

Continence

- **Many polio survivors have some bladder and bowel problems**
- **There are ways to manage symptoms**
- **It is important to seek medical advice and rule out causes of bladder and bowel problems other than polio**

A [study of polio survivors](#) in Denmark found that more than three-quarters had bladder symptoms that bothered them. These symptoms included problems with emptying their bladder, weak stream, and incontinence. Incontinence is involuntary loss of urine from the bladder (or bowel).

Normal Bladder And Bowel Function

Kidneys filter blood and send waste product to the bladder as urine. While the urine is in the bladder, the detrusor (bladder wall) muscle is relaxed, and the sphincter muscle that connects to the outside is tense.

When the bladder gets full enough, nerves carry messages to the brain and the person will start to feel like they need to go. However, the brain also instructs the muscles to stay as they are until the person is ready to release the urine. When they are ready, the detrusor muscle tightens and the sphincter relaxes, and the person empties their bladder.

In the bowel, nutrients are absorbed by the small intestine. Waste is passed into the large intestine, where it forms into stool. The stool moves to the end of the intestine, called the rectum, and then passes through an involuntary muscle called a sphincter. As it moves through the sphincter into the anal canal, nerves send messages to the brain. The brain then tells the person that they need to go, but the outer sphincter keeps the stool in place until they are ready.

Bladder Control Problems

Many polio survivors have some problems with their bladders. This can be unpleasant,

inconvenient and troubling, and impact on activities and even quality of life. Some examples of bladder problems are:

- not fully emptying the bladder
- not being able to hold on
- going to the toilet many times each night
- going very often during the day

Why Bladder Problems?

Neurogenic bladder is a condition that affects the nerves that communicate with the bladder. The signals regarding when to hold on and when to release urine can be disrupted. People can develop neurogenic bladder after a disease that damages their nervous system. Polio is an example of this, as it can affect the nerves in both the spinal cord and brainstem.

The pelvic floor and detrusor (bladder wall) muscles can become weak due to polio. These muscles may also weaken for other reasons. Weak detrusor muscles can lead to not fully emptying the bladder, and the person may need to go more often as a result, or may not be able to hold on. Weak pelvic floor muscles can make it hard to hold on when there is pressure on the belly, such as when the person coughs or sneezes.

Some people with weak leg muscles may get swollen legs. The fluid builds up during the day, and then moves to the bladder overnight. This means the person might need to go several times each night.

Another reason people might have trouble with their bladder control is that walking problems make it difficult to get to the toilet. Or, it may be difficult to get on and off the toilet if it is too low.

Strategies To Manage Bladder Problems

- Talk to your general practitioner about causes of bladder problems and treatment options
- drink plenty of water (about 2 litres)
- Limit fluids for a few hours before going to bed
- Go when you need to go - don't hold it in
- Go before you go to sleep and before you go out
- Make sure your toilet is easy to get to and easy to get on and off - see an [Occupational Therapist](#) if this is a problem for you (they may recommend some modifications such as rails or a raised seat)
- If your legs swell up, try elevating them to keep the swelling down.
- Wear compression stockings to reduce swelling
- Some people might need to use continence aids; pads, condom drainage, mattress protectors and catheters



Thank you Dr Steve de Graaff for reviewing this fact sheet.

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Bowel Problems

Some polio survivors may also have problems with their bowels. Some strategies to manage this are:

- talk to your general practitioner about any concerns about your bowel habits
- [have plenty of fibre in your diet](#)
- [drink plenty of water](#)
- go after a meal
- lean forward with elbows on knees, feet on a footstool (if safe), stomach bulged out and back passage relaxed (as recommended by [Continence Foundation of Australia](#))

Treatment Options

Your general practitioner will examine the type of incontinence you are experiencing and look for possible causes. They may ask you to keep a record of how often you go and how much.

Treatment might include retraining your pelvic floor muscles (you might get referred to a continence physiotherapist), taking medication or even some surgery if it is necessary. However, your general practitioner, continence nurse or [other health professional](#) may recommend the use of continence aids to help you manage.

More Information

- Visit your general practitioner to discuss your concerns
- Contact **Continence Foundation of Australia** on **1800 33 00 66**