I call it mind over bladder training and I'm sure I got that from my mentors, so I didn't coin that, but mind over bladder training. The first thing we have to do is relax and relax is a dirty word, right? Just to relax. It never works, but if you release, relax, become aware of the anxiety that you're having because of your bladder, that can really go a long way.

I always think of bladders as two year olds. If you as a grandparent or as a mom or dad are anxious, oftentimes our two year olds are anxious. So if you work on releasing and relaxing any anxiety you have about your bladder, that's going to be really helpful. Also, then think about distraction. So if you can distract yourself, if you're going bladder, bladder, bladder, your bladder is going to keep showing off. So if you can distract yourself and throw yourself into a different task, you usually can manage that a little better. You also may sit on a hard surface.

This works for about half my patients that if they sit down on a hard chair, that'll help distract that urge from happening. For some of my folks who have trouble getting in the front door, I'll have them put a hard kitchen chair right next to the front door and when they get in the door, they can have a seat and kind of maintain and get control of their bladder. Then once that calms down, go ahead and go to the bathroom. Then finally doing a couple submaximal pelvic floor contractions. A lot of us have done this where we attempt to do contractions of the pelvic floor to control and urge, but they do them too big. What you need to do are very subtle, maybe 10% or 20% maximal pelvic floor contractions, kind of wink, wink, slight contraction in a row and that'll help calm down that bladder urge.



Urge Suppression Strategies

AKA: Mind over Bladder Training


Relax: Our bladder responds to our stress/anxiety by up-regulating

Distract: Think about something else (count backwards from 100 by 7's)

Sit on a hard surface: pressure on the perineum will calm the bladder

Perform 3-5 sub-maximal pelvic floor contractions: Engaging our normal neurological reflexive loops (bradley's loops)

Tina Allen: The other thing to think about is if we can teach our muscles to do their jobs? So if we can teach our muscles to squeeze before we sneeze or squeeze before we lift an object, that can be really helpful. So if you squeeze, when you feel a sneeze coming on or before you lift that heavy box, that'll be very helpful for you. Advance again. Now, that's all this up training and this tightening, we're going to switch over now to thinking about muscles that might be too tight. So some of us with urgency frequency, some of us that have been through a lot when it comes to our bladders and our pelvic floors, we instead are actually tightening our muscles. We're holding our muscles tight and that can then lead to some difficulties. Okay?





Pre-Emptive Contraction


Squeeze before you sneeze (“the Knack”)

Ashton-Miller et al., 1998

Squeeze before you get out of a chair or lift an object

What we want to do is learn to relax those muscles. So when you're sitting here, can you let your pelvic floor muscles relax down into the chair you're sitting on instead of holding them up towards your throat, actually relaxing down. This image shows those knees above the hips. The person has a couple of books underneath their feet and doing that often helps the pelvic floor muscle relax. You also could practice releasing your feet. If you let your feet relax your pelvic floor will relax with you. If you let your jaw relax, your pelvic floor will often relax too. Now if you can, these stretches that I'm showing you, so knee towards your chest and sitting, bending forward and sitting that can also help your pelvic floor let go. So these are just some nice options for that down training. Now how do we assist with voiding? A lot of folks come to me after any kind of bladder surgery they've had and they're just kind of like, "I just feel like I can't empty. I feel like I can't let go."





Downtraining/Release for Voiding

The pelvic floor muscles have to release/rest to allow for empty of the bladder.

Cues:

- Let your pelvic floor rest on the chair/rest on your underwear
- Release your feet
- Release your jaw
- Stretches that can help:

And so some of that is realizing that you need to release and relax the muscles to let go. You also may be able to use that footstool and that picture that I showed you just a second ago, that gentleman had some pillows underneath, I'm sorry, some books underneath his feet, which allowed him to get his knees above his hips, which is a passive relaxation of your pelvic floor. This is where you may have seen in pop culture the squatty potty and that's what that's for, is to help those muscles release. I have patients usually just use a footstool underneath their feet and if that works they can decide if they want

a squatty potty. I've also had some people be very industrious and cut pieces or blocks of wood just to get their knees just a little bit above their hips and that'll help.

Tina Allen: You also could think about engaging. So now you've relaxed your pelvic floor and then you can think about drawing in your lower abdominal muscles and those low abdominal muscles are way low under your waistband. If you think about zipping up a tight pair of pants, that's as much of a contraction as you need to help initiate some urine flow. We often also think about the French press analogy. If you're a coffee drinker, you may know about a French press and what it is, is a glass cylinder that has a plunger in it and when you plunge down, the cylinder stays because it's glass, it stays very firm, but you can arch some pressure downwards through the middle of your body and then help engage those muscles.

Other things we can do is the Credé technique. So the Credé technique is mainly used for spinal cord patients, so we don't use as a very often. But I have found for some of my bladder cancer patients and my neobladder patients, what they can do is they can take... We can use this technique in a very gentle way. So you sit on the toilet, you have your hands just above the pubic bone, which is that bone, the lowest most bone going between your legs there and then it's just above that. Your bladder lives there. If you put some gentle pressure there and bend forward, it may help you empty your bladder a little bit better.

Then finally we have these double void techniques, which really... These are the ones that work for most of my patients are these double void techniques and they are... You went to the bathroom and now you're sitting there going like, "I just feel like my bladder is not empty." What you can do is stop voiding, you could stand up and then sit right back down and see if you can start going to the bathroom again. You also could get done going to the bathroom. You could do this pelvic floor contraction that you just learned and release again. That may initiate the flow of urine.

Then finally you could, once you're done going to the bathroom, I always call it doing a little dance on the toilet. So you could bend forward, bend back or rock side decide or do a circle, like a pelvic clock or

Ways to Assist with Void


- Release/Relax Pelvic floor muscles
- Use of a foot stool under feet while on the toilet. (Knees above hips assists with pelvic floor release)
- Engage abdominals by drawing in the lower abdomen (french press analogy)

Ways to Assist with Void

- Crede' technique – gentle pressure above the pubic bone as you bend forward to assist with bladder contraction
- Double void techniques: after initial void is complete
 - stand up and then sit down again then attempt to void a second time.
 - Perform a pelvic floor contraction and release again.
 - While sitting on the toilet bend forward, back and side to side then rest again

something and then relax again in the center and you may get some more urine out. So those are ways to help empty your bladder if you're not sure, but remember the bladder always has a little bit left in it, so don't think that it has to be completely empty. But if you're just not sure, these are nice, simple ways that you could try to empty your bladder a bit more.

Tina Allen: Now, just a couple final words here about the neobladder to add that in. Always follow your team's advice. And this, what I've done is just compiled a few things that seem to quell some of my patients' nerves and it helps them understand a bit about the process with the neobladder. Initially you will void about every two hours during the day and night. Then you may be able to extend the day time to about three hours. And then oftentimes the nighttime voiding diminishes, which is great, right? You start getting some better sleep, but that can take two years.



A Word on Voiding with a Neobladder

Follow your team's advice

In general:

- Initially will void every 2 hours day and night; then may be able to extend to 3 hours during the day and rising 2x at night
- Leakage especially at night is common initially but can improve with recovery time (1-2 years) and with improved pelvic floor muscle strength/coordination
- For most complete void: Release of the pelvic floor muscles, activate the abdominals to brace (low level contraction) and usage of double void techniques often assist

So just know it takes some time. Leakage, especially at night as common but can be improved as you have more recovery time. Then also, what it'll do is as you get better muscle strength and coordination, you'll have less leakage also. So, as you get a little bit more robust muscles that can really help. Then for most, to have a complete void, you have to release those pelvic floor muscles. You have to activate gently the lower abdominal muscles and then use one of the double void techniques that we went over. So just realizing that you're going to use these tools and that will often help.

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