

# Tips for managing continence in respiratory conditions

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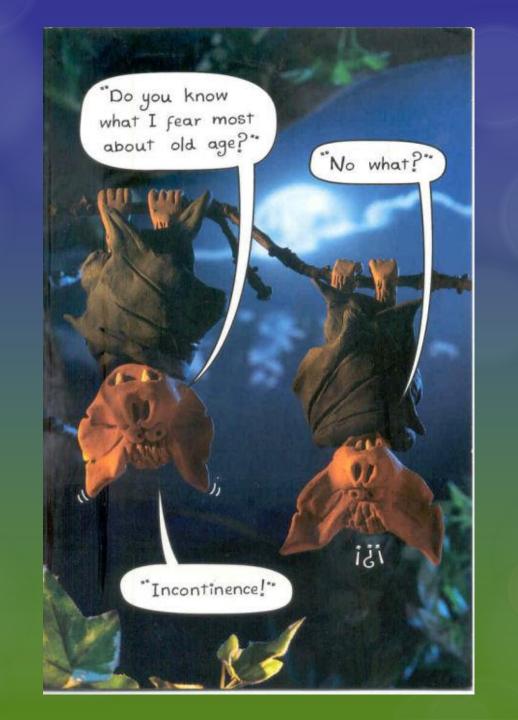
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# Continence and pelvic pain problems

- O Urinary urgency and related incontinence
- O Symptoms of urinary stress incontinence
- O Faecal incontinence
- O Constipation/difficulty with rectal emptying
- O Prolapse
- O Pelvic girdle/hip pain: pubic symphysis, sacroiliac, coccyx
- O Muscle weakness/imbalance:
- O Abdominal wall (diastasis)



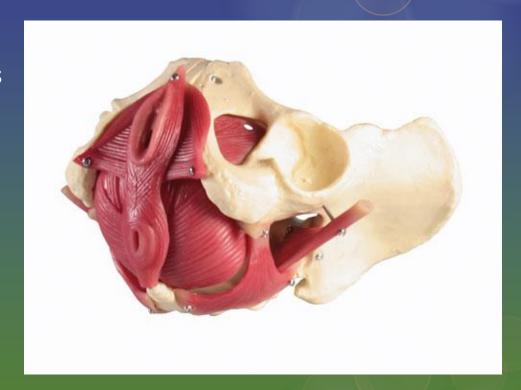
## What continence physiotherapists can offer

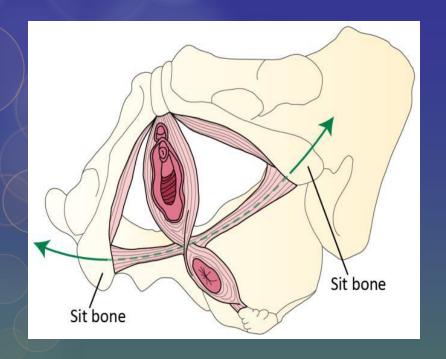
- O Continence assessment and plan
- O Appropriate treatment may include pelvic floor retraining, bladder retraining, pelvic pain management, bowel management, biofeedback, TENs
- O Exercise advice and modification
- O Liaison with MDT where indicated

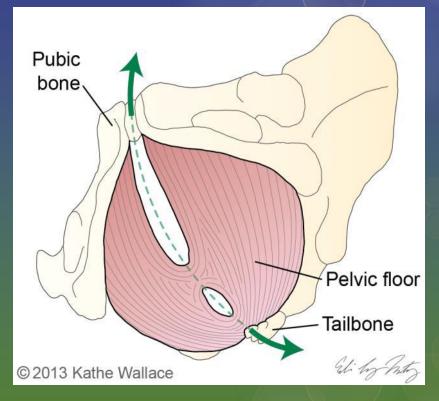
First I drink the coffee Then I do the things

## Continence and pelvic floor

- O Urinary symptoms
- O Bowel/rectal symptoms
- O Prolapse
- O Pain
- O Pelvic floor muscle Problems in sexuality







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### What are you looking for

O Ask in different ways and at different time: develop questions

O Observe

O Reluctant to exercise



#### What can you do?

Assessment: this is a vital component to find out what's going on (get a good continence assessment tool from your CRN)

Positions for voiding

Good bladder and bowel habits

Teach basic exercises in different positions (phone apps)

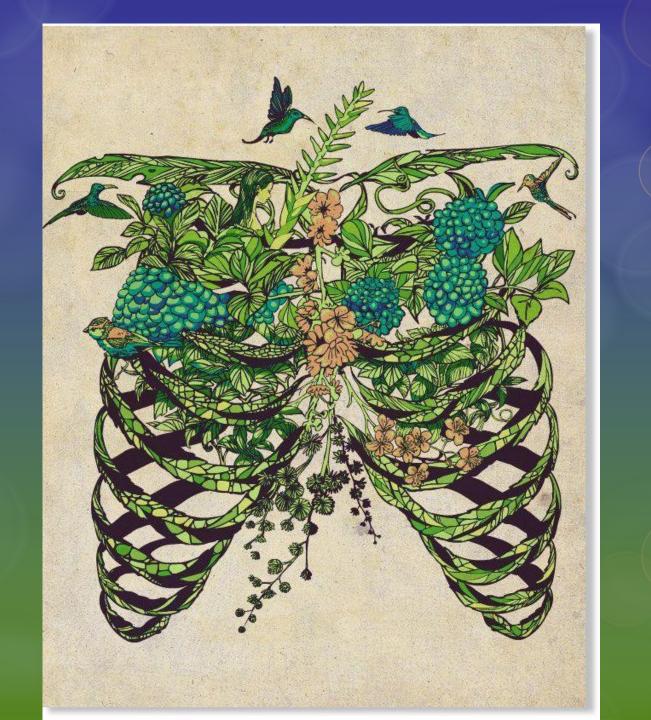
Teach how to use the pelvic floor against IAP

Products for safety while trying conservative management

#### Where to from here

- O Review regularly
- O Referral on to specialist: surgery may be an option
- O Support and encouragement

O Safety with products and or medications





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