

Continence

Many people with cystic fibrosis (CF) have weakened pelvic floor muscles (PFM) which can lead to incontinence of the bladder and bowels. Both men and women with CF are at greater risk of experiencing incontinence than the general population.

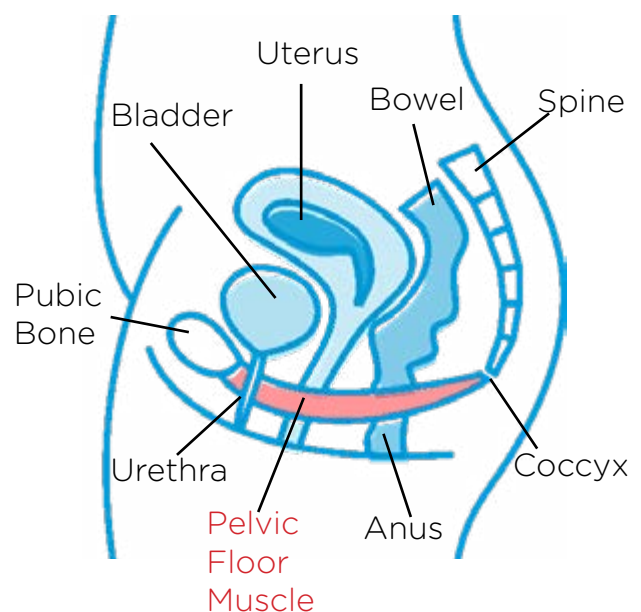
Incontinence is the term that describes any accidental or involuntary leakage of urine from the bladder (urinary incontinence) or bowel motion, wind or faeces from the bowel (faecal or bowel incontinence).

It is thought that urinary incontinence (UI) is under reported in the CF population as other health problems take priority. Embarrassment and a lack of knowledge about treatment options may also contribute to the level of under reporting. It is an issue which can be quite distressing and have a significant social and psychological impact, leading some people to change their exercise and physiotherapy habits. Incontinence can affect the ability to cough properly and clear secretions. If untreated, it can significantly impact long term lung health.

Signs of a Pelvic Floor Problem

- Accidentally leaking urine during exercise, laughing, coughing or sneezing.
- Needing to go to the toilet in a hurry or not making it there in time.
- Constantly needing to go to the toilet.
- Finding it difficult to empty your bladder.

- Prolapse.
- Pain in your pelvic area.
- Painful sex.



Causes of Incontinence in CF

Coughing

Coughing causes weakening of the PFMs. Symptoms can be worse during an exacerbation of respiratory symptoms.

Poor Nutrition

Poor nutrition can lead to general muscle weakness and loss of muscle bulk, including PFMs.

Constipation

Constipation increases pressure inside the abdomen and adds pressure to PFMs, resulting in weakening. Straining when emptying your bowel also contributes to UI as this weakens the PFMs.

Steps to Prevent Incontinence

Pelvic Floor Muscle Training (PFMT)

- The PFMs stretch from side to side across the floor of the pelvis. They attach to the pubic bone in front, and to the tail bone or coccyx behind. Their job is to support the pelvic organs and abdominal contents, including supporting the bladder to help it stay closed.
- Practice “the knack” – tightening and lifting the pelvic floor before coughing, huffing or sneezing to prevent leakage. Talk to your physiotherapist to help you master this technique. It is never too early or too late to begin to exercise the pelvic floor.

Good Toilet Habits

- Four to eight times during the day and no more than twice at night.
- Sit correctly on the toilet- sit forward, relax the tummy, don't strain. Take your time to ensure your bladder is empty.
- Avoid constipation.

Keep Well Hydrated

- Adults should drink one and a half to two litres of fluid a day and more when exercising.
- Cut down on alcohol and caffeine that can irritate the bladder.

Eat a Healthy Diet

- Ensure enzymes are matched correctly to prevent diarrhoea and constipation.

Exercise

- Is important to maintain fitness and muscle strength.
- Discuss exercise with your physiotherapist for tips on protecting your pelvic floor; especially if you are weight training and/or high impact training.

Airway Clearance and Coughing

- It is important that you do airway clearance to reduce the build-up of mucus. Use the “huff” technique to reduce the need for coughing.

Seek Help

Your CF team should routinely ask you about leakage at annual review. It is important to talk to your CF physiotherapist, nurse or doctor if you have any bladder or bowel control problems. They can refer you to a continence specialist if required. It is important to involve your CF care team in the management of any continence issues. They possess good knowledge of your health history, including any surgery or medications which may predispose you to developing incontinence.

Useful Resources

- [Pelvic Floor First](#)
- [Continence Foundation of Australia](#)
- [CFFit](#)
- [CFWA Factsheets](#)

Thank you to Jill Nyman, Continence and Women's Health Physiotherapist, for input into this factsheet.

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