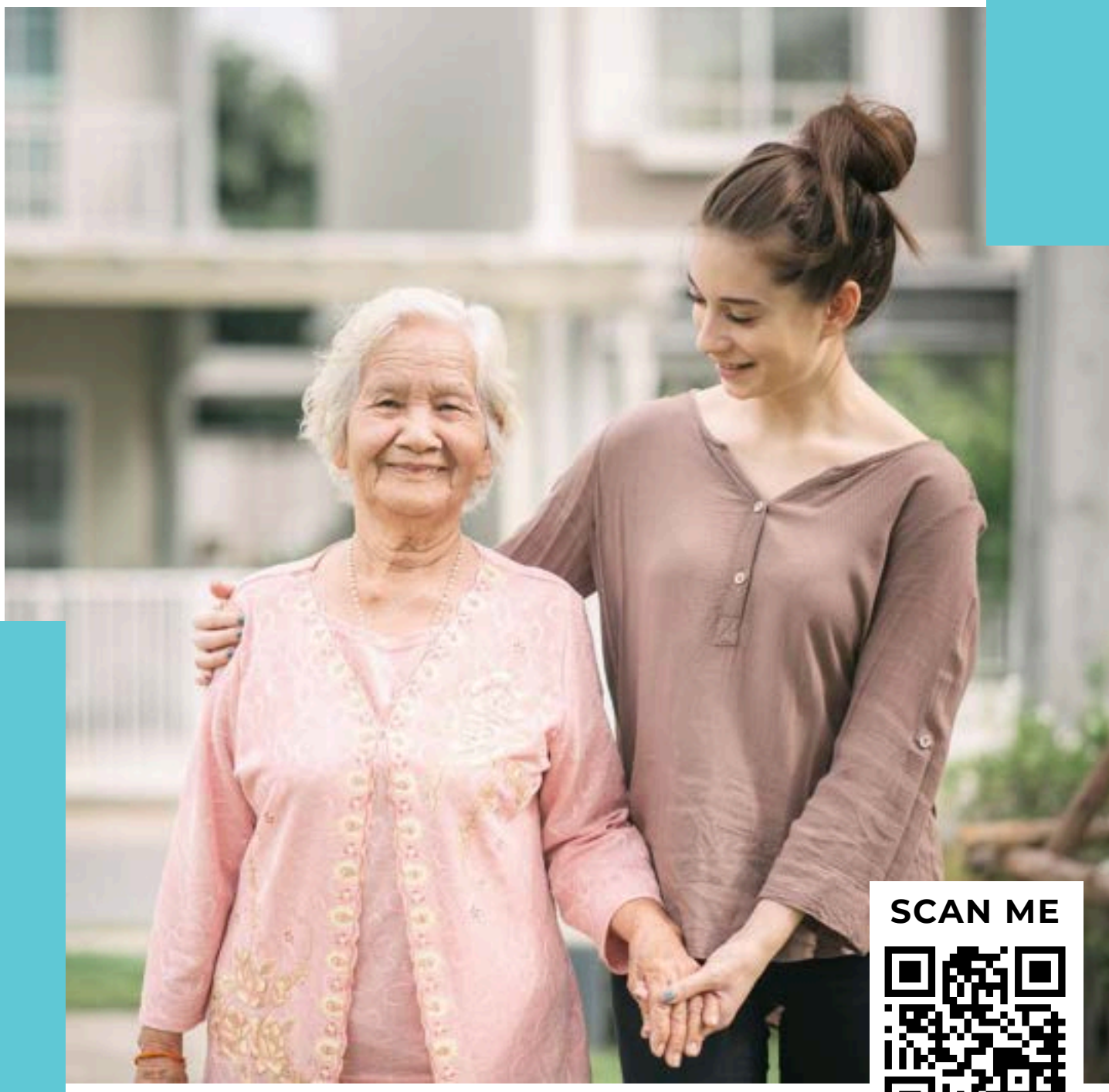
continence NZ

2026

BLADDER AND BOWEL HEALTH

A Guide for Older People



SCAN ME

PROUDLY SUPPORTED BY: cht care homes

A dedication

This guide is dedicated to all older people (**kaumātua**) learning new ways to care for their bladder, bowel, and pelvic health – and to the family (**whānau**), carers, and health professionals who stand beside them every step of the way.

As we get older, taking care of our health and wellbeing helps us to live as well as possible. Continence care is about dignity, connection, and feeling comfortable day to day.

He aha te mea nui o te ao?
He tangata, he tangata, he tangata.

Translation:
What is the most important thing in the world?
It is people, it is people, it is people.

Continence NZ is here to support you

Continence NZ was established to provide support to anyone in New Zealand, at any stage of life, who is dealing with continence challenges. We provide information and education to the general public, caregivers, and health professionals.

Our purpose is to empower people affected by incontinence to thrive. Please don't hesitate to reach out – we are here for you.

Continence Helpline 0800 650 659
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ABOUT THIS GUIDE

This guide has been developed by Continence NZ with help from our community, trusted sources, and a team of expert health professionals. The aim is to help older people (**kaumātua**) and their family (**whānau**) understand and care for bladder and bowel health.

Many people experience incontinence at some point in life. Although it is common, and nothing to be embarrassed about, any leakage from your bladder or bowel is a sign to get help. Lots of people don't know that effective support and treatment options are available – and these can be life-changing.

Inside, you will find clear information, practical tips to support your physical and mental wellbeing, and guidance on when and how to seek help. If you need help, please reach out as soon as you can.

Our approach is grounded in **hauora** – the Māori view of health that recognises the deep connection between body, mind, spirit, and **whānau**. Caring for all aspects of our health helps strengthen our **mana motuhake** – our sense of self, identity, and purpose.

This guide offers general information to support you on your health journey. Everyone's needs are different, so please check in with a healthcare professional for advice that is right for you. Reaching out for help can change your life. There is no shame in asking for, or needing, help with your bladder or bowel health. We will all need help at some point in our life – living our best possible life is what matters most.

Take care,
The Continence NZ team

INTRODUCTION

Continence means being able to stay in control of your urine (wee or mimi) and stool (poo or hamuti). Your bladder, bowel, and pelvic floor muscles all work together to help you decide when and how to go to the toilet. These parts are supported by your brain, nerves, and sphincter muscles. When everything is working in balance, your body stores and releases waste when you choose to – helping you feel comfortable and confident.

Understanding how these systems work and what is normal for your body helps you look after yourself, stay healthy, and maintain the best possible level of continence and wellbeing for you.

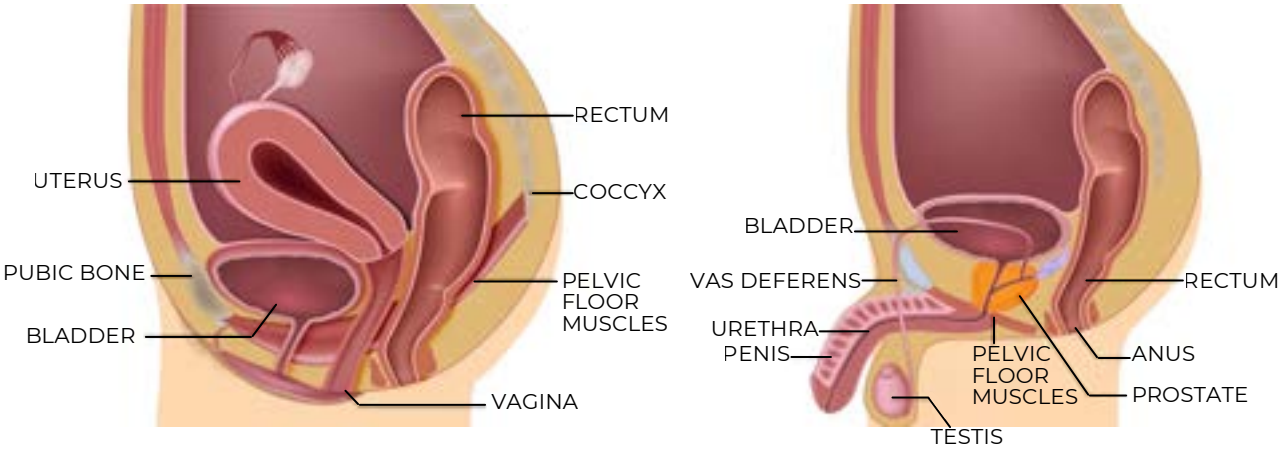


Figure 1. The bladder, bowel (shown here as the rectum), and pelvic floor muscles work together to store and release waste. The pelvic floor muscles form a supportive "hammock" at the base of the pelvis, helping to control when we pass urine and stool.
Note: Image is not drawn to scale.

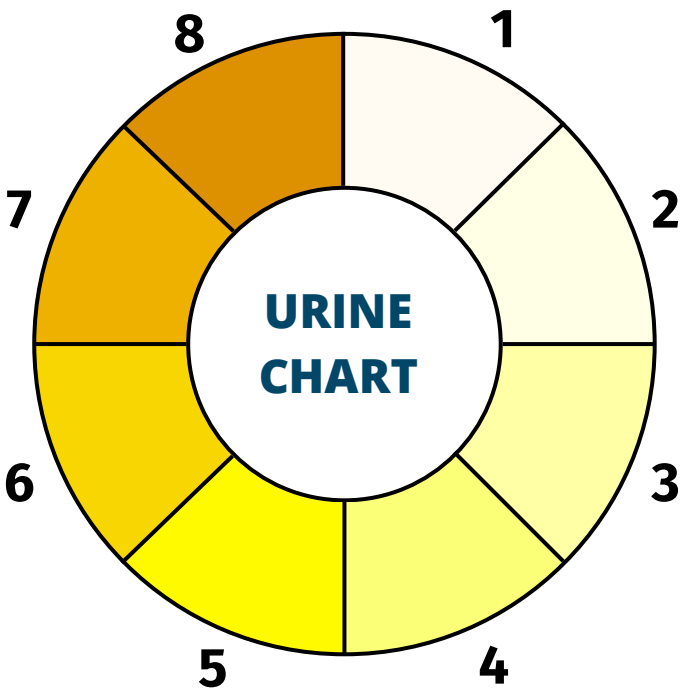
The bladder

What the bladder does

Your bladder is a muscular sac in your lower belly (see **Figure 1** above) that stores urine until it is ready to be released.

A healthy bladder:

- Stores around 250–500 mL of urine comfortably
- Empties 4–8 times a day
- May wake you once or twice overnight to pass urine
- Signals clearly when it is full
- Gives you time to reach the toilet
- Fully empties when you go
- Passes urine that is a pale yellow/straw colour (1–3 on the **Urine Chart**; page 10)



ADEQUATELY HYDRATED

1–3: Pale, odourless, and plentiful

POSSIBLY DEHYDRATED

4–5: Slightly darker yellow; take time to hydrate yourself

PROBABLY DEHYDRATED

6–8: Even darker, concentrated, foul odour, small quantity; make every effort to hydrate yourself now!

How ageing affects the bladder

As you get older, your bladder can change a little – it may hold less comfortably, so it feels full sooner. It may also contract more often or more strongly, which can create that sudden "got to go now" feeling. The signals between your bladder and brain can become less clear, making it harder to "hold on" once the urge starts.

Hormone changes (such as menopause), an enlarged prostate (page 37), reduced activity, higher body weight, or constipation (page 41) can all add pressure on the bladder and pelvic floor muscles. But don't worry – there are so many things that can help.

You may notice:

- You need to go more often and have to rush to get there
- Leaking if you cannot get to the toilet quickly enough
- Small, frequent dribbles if your bladder is not emptying fully
- Leaks with coughing, sneezing, walking, or lifting
- Waking often at night to urinate (nocturia), or wetting the bed
- More urinary tract infections (page 35)

These symptoms can feel frustrating, but they are also important signs your body is giving you. Remember that many people experience them, and they aren't something to be embarrassed about. With the right advice and support, you can often reduce, manage, or even completely resolve your symptoms – helping you to stay confident and get on with daily life.

Staying gently active, drinking water regularly, and maintaining a healthy weight all help your bladder work well.

The bowel

What the bowel does

Your bowel is part of your body's digestive system (**Figure 1**; page 9). It processes food and removes waste your body does not need. When we go to the toilet, the bowel empties a bowel motion (stool or poo).

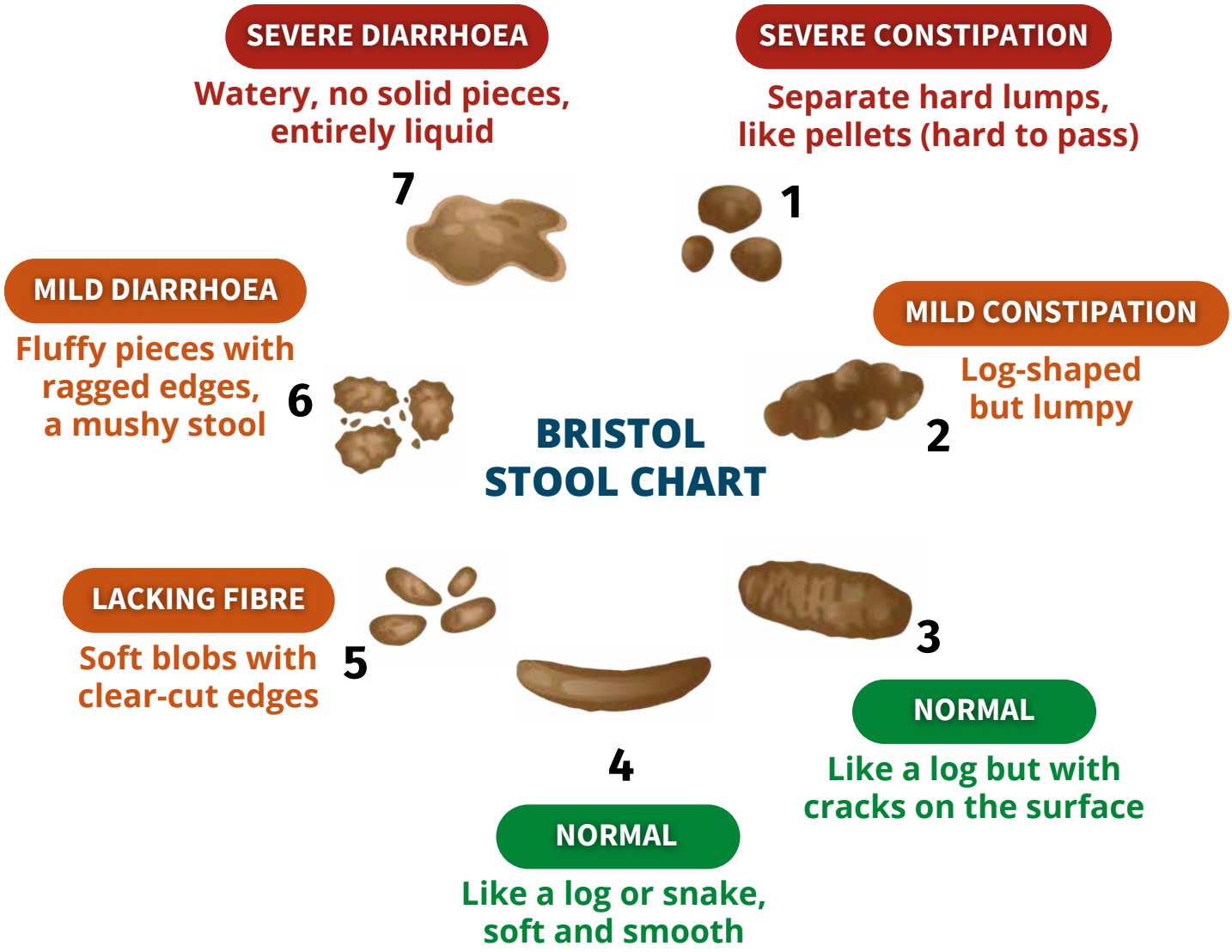
A healthy bowel motion should:

- Be soft, well-formed, and easy to pass without straining
- Cause no pain or bleeding
- Leave you feeling fully empty afterwards
- Be types 3–4 on the **Bristol Stool Chart** (page 12)

Eating fibre-rich foods is one of the best ways to help your bowel work well. Some possible options to try are:

- **Kiwifruit**
- **Kiwicrush**
- **Psyllium husk (the active ingredient in Metamucil)**
- **Chia Seeds**
- **Bran**
- **Phloe tablets**

See Fibre-rich foods (page 53) for more.



How ageing affects the bowel

With age, the bowel muscles may move stool more slowly, increasing the risk of constipation (page 41). The nerves that signal when it is time to go can also become less sensitive, giving you less warning. Weakness in the muscles around the anus can make it harder to stay fully in control.

You may notice:

- Needing to strain more to pass a bowel motion
- Soiling or leaking wind (farts), liquid, or stool
- Constipation (page 41)
- Haemorrhoids or piles (page 42)

The pelvic floor muscles

What pelvic floor muscles do

The pelvic floor muscles are a layer of muscles stretching from your pubic bone to your tailbone (**Figure 1**; page 9). They support your bladder, bowel, and in women, the uterus.

The pelvic floor muscles:

- Support and lift pelvic organs
- Help close the bladder and bowel openings
- Control the urge to go
- Relax when it is time to empty
- Contribute to core strength and sexual function

Pelvic floor muscle exercises (page 61) strengthen these muscles and can significantly improve bladder control, for both men and women.

How ageing affects the pelvic floor muscles

Like all muscles, the pelvic floor muscles can weaken with age, hormonal changes, surgery, or long-term coughing. Higher body weight, regular heavy lifting, or long-term constipation can also add pressure on the pelvic floor muscles over time.

"As we age, our bodies go through natural changes – these are common and normal, but not something you simply have to live with."

You may notice:

- Difficulty staying in control of urine, wind, or stool, leading to leaks or sudden urgency
- Leaking when coughing, sneezing, laughing, or lifting (stress incontinence; page 30)
- You find it harder to reach the toilet in time because of strong urges (urge incontinence; page 31) or reduced mobility
- Pelvic organ prolapse (page 45), which can feel like a bulge, heaviness, pressure, or dragging in the vagina
- Feeling like you have not fully emptied your bladder or bowel, or needing to strain
- More frequent visits to the toilet, day or night, sometimes passing only a small amount of urine
- Wetting the bed
- Pelvic or lower back discomfort
- Reduced sexual comfort (pain, dryness, or reduced sensation)

“The more you know about your body, the more confidently you can care for it.”

HOW TO GET HELP

Experiencing bladder, bowel, or pelvic floor muscle changes and challenges can be confusing – especially if you aren't sure where to start or who to ask. The good news is that whether your experience is new or something you have been managing for years, help and support are available throughout Aotearoa New Zealand, and you don't have to face it alone.

This guide also includes Self-help tips (page 49) for ways you can support yourself.

Making the first step to get help can be life-changing.

Continence care is holistic – it may include assessment, education, behavioural treatment, medical support, and/or financial assistance. Reaching out for help is a positive step toward strengthening your wellbeing – there is no shame in seeking help. The sooner you seek help, the sooner things can improve.

It can be helpful to bring a bladder and bowel diary (page 57) and a list of medications to help you and your GP plan more effectively. But, if you don't have them, don't put off a visit.

You can find a doctor or healthcare centre on Healthpoint (www.healthpoint.co.nz/gps-accident-urgent-medical-care/)

General practitioner (GP)

Your GP is generally your first point of contact for assessment, medical review, and referrals. They can help coordinate your care and support financial applications. Assessing continence concerns may take more than one visit.

During your visit, your GP should:

- Rule out reversible causes such as urinary tract infection (page 35), constipation (page 41), or prostate changes (page 37)
- Review medications that might affect leakage
- Refer you to a continence nurse/advisor, district nurse, health coach (free support available in some GP practices), or other health professional if required
- Authorise applications for the Work and Income New Zealand (WINZ) Disability Allowance (page 23; www.workandincome.govt.nz/products/a-z-benefits/disability-allowance.html) to help with ongoing continence costs, if appropriate

Continence assessment (Health NZ | Te Whatu Ora)

A continence assessment is thorough, respectful, and focused on understanding your unique situation – not just the symptoms. It helps identify what type of incontinence (page 29) you have, what might be causing it, and what support or treatment is best suited to your needs.

You can start this process yourself – or ask your GP, nurse, a family member, or carer to help.

During your assessment, a continence nurse/advisor will:

- Discuss with you your health history, toilet patterns, skin, mobility, daily activities, medications, and fluid and food intake
- Conduct a simple urine test and/or a gentle physical check if needed
- Create a personalised care plan with exercises, self-care steps, and treatment options
- Provide education and coaching in pelvic floor muscle exercises (page 61), bladder retraining (page 58), and healthy toilet habits (page 55) as needed
- Give product advice and fitting, including using national continence assessment tools to help determine eligibility for publicly-funded continence products (page 22)
- Follow-up and review to track improvement and comfort

If bladder or bowel changes are affecting your comfort, confidence, or daily activities, it is worth seeking an assessment. You don't need to wait until symptoms are severe – earlier support often leads to better outcomes. But, it's never too late to ask for help.

Your GP, healthcare professional, or you yourself can refer to NASC services in your area. Find your local NASC on the NASC Association website (www.nznasca.co.nz/find-your-local-nasc/), or email info@nznasca.co.nz

Needs Assessment and Service Coordination (NASC)

If you need additional support to live safely and comfortably at home, a needs assessor can:

- Assess eligibility for home help, respite care, and potentially some continence products (a continence advisor more commonly supports with products)
- Arrange delivery of equipment such as commodes or raised toilet seats
- Provide a Māori assessor on request to ensure culturally safe care
- Arrange translation or interpreting services if you prefer to communicate in another language

"Ehara taku toa i te toa takitahi, he toa takitini (My strength is not from me alone, but from many)."

Specialist referrals

Continence care takes a team effort. Each health professional offers unique skills and knowledge to help you or the person you care for. If you need additional support, your GP, continence nurse/advisor, or needs assessor may refer you to a:

Who they are	What they do
Pelvic health physiotherapist	Assesses pelvic muscle function, designs pelvic floor exercise plans, and supports recovery after prostate surgery, or prolapse. They can also provide advice to help improve or manage incontinence.
Urologist	Specialist for bladder, kidney, and prostate conditions. Investigates persistent leakage, blockage, or surgical treatment options. Some can administer Botox to reduce incontinence if appropriate.
Gynaecologist or urogynaecologist	Specialists in women's pelvic health who diagnose and treat bladder control issues, prolapse, menopause-related leakage, and hormonal changes.
Colorectal or gastroenterology specialist	Assesses bowel control, long-term constipation, or faecal incontinence; offers bowel retraining and treatment plans.
Geriatrician	A doctor who specialises in the health and wellbeing of older people, helping to manage medical conditions, and maintain wellbeing and quality of life.

Who they are	What they do
Occupational therapist	Assesses home layout and recommends toilet aids, grab rails, or adaptive clothing to promote safety and independence.
Dietitian	Supports bowel regularity, hydration, and eating habits to reduce bladder irritation and improve gut health.
District nurse/ Home support nurse	Assists with daily care, catheter or pad changes, skin checks, and home hygiene.
Pharmacist	Reviews medications that may affect continence, advises on product use, and suggests safe timing for medicines.
Psychologist or counsellor	Helps manage embarrassment (**whakamā**) and stress.
Social worker	Assists with funding, carer support, and advocacy.
Kaiāwhina or Māori health worker	Provides culturally safe care and guidance.

You don't need to see everyone at once – your GP, nurse, or needs assessor will help connect you to the right people for your needs.

Questions to ask your doctor, nurse, or other healthcare professional

If you notice changes in your bladder or bowel habits, it is important to ask for help – and you have the right to understand your options. These questions can help you start the conversation and feel more confident about your care:

- What might be causing my bladder or bowel changes? ☑
- I need to have a continence assessment – how can I arrange one? ☑
- What self-care steps can I start at home to help my symptoms? ☑
- Am I eligible for funded continence products or support? How do I get them? ☑
- Could any of my medicines be contributing to leakage or other symptoms? ☑
- If my symptoms don't improve, what other treatments or next steps are available? ☑

Bringing a support person or written notes can help you remember key points.

Funded consumables and product support

If you have ongoing continence needs, you may be eligible for publicly-funded continence products (known as consumables) provided through your local **Health NZ | Te Whatu Ora** Continence Service. These are prescribed after a continence assessment (page 17) by a qualified continence nurse/advisor.

Funded continence products FAQs

Question	Answer
Who can access funded continence products?	Eligibility is based on both clinical need and professional assessment. You may qualify if you: • Have ongoing urinary incontinence (around 400 mL or more per day), or • Have faecal incontinence (lasting for 3 months or longer), and • Have been assessed by a continence nurse/advisor or health professional as having a genuine clinical need, not just a convenience need, and • Are unable to manage without continence products due to disability, mobility, or cognitive changes. Funded continence products are for people who have been assessed as needing them.
How does funding and supply work?	Funded continence products are provided through local health services and reviewed every 6–12 months, and/or if your health or continence needs change. If you are travelling or moving, your local service can help coordinate supply or temporary arrangements, so you do not go without.

Question	Answer
What is typically funded?	Continence products are supplied according to clinical need and reviewed regularly. Examples of what can be supplied include: • Pads, briefs, pull-ups, absorbent products • Uridomes (male sheaths/external catheters) • Catheters: Intermittent or indwelling, as assessed • Bed or chair pads (washable or disposable, depending on what is most appropriate) • Leg or night drainage bags as clinically required • Gloves and cleansing wipes for hygiene care • Skincare and barrier/protection creams
What other financial support is available?	If you are not eligible for free continence products, need more than what is provided, or need additional financial support, these options may assist: • WINZ Disability Allowance (www.workandincome.govt.nz/products/a-z-benefits/ disability-allowance.html): An income-tested payment for weekly costs like pads, washable underwear, waterproof bedding, or GP visits • ACC funding for injury-related continence changes • Community Services Card, High Use Health Card, SuperGold Card for reduced costs • Retailer discounts for older people – many pharmacies offer senior savings • Equipment funding (Ministry of Health): Provides toilet aids, commodes, or mobility support

Treatment and support options

Your treatment plan is unique to you. It may include lifestyle adjustments, exercises, medications, or other supports to restore confidence and function, or products to help manage your needs.

Behavioural and lifestyle approaches

- Pelvic floor muscle exercises (page 61)
- Bladder retraining (page 58)
- Prompted voiding (page 56)
- Healthy toilet habits (page 55)
- Hydration (page 50) and eating habits (page 52)
- Environmental supports (page 59)

Medical treatments

- Medications
- Local oestrogen therapy
- Vaginal pessary
- Catheters (page 74) or sheaths (page 73)
- Biofeedback and electrical stimulation
- Botox injections

Speak with your doctor or relevant health professional for personalised medical advice for your individual situation.

Surgical options

- Women: Prolapse (page 45) repair, sling, or bladder neck surgery
- Men: Prostate surgery (page 38), sphincter support
- Specialist procedures: Nerve stimulation or urinary diversion for complex cases

Emotional, psychological, and family (whānau) support

- Counselling or peer support groups
- Mindfulness and relaxation techniques (page 87)
- Carer support and respite services: If family and caregivers need support

Helpful organisations and tools

Continence NZ: Continence resources, advice and guidance, education and training, and more

- Helpline: 0800 650 659
- Website: www.continence.org.nz

Carers NZ: Support for carers and family (**whānau**)

- Helpline: 0800 777 797
- Website: www.carers.net.nz/

Age Concern: Community connection, wellbeing programmes, and advocacy

- Phone: 0800 652 105
- Website: www.ageconcern.org.nz/

Elder Abuse Response Service: For seniors who are experiencing abuse

- Helpline: 0800 32 668 65

Dementia NZ: Continence and daily living advice

- Phone: 0800 433 636
- Website: www.dementia.nz/

Disability Resource Centres: Practical support and guidance with products

Toilets NZ: Find public toilets in New Zealand

- Website: www.toiletsnz.com

Changing Places NZ: Adult-sized change tables and hoists

- Website: www.changingplaces.org.nz

You have the right to feel safe, respected, and well cared for – especially when you need help with personal or continence care.

If something doesn't feel right – unexplained injuries, feeling afraid, being left in soiled clothing, or sudden changes in mood or money – it's okay to question it. Talk with someone you trust or contact one of these organisations.

Alzheimer's NZ: Resources and local support groups

- Phone: 0800 004 001
- Website: www.alzheimers.org.nz

Work and Income New Zealand (WINZ): Financial support and services

- Phone: 0800 559 009
- Website: www.workandincome.govt.nz

Toilet Cards: Discreet access to toilets in public for urgent use

- Get yours here: 0800 650 659 or www.continence.org.nz/form-toilet-card

Squeezy: App for pelvic floor muscle exercises (costs may apply)

- Download here: www.squeezyapp.com

Nymbl: App for balance and mobility

- Find out more here: www.acc.co.nz/newsroom/stories/keeping-your-balance-with-nymbl

Ministry of Social Development: A Guide for Carers

- Find out more and download here: www.msd.govt.nz/what-we-can-do/community/carers/guide-for-carers/index.html

"Asking for help is a great first step – and it really can make a difference."

COMMON CHALLENGES

Everyone deserves to feel in control of their body. Changes like needing the toilet more often, feeling pressure or discomfort, or noticing leaks can feel unsettling. But these changes are very common, especially as we age, and it is important to remember that bladder and bowel control challenges are not anyone's fault and are not a sign of weakness or failure.

Understanding some of the most common bladder, bowel, and pelvic floor muscle changes – what they are, why they happen, and how they might feel – can help you regain confidence, quality of life, and wellbeing.

Factors contributing to continence changes

As we age, our bodies naturally change, and health conditions can also affect bladder and bowel control. Incontinence is not inevitable, but certain factors can make it more likely.

Muscles and tissues

The bladder, bowel, and pelvic floor muscles may weaken over time. Reduced oestrogen after menopause can lessen tissue support. Prostate enlargement can lead to dribbling or reduced flow.

Mobility

Joint stiffness, arthritis, vision changes, or reduced balance can make reaching the toilet or managing clothes difficult, and increase the risk of falls when rushing

Nerve and brain function

Communication between the bladder, bowel, and brain can slow down. Conditions like Parkinson's disease, stroke, Alzheimer's, or dementia may affect how someone recognises or responds to the need to go to the toilet.

Medications

Diuretics, sedatives, antidepressants, strong pain medicines (opioids), decongestants, anticholinergics, and antihistamines may affect bladder or bowel control. Because older people often take several medications, side effects like urgency, leakage, or constipation are more common.

Other health conditions

Diabetes, obesity, constipation (page 41), and urinary tract infections (UTIs; page 35) can all contribute to incontinence. Some cancer treatments, such as radiation therapy to the pelvic area, can also affect bladder or bowel control over time.

Bladder challenges

Your bladder helps keep your body in balance, storing and releasing urine (wee or **mimi**) when needed. If it is not working as smoothly, you might notice needing to go to the toilet more often, sudden urges, leaks, or discomfort. These changes are common and nothing to be ashamed of.

Urinary incontinence

Urinary incontinence is leaking urine by accident. Leaks can range from a few drops to full loss of control – sometimes once in a while, sometimes more often.

Urinary incontinence is more common than many people realise – up to half of older people (65+) experience some form of it.

There are a few main types of urinary incontinence, each with its own causes and ways to manage it. Knowing your type helps you, your family (**whānau**), and your health professional find the best way to manage and improve things together.

Stress incontinence (page 30)

Urge incontinence (page 31)

Mixed incontinence (page 32)

Overflow incontinence (page 32)

Functional incontinence (page 33)

Bedwetting (page 34)

Stress incontinence

Stress incontinence is one of the most common types of incontinence – affecting up to one in three women at some stage and often affecting men after prostate surgery (page 38). It is when urine leaks when you cough, sneeze, laugh, strain, lift, or otherwise move in a way that puts pressure on your bladder.

Common causes

- Weakened pelvic floor muscles or loss of tissue support
- Pregnancy, childbirth, or menopause
- Pelvic organ prolapse (page 45)
- Long-term constipation (page 41), coughing, or heavy lifting
- Prostate surgery (page 38)
- Higher body weight

Self-help tips

- Pelvic floor muscle exercises (page 61)
- Avoid straining when lifting or on the toilet
- Manage long-term coughs and constipation
- Eat well (page 52) and stay active with physical activity that you can manage (page 54)
- Limit bladder irritants

Assessment

- History including a bladder diary (page 57)
- Checking your pelvic floor muscle strength
- Urine test to rule out infection
- Cough stress test (coughing with a comfortably full bladder)

Treatment options

- Pelvic health physiotherapy
- Vaginal oestrogen or support devices (for women)
- Continence products (page 69) like pads or underwear – a continence assessment can assist with this
- Surgical options (like slings or bulking agents) if symptoms do not improve

Urge incontinence

Urge incontinence affects about one in eight adults, and becomes more frequent as we age. It happens when the need to pass urine comes on so suddenly and strongly that it is hard to make it to the toilet in time. It can be triggered by things like hearing running water, getting home and putting the key in the door, or even just thinking about going.

Common causes
• Overactive bladder muscle • Irritation/inflammation of the bladder • Neurological conditions like stroke or Parkinson's • Age-related changes to bladder muscle and nerve control • Constipation (page 41) • Bladder irritants

Assessment
• Bladder diary (page 57) noting how often and when leakage occurs • Urine test to rule out infection • Physical check of pelvic floor muscles, prostate, and/or for prolapse • Specialist bladder testing (urodynamics) if the diagnosis is uncertain

Self-help tips
• Bladder retraining (page 58) • Pelvic floor muscle exercises (page 61) • Drink enough water (page 50) • Manage constipation and keep active (page 54) • Limit your intake of bladder irritants • Empty bladder before bed and reduce evening fluids

Treatment options
• Medications: Antimuscarinics or beta-3 agonists to calm the bladder • Nerve stimulation or bladder Botox (for persistent cases) • Treat underlying issues such as UTI (page 35), constipation (page 41), or prolapse (page 45)

Mixed incontinence

Mixed incontinence is very common in older women, particularly after menopause. It means leaks can happen both when you put pressure on your bladder and when you feel a sudden urge to go. Managing both stress (page 30) and urge (page 31) incontinence together gives the best results.

Overflow incontinence

Overflow incontinence is more common in older men, especially for those with prostate changes (page 37) or diabetes, but can also affect women. It happens when the bladder does not empty fully, leading to dribbling or frequent leakage. You might feel your bladder is not empty or notice a weak urine stream.

Common causes	Assessment
• Prostate enlargement (in men; page 37) • Constipation (page 41) pressing on the bladder • Weak bladder muscle or nerve damage • Medicines affecting bladder contraction	• Bladder scan or ultrasound after voiding • Review of medications

Self-help tips	Treatment options
• Double voiding (page 56) • Manage constipation and avoid straining • Stay hydrated (page 50) • Bladder retraining (page 58)	• Medication or surgery for prostate obstruction • Catheterisation if urinary retention is severe • Review of medications

Functional incontinence

Functional incontinence is common in older people who have disabilities, limited movement, or live in care settings. With functional incontinence, the bladder and bowel are working properly, but other physical, mental, or environmental factors make it hard to get to the toilet or manage clothing in time.

Common causes
• Arthritis or mobility difficulties • Poor vision or balance • Memory loss or confusion (for example, dementia; page 64) • Toilets that are hard to reach or clothing that is difficult to manage

Assessment
A continence nurse/advisor or occupational therapist may review your home or care environment for barriers – simple environmental and routine adjustments (page 59) can help maintain safety, independence, and confidence

Self-help tips
• Keep walkways clear and well-lit • Wear easy-to-remove clothing • Set up regular toilet times or reminders • Physical activity including balance and coordination exercises See Supportive environments: preventing falls (page 59) for more information.

Treatment options
• Environmental changes and adaptive equipment (such as leaving the toilet light on, or a handrail by the toilet) • Ensure the person is in a bedroom that is close to the toilet if possible • Support from carers or occupational therapy • Continence products (page 69) for dignity and comfort

Bedwetting

While many people think of wetting the bed as a childhood issue, it can actually happen at any age. Bedwetting can feel distressing, but there are effective ways to manage it, and it's not your fault.

Common causes

- Overactive bladder, urge incontinence, reduced bladder capacity, or incomplete emptying
- Hormonal changes
- Some sleep disorders
- UTIs (page 35)
- Constipation (page 41)
- Some medications
- High evening fluid, fizzy drinks, caffeine, or alcohol
- Stress and anxiety
- Neurological conditions affecting bladder signals

Assessment

- Discussion of symptoms, medical history, medications, and lifestyle
- Bladder diary (page 57)
- Urine test to check for infection
- Physical exam including pelvic floor assessment
- Further tests if needed (such as ultrasound, sleep study, urodynamics)

Self-help tips

- Bladder retraining, prompted voiding, double voiding (pages 56; 58)
- Limit evening fluids, especially caffeine/alcohol
- Pelvic floor muscle exercises (page 61)
- Manage constipation, weight, and activity levels
- Support good sleep habits
- Use continence products for comfort

Treatment options

- Treating underlying issues (UTIs, constipation, sleep apnoea)
- Adjusting medications
- Medications to reduce night-time urine production or calm the bladder
- Behavioural sleep and bladder strategies
- Referral to a specialist if symptoms persist

Urinary tract infections (UTIs)

A UTI is an infection that can occur anywhere in the urinary system – most often in the bladder. They are common, especially as we get older, and can cause discomfort or changes in bladder habits.

Common symptoms of UTIs are (you may only have one, or some of these symptoms):

- A strong or sudden need to pass urine
- Passing small amounts often
- Burning or stinging when urinating
- Pain or pressure in the lower tummy
- Cloudy, strong-smelling, or blood-stained urine
- Feeling tired, shaky, or confused (especially in older people)
- Fever

If bladder control suddenly changes or new symptoms appear, it is always worth checking for infection.

Sometimes bacteria are found in the urine without causing an infection. This is common in older people and usually does not need antibiotics unless there are symptoms.

Common causes	Assessment
• Not drinking enough fluids • Difficulty emptying the bladder • Constipation (page 41) or prostate changes (page 37) • Hormonal changes after menopause • Using pads or catheters • Poor hygiene or wiping back to front • Health conditions like diabetes	• History including new or changing symptoms, or sudden or unusual behaviour • Urine test • Physical check of the tummy or lower back for tenderness or pain

Self-help tips	Treatment options
• Keep hydrated (page 50) • Maintain good toilet and hygiene habits (page 55) • Limit bladder irritants • Wear breathable cotton underwear if possible, and change pads or continence products regularly • Seek help early if symptoms persist	• Symptom/pain relief: Paracetamol, alkalinising sachets (such as Ural), a heat pad on your lower tummy • Antibiotics as prescribed by your doctor • For recurrent UTIs, non-antibiotic options such as Hiprex or vaginal oestrogen (e.g., Ovestin) may be recommended by your doctor

The prostate

The prostate is a small gland, about the size of a walnut, found only in men. It sits just below the bladder and surrounds the urethra – the tube that carries urine out of the body (**Figure 1**; page 9). The prostate produces part of the fluid in semen.

Because the urethra passes through the prostate, any change in its size or shape (such as with benign enlargement of the prostate, prostatitis, prostate cancer, or radical prostatectomy) can affect urine flow and bladder control.

Typical symptoms include:

- Trouble starting to urinate
- Weak or slow stream
- Dribbling after finishing urinating
- Feeling the bladder is not fully empty
- Waking often at night to pass urine

Prostate surgery

A radical prostatectomy removes the prostate to treat cancer. Because the urethra runs through the prostate, the bladder must be reconnected, which can temporarily affect the muscles and nerves that control urine. This may cause leakage – especially with coughing, sneezing, or activity – but for most men, it improves as healing occurs and the pelvic floor muscles strengthen.

Post-surgery leakage is common but usually improves. Regular pelvic floor muscle exercises (page 61) and early professional support give the best chance of full recovery and restored confidence.

Procedures that remove only part of the prostate (often for prostate enlargement) usually cause less severe or shorter-term leakage than radical prostatectomy.

What to expect

- Mild to moderate leakage is common after the catheter is removed
- Bladder control usually improves over weeks or months
- Around 80–90% of men regain good control within a year

Supporting recovery

- Start pelvic floor muscle exercises (page 61) before and after surgery, as advised by a health professional
- Avoid straining or lifting heavy objects early in recovery
- Use continence pads or underwear (page 69) for confidence as needed
- Stay well-hydrated (page 50) and limit bladder irritants such as caffeine, fizzy drinks, and alcohol
- If leakage continues, talk to your healthcare provider – additional therapies or surgical options (such as Botox, a sling, or artificial sphincter) can help

Bowel challenges and constipation

Your bowel helps keep your body in balance by removing waste. Bowel changes like going more or less often, straining, or discomfort are common – and while they can be uncomfortable or worrying – with the right care, they can often be improved.

“Don’t hesitate to get help. Bladder and bowel control is a common challenge, especially as we get older.”

Physical activity or exercise, drinking enough fluids, and eating fibre-rich food supports healthy bowel function.

Faecal incontinence

Faecal incontinence is more common than many people realise, affecting some older people living at home and up to half of those in aged care. It is the accidental leakage of gas (wind/farts), liquid, or solid stool (poo or **hamuti**), and can range from light soiling to full loss of control. Sometimes it happens with a strong urge to go but not making it in time; other times it occurs without warning.

Common causes

- Anal sphincter or pelvic floor muscle damage
- Nerve injury (such as from diabetes or stroke)
- Long-term constipation, straining, diarrhoea, or bowel disease
- Ageing, immobility, or reduced sensation
- Sometimes a hard, impacted stool blocks the rectum, and softer/liquid stool leaks around it

Assessment

- Review by your GP or nurse
- Gentle check of the muscles around the anus
- Check for constipation, impaction, or diarrhoea
- Further investigations (like stool tests, ultrasound, or specialised bowel pressure testing) if needed

Self-help tips

- Keep bowels regular with fibre, water, and staying active (page 50–54)
- Strengthen anal and pelvic floor muscles (page 61)
- Manage diarrhoea (page 44)
- Cleanse and protect skin (page 81)

Treatment options

- Food and fluid intake management
- Pelvic health and sphincter physiotherapy
- Medication for constipation or diarrhoea
- Specialist care if muscle or nerve injury is significant

Constipation

Constipation is having infrequent bowel movements, difficulty passing stool, or feeling that the bowel is not fully empty. Stools are often hard, dry, or lumpy (1–2 on the **Bristol Stool Chart** on page 12), and bowel motions can feel uncomfortable or painful. It is common but can affect comfort, appetite, and continence.

Common causes

- Not drinking enough fluids
- Too little fibre in food
- Reduced movement or mobility
- Ignoring the urge to go
- Neurological or medical conditions
- Side effects of medicines (like pain relief, iron, or antidepressants)

Assessment

- History including bowel habits, food and fluid intake, medications, changes in health or mobility
- A gentle tummy or rectal examination to feel for stool build-up
- Medication review
- Blood or stool tests to rule out other causes

Self-help tips

- Stay hydrated (page 50)
- Eat fibre-rich foods (page 52)
- Move your body (page 54)
- Go to the toilet if you have the urge
- Create a routine around sitting on the toilet
- Use good toilet posture (page 56)
- Relax, avoid straining and take your time when emptying your bowel

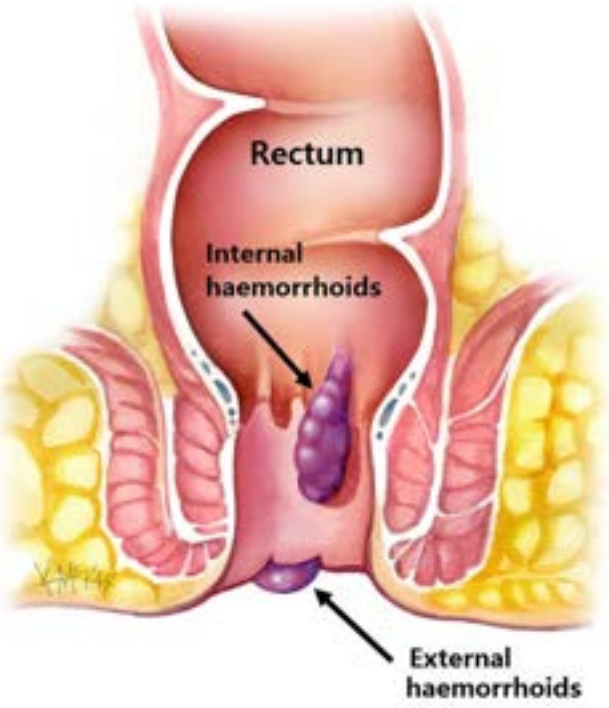
Treatment options

- Fibre supplements or laxatives to help soften stools and make them easier to pass
- Follow-up: Your healthcare provider may review progress to ensure bowel habits return to normal and to prevent ongoing issues
- Dietitian or pelvic health physiotherapy if needed

Constipation and continence

Constipation can affect continence in a few ways:

- A full or backed-up bowel can press on the bladder, causing frequent urination or urgency
- Straining to pass stool can weaken pelvic floor muscles, making bladder or bowel control harder
- When stool builds up in the lower bowel, wet or loose stool can sometimes pass around the blockage (impacted stool), causing unplanned leakage or soiling. Although this can look like diarrhoea, it is actually a sign of constipation.



Haemorrhoids

Haemorrhoids, often called piles, are swollen veins in or around the anus and lower rectum. They are very common, especially with age, and can cause discomfort, itching, pain, or light bleeding when passing a bowel motion.

Haemorrhoids can affect continence and comfort in several ways:

- Swelling or soreness can make it difficult for the anal muscles to tighten or relax properly, sometimes leading to small leaks of stool or mucus
- Skin folds (left behind after swelling subsides) can trap moisture or stool, which may cause minor soiling or irritation
- Pain when using the toilet can make people delay going, causing constipation and straining – which, in turn, makes haemorrhoids worse

Common causes

- Straining on the toilet
- Constipation or hard stools
- Not enough fluids or fibre
- Long-term coughing, heavy lifting, or sneezing
- Pregnancy and childbirth
- Higher body weight
- Frequent bowel motions or diarrhoea

Assessment

- Discussion of symptoms
- Visual check to confirm haemorrhoids
- Internal examination with a gloved finger or small instrument to check for internal haemorrhoids
- Further tests may be done to rule out other bowel conditions
- Medication review

Self-help tips

- Stay hydrated (page 50)
- Eating fibre-rich foods (page 52)
- Move your body (page 54)
- Use good toilet posture (page 56)
- Relax, avoid straining and take your time when emptying your bowel (page 55)
- Warm baths or cool compresses can help relieve itching or soreness

Treatment options

- Manage constipation to reduce pressure and pain
- Creams or ointments to reduce swelling and irritation
- If symptoms do not improve, treatments such as banding or minor surgery may be recommended

Diarrhoea

Diarrhoea means passing loose or watery stool (6–7 on the **Bristol Stool Chart**; page 12) more often than usual. It can come on suddenly and usually settles within a few days, but in some cases, it may last longer or become more frequent. Occasional diarrhoea is common and often short-lived, but ongoing or severe diarrhoea should always be checked by a healthcare professional.

Common causes

- Infections
- Some antibiotics, antacids, or laxatives can cause diarrhoea
- Food intolerances
- Bowel conditions
- Worry, anxiety, or stress
- Overflow diarrhoea: Sometimes caused by severe constipation, where only liquid stool can pass around a blockage

Assessment

- Discussion of symptoms
- Physical check of your tummy for tenderness or swelling
- Medication/food intake review
- Stool or blood test
- Further tests if diarrhoea lasts more than a few weeks, especially if there is blood in the stool, weight loss, or tiredness

Self-help tips

- Drink plenty of fluids (page 50)
- Eat small, light meals
- Avoid bladder or bowel irritants
- Keep the area clean and dry, and use barrier cream if needed to protect skin from irritation (page 81)
- Rest and recover

Treatment options

- Medical review to check for infection, medication side effects, bowel conditions
- Anti-diarrhoeal medicines for short-term use, as advised by your doctor
- Continence nurse/advisor or gastroenterologist to assess your bowel and provide strategies

Pelvic floor muscle challenges

Pelvic floor muscle challenges are common and can happen at any age, often after childbirth, surgery, or as part of ageing. Pelvic floor muscles can become weaker or over-tight, affecting bladder (page 29) and bowel (page 40) control or cause feelings of pressure, heaviness, or discomfort. These experiences are common, and while they can feel unsettling or embarrassing, they are not unusual – and with understanding, exercise, and the right support, most people find real improvement.

Pelvic organ prolapse

Pelvic organ prolapse is common after pregnancy and childbirth and becomes more likely with ageing, hormonal changes, or ongoing strain on the pelvic floor muscles. It happens when the muscles and tissues of the pelvic floor muscles become stretched or weakened, allowing one or more pelvic organs – such as the bladder, uterus, or bowel – to drop down and press into the vaginal wall, causing a sensation of pressure, heaviness, or bulging in the vagina.

"I have a prolapsed uterus... exercises [from my pelvic health physiotherapist] have been invaluable in helping my leakage."

Prolapse can affect comfort, bladder and bowel control, and confidence:

- It can make it harder to empty the bladder or bowel fully, which may lead to leakage, constipation (page 41), or increased risk of urinary tract infections (page 35)

- Some people notice a heaviness, pressure, or bulging in the vagina
- Others may feel discomfort during intimacy or when standing for long periods

Common causes

- Pregnancy and childbirth
- Ageing and menopause
- Long-term constipation or straining on the toilet
- Heavy lifting or high-impact exercise
- Long-term coughing
- Higher body weight
- Previous pelvic surgery (including hysterectomy)
- Genetic factors

Self-help tips

- Strengthen and support your pelvic floor muscles (page 61)
- Avoid straining and keep bowel motions soft to help prevent constipation
- Stay active (page 54)
- Gently squeeze and lift your pelvic floor muscles before and during coughing, sneezing, or lifting
- Manage weight changes if advised by a healthcare professional

Assessment

- A GP, nurse, or pelvic health physiotherapist will ask about symptoms
- Gentle internal examination
- Assessment of pelvic floor muscles
- Review of bladder, bowel, and lifestyle factors
- Further tests (such as ultrasound or specialist review) only if symptoms are complex or unclear

Treatment options

- Pelvic health physiotherapy
- Pessary: A small device placed in the vagina to support the pelvic organs
- Medications such as vaginal oestrogen
- Surgery, when symptoms are severe or persistent and other treatments have not helped (discussed with a specialist)

Other pelvic floor muscle challenges

The pelvic floor muscles do not just become weak – sometimes they can become too tight or unbalanced, leading to other changes that affect comfort and control. These experiences are common, and with the right care, they can usually be improved.

Other possible pelvic floor muscle changes include:

Pelvic floor muscle tension or overactivity
Muscles that are too tight can cause discomfort, difficulty starting to pass urine or empty the bowel, or a feeling of not being fully empty

Pelvic or perineal pain
Ongoing aching or pressure in the lower pelvis or around the anus and genitals can sometimes be linked to pelvic floor muscle tension or nerve irritation

Changes in sexual comfort or function
The pelvic floor muscles play a role in intimacy and pleasure. Weak or tight muscles, hormonal changes, or surgery can make sex feel uncomfortable or different.

Difficulty emptying the bladder or bowel
If the muscles do not relax properly, it can be hard to pass urine or stool fully, sometimes increasing the risk of infection or constipation

If you experience any of these changes, it's important to remember that help is available. A pelvic health physiotherapist, continence nurse/advisor, or GP can assess what is happening and suggest exercises or treatments to restore your comfort, confidence, and wellbeing.

A note for carers

If you support someone experiencing incontinence or any other bladder, bowel, or pelvic floor muscle challenges, your care can make a huge difference to their comfort, dignity, and confidence. Encourage regular physical activity or exercise they can manage, regular toilet routines, good hydration, and skin care using the information provided in this guide.

Remember: incontinence is a health condition, not a personal failing – and support is available for carers, too. You can try contacting support services such as **Carers NZ** (0800 777 797).

“While every situation is unique, the right care and support can lead to noticeable improvement.”

SELF-HELP TIPS

Caring for your bladder, bowel, and pelvic floor muscles is about supporting your body's natural rhythm. Small, consistent steps can protect your wellbeing, build confidence, and help you feel more at ease.

This section shares practical ways to strengthen your continence – from healthy habits and bladder retraining to creating safe and supportive environments at home and in the community.

Fluid intake
(page 50)

Eating well
(page 52)

Physical activity
(page 54)

Healthy toilet habits
(page 55)

Supportive environments
(page 59)

Pelvic floor muscle exercises
(page 61)

Fluid intake

Staying hydrated keeps the bladder and bowel working well. Too little fluid can lead to constipation (page 41), urinary tract infections (page 35), or irritation of the bladder.

It may be tempting to drink less when you are dealing with bladder control issues, but reducing fluids can actually make things worse.

Pale yellow urine (wee or mimi) usually means you are well-hydrated. See the Urine Chart (page 10).

How much to drink

- Aim for 6–8 glasses (1.5–2 litres) of water a day, unless your doctor advises otherwise (for example, if you have a medical reason to limit fluids, such as heart or kidney problems)
- How much you need to drink can vary with weather, activity, illness, and how much fluid you get from food

What to drink

- Water is best, but all fluids contribute to your daily intake
- Foods high in water (soups, cucumber, tomatoes, watermelon, apples, jelly, broth) also help

- You can make water more appealing by adding a slice of lemon or orange, diluted sugar-free juice, or mineral drops
- Coconut water* is a great hydrating option for some people, as are drinks with psyllium husk added for fibre. Caffeine-free electrolyte drinks* (including low- or no-sugar options) may help some people stay better hydrated.
- Warm water with lemon and honey* can soothe digestion and encourage bowel movements
- Limit bladder irritants such as coffee, alcohol, fizzy drinks, citrus juices, and artificial sweeteners, especially if you notice that they worsen urgency or frequency of urination

When to drink

- Drink more during warmer weather or when you are active
- Spread drinks evenly throughout the day, and taper off a little in the evening (aim for your last drink by 7 pm) if you need to use the toilet at night-time or have overnight leakage
- Use reminders and tracking: mark your water bottle with time targets, set alarms on your phone or smartwatch, or leave a reminder note for yourself somewhere you will see it often (like on the kitchen bench, near the kettle, or taped to the fridge)

* Due to sugar content, it may be best to check with your doctor or dietitian before having these regularly, especially if you have kidney or heart problems, or diabetes.

"Eating well" does not mean strict diets, cutting out whole food groups, or following complicated rules. Eating well simply means choosing foods that help your body feel comfortable, energised, and regular.

Eating well

Eating healthy, balanced, fibre-rich food keeps stools (poo or **hamuti**) soft and easy to pass, supporting both bowel and bladder control. Eating well also helps you stay at a comfortable weight, reducing pressure on the bladder and pelvic floor muscles. Small, steady changes to your eating habits can make a big difference over time.

Routine and timing

- Try to eat meals at regular times
- The bowel often moves best after breakfast
- Avoid skipping meals or eating too late at night

What to limit

- Excess cheese, processed foods, or refined grains can cause constipation
- Spicy foods can irritate the bladder
- Limit foods that are low in fibre and high in sugar or fat

Fibre-rich foods

- Aim for 25–30 grams of fibre daily (see table below for some high-fibre foods and how they can add up across the day)
- Increase fibre gradually, and drink plenty of water to help prevent bloating or discomfort
- Fibre supplements such as Metamucil can be useful. Psyllium husk (its main ingredient) is available from the supermarket.
- Include a mix of vegetables, fruit (kiwifruit is amazing!), legumes, wholegrains, and seeds for best results

Food		Serving (typical amount)	Fibre (g) (per serving)
Vegetables & legumes	Frozen mixed vegetables	1 cup	8.6
	Baked beans	½ cup	8.0–8.2
	Lentils (cooked)	½ cup	8.0+
	Peas (green, cooked)	½ cup	3.5–4.0
Whole grains & cereals	Muesli	½ cup	6.5
	Oats (porridge)	1 cup	3–4
	Brown rice (cooked)	1 cup	3.5
	Wholegrain bread	1–2 slices	2–4
Fruit	Kiwifruit	1 medium	2–3
	Banana	1 medium	2–3
	Pear (with skin)	1 medium	4–5
Nuts & seeds	Almonds	¼ cup	3–4
	Chia or ground flax seeds	1 tbsp	3–5

Physical activity

Regular movement keeps your muscles strong, supports balance and digestion, and helps your bladder and bowel stay healthy. It also helps to maintain a healthy body weight, which reduces strain on the pelvic floor muscles and bladder.

Nymbl is a free balance training app for older people that combines simple body movements with cognitive challenges to improve balance and reduce the risk of falls (page 59).

Contact your local gym or library to find out what programmes might be available in your community. Some GP practices also have a free health coach who can provide extra support and information.

- Exercise in a way that works for you – everyone's abilities are different, and that's okay. What matters is finding ways to move your body that feel comfortable and safe for you.
- Aim for 30 minutes of activity you can manage, most days (for example, walking, gardening, swimming, Tai Chi, yoga, dancing while sitting or standing)
- Seated exercises and gentle movements such as arm lifts, leg stretches, or rolling your shoulders can help improve strength and circulation, and keep your joints flexible
- If you can, try to change position or stretch regularly throughout the day
- Adapt activities to your ability – gentle exercise still makes a difference
- Include stretching and strength exercises to maintain mobility and independence, and balance activities such as Tai Chi or yoga to help reduce fall risks (these can also be done seated)
- If you experience leakage during exercise or activity, try using continence products (page 69) for comfort and confidence
- Remember to watch for warning signs when exercising such as leaks, dizziness, or chest pain

Healthy toilet habits

Good toilet habits can make bladder and bowel control easier and help maintain healthy function.

When to go to the toilet

- Sit on the toilet when you feel the urge
- Do not wait too long, but avoid frequent "just in case" visits
- Most people empty their bladder every 3–4 hours, and once or twice at night
- Try prompted voiding (page 56) or bladder retraining (page 58) to help with toilet timing
- Keep a bladder and bowel diary (page 57)

Good toilet hygiene

- Wipe front to back after using the toilet to avoid spreading bacteria
- Gently wash your genital area daily with warm water (avoid perfumed soaps)
- Change continence products and underwear promptly when needed
- Wash hands before and after using the toilet

While on the toilet

- Sit using the correct toilet position (page 56)
- Sitting, rather than standing, helps your bladder empty more completely
- Do not strain or hold your breath when sitting on the toilet
- Relax, take your time, and allow your bladder or bowel to empty fully
- Sitting on the toilet for too long can strain the pelvic floor muscles and cause issues like haemorrhoids (page 42) or pelvic organ prolapse (page 45)
- It's okay if it takes a few minutes to empty – if nothing happens after a few minutes, get up, move around, and come back later when you feel the urge again
- Try double voiding (page 56) to help with complete emptying

Prompted voiding

Prompted (or timed) voiding means going to the toilet, or reminding or helping someone to use the toilet, at regular intervals. It supports comfort, reduces accidents, and can help maintain a healthy toileting routine.

Double voiding

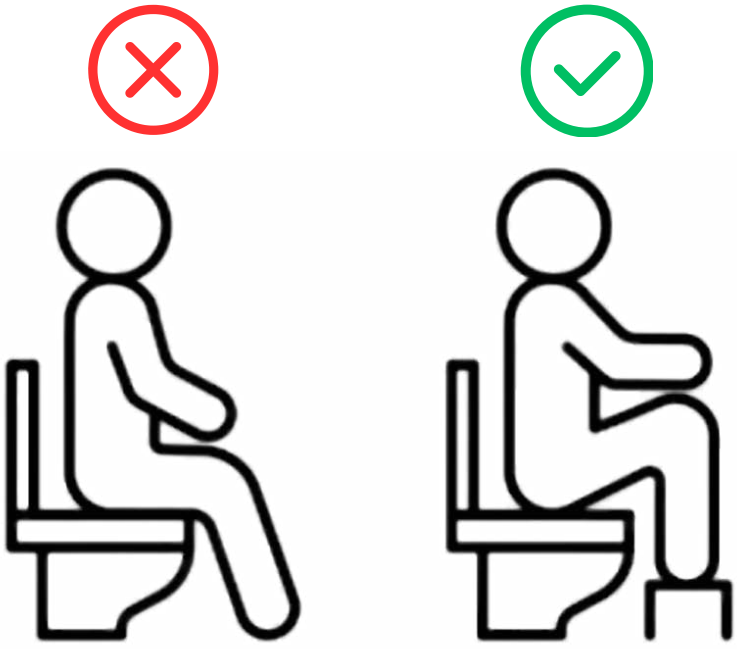
Sometimes, the bladder does not empty completely the first time you go to the toilet. Double voiding is a simple technique that can help ensure your bladder empties fully, reducing dribbling or the feeling of needing to go again soon after.

- After you finish, wait 20–30 seconds and try again
- This can help the bladder empty more fully, reducing leakage and the risk of infection
- At night, you can also try going to the toilet when you are initially getting ready for bed, then going again just before getting into bed

Toilet position

To help straighten the bowel and relax your muscles while sitting on the toilet:

- Sit with your feet flat on the ground or on a small stool
- Keep your knees slightly higher than your hips (about a 30 degree angle)
- Lean slightly forward
- Rest your elbows on your knees



Bladder and bowel diary

A bladder and bowel diary helps you and your health professional see your daily toilet patterns – when you go, how often, and how much. It can help identify habits, triggers, and changes over time.

1. Record for at least three days (seven is even better!)
2. Each time you use the toilet, write down:
    a. The time you went
    b. Whether you passed urine, a bowel motion, or both (ideally including the colour or type of urine, stool, or both)
    c. The amount (small, medium, large)
    d. If there was leakage, urgency, or pain/strain
    e. What you drank and roughly how much (you can also include what you have eaten as well if you have concerns about triggers from your food choices)
3. Be honest and consistent – the diary is for your own benefit
4. Bring it to your appointment – your nurse, GP, pelvic health physiotherapist, or other health professional can use it to guide your care plan

"Whāia te mātauranga hei oranga mō koutou (Seek learning for your wellbeing)."

Download a free bladder and bowel diary from the Continence NZ website, or phone us on 0800 650 659 to get a copy!

Bladder retraining

Bladder retraining teaches your bladder to hold more urine comfortably and reduces the feeling of urgency or frequent visits. This is a safe, simple, and often very effective approach when practised consistently, but we recommend that you also speak to a health professional as there may be other factors causing your incontinence.

Bladder retraining takes time. Most people notice improvement within 4–6 weeks. If you don't notice improvement after this time, seek advice from your GP, nurse, continence nurse/advisor, or pelvic health physiotherapist.

Bladder retraining instructions:

- Keep a bladder diary (page 57)
- Note your usual interval between toilet visits, and try to delay by 5–10 minutes when you first feel the urge
- Use relaxation, deep breathing, distraction (like counting or gentle movement), or squeezing and holding your pelvic floor muscles to suppress the urge
- Gradually increase the interval over time until you are urinating every 2–3 hours
- It is reasonable to go to the toilet overnight if the urge is strong – success begins with daytime progress
- Remember that setbacks are normal – progress fluctuates with illness, fatigue, or stress – be persistent!
- Combine bladder retraining with other strategies to support and enhance results
    - Drink adequate fluids and limit bladder irritants (page 50)
    - Manage constipation – a full bowel can press on the bladder
    - Pelvic floor muscle exercises (page 61)

Supportive environments: Preventing falls

These practical changes can make using the toilet easier, safer, and less stressful. They can be particularly helpful for people with memory or mobility challenges. Taking time and creating safe spaces helps people remain as independent as they can – with the support that is right for them.

“I wish we had spoken to our precious Grandma about her bladder and bowel concerns – understanding them might have prevented the fall that took her from us.”

At home

- Keep the bathroom easy to access and free of obstacles (such as loose rugs and clutter)
- Use clear signage, lighting, and/or contrasting colours for easy recognition
- Install grab rails, a raised seat, or non-slip mats for safety
- Keep spare continence products, wipes, clothes and disposal bags within easy reach
- Use washable bed or chair protectors if needed
- Install low-level night lighting or LED strips to guide the way in the dark
- Keep hallways and bathrooms well lit – use night lights or motion sensors
- Wear non-slip shoes and keep walking aids nearby
- If needed, consider a commode or urinal near the bed overnight
- If balance or strength are concerns, a physiotherapist can help

In the community

- Carry a Toilet Card (page 26) for urgent access to public toilets
- Plan your outings – check toilet locations and allow extra time
- Carry a "confidence kit" with pads, wipes, spare underwear or products
- Use accessible or gender-neutral toilets if you need help from someone else, but remember you can use *any* bathroom you need to with your carer or support person
- Choose easy-to-remove clothing (like elastic waistbands or hook-and-loop fastenings)
- Don't be shy about doing the things you enjoy in the community – bladder and bowels are a normal part of life for *everyone*! Connection supports mental wellbeing (**hauora hinengaro**)
- Try prompted voiding (page 56) to help reduce accidents

Pelvic floor muscle exercises

Your pelvic floor muscles are a network of muscles that support the bladder and bowel, and in women, the uterus. Strengthening them can improve control and prevent leaks – it's never too late to get started, but they may not be possible for everyone.

How to do pelvic floor muscle exercises

1. Make sure you breathe normally throughout
2. Sit, stand, or lie comfortably
3. Squeeze and lift around your back and front passage as if stopping urine or wind
4. Hold for 2–3 seconds, then fully let go/relax for the same amount of time
5. Repeat 10 times, three times a day
6. Gradually increase the hold (and let go/relax) to 8–10 seconds as strength improves

Need help remembering to do your pelvic floor muscle exercises? Order a free pelvic floor muscle exercise sticker or magnet from Continence NZ!

Phone us on 0800 650 659 to order yours. You can pop it on the fridge or anywhere you will see it regularly.

Tips for pelvic floor muscle exercises

- Breathe normally – do not hold your breath
- Keep stomach, thighs, and buttocks relaxed
- For women, you could imagine you are squeezing around a tampon and pulling it in
- For men, visualising “nuts to guts” might help activate the right muscles
- To help establish pelvic floor muscle exercises as a long-lasting habit, try attaching them to tasks you are doing every day anyway like mealtimes, brushing your teeth, or washing the dishes
- If unsure, ask a pelvic health physiotherapist or continence nurse/advisor to check your technique
- Pop our pelvic floor muscle exercise magnet or sticker on your fridge or somewhere convenient to help remind you to do them!

When to seek further help

Self-help strategies can make a big difference, but you don't have to manage symptoms on your own. If they are not improving, talking with your GP or a continence nurse/advisor is an important next step (How to get help; page 15) – many people find that with the right support, things get easier and life feels more comfortable again.

Seek medical advice if you:

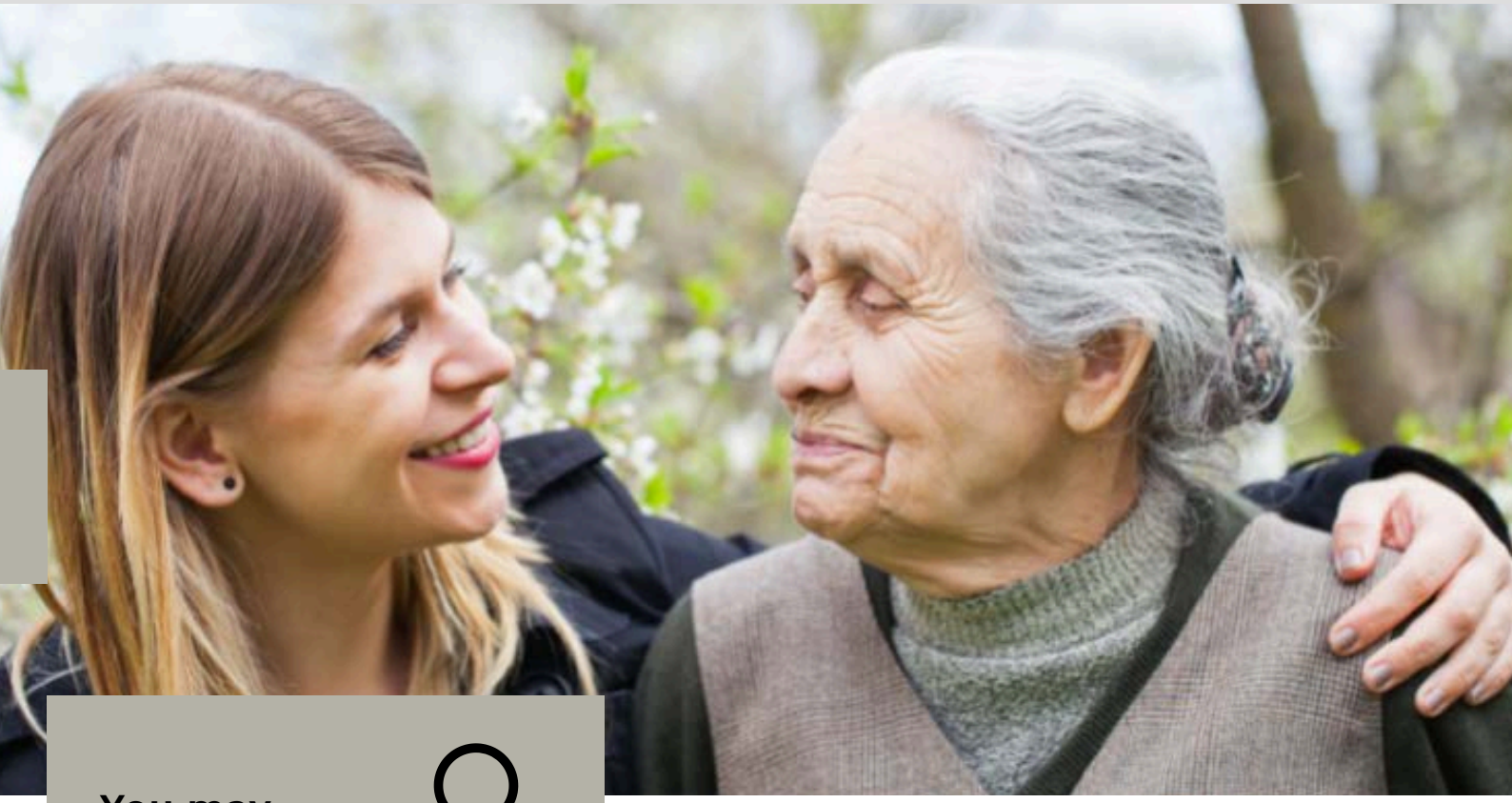
- Have ongoing leakage, urgency, or constipation
- Feel pain, burning, or notice blood when passing urine or stool
- Notice ongoing changes in stool, blood in your bowel motions, or black stools
- Notice sudden changes in your control or awareness
- Feel anxious, isolated, or embarrassed about symptoms
- Have fever, confusion, or shaking chills with urinary symptoms
- Have severe constipation, or have not passed urine for over 24 hours
- Notice that you are losing your balance or experiencing slips, trips, falls, or near misses

If symptoms are severe, call 111 or go to your local emergency department.

You deserve support, and it's completely okay to ask for it – help is there when you need it.

"Little things we do for ourselves can make a big difference in how we feel."

DEMENTIA AND CONTINENCE



You may recognise some of the advice in this section from earlier in this guide – we've gathered it here, alongside dementia-specific guidance, to make it easier for you, carers and family (whānau) to find everything in one place.

Living with dementia (mate wareware) can affect many aspects of daily life – including bladder and bowel control.

Continence changes can be distressing, but they are common, manageable, and not inevitable with dementia. With understanding, patience, and the right support, people can often remain comfortable, confident, and maintain their dignity.

How dementia can affect continence

Dementia may change how the brain processes signals from the bladder and bowel, which can affect:

- **Awareness:** Not recognising the need to go, not remembering where the toilet is, or not recognising the toilet
- **Communication:** Finding it hard to express the need to use the toilet
- **Mobility:** Difficulty getting to the toilet in time
- **Judgment and coordination:** Forgetting how to remove clothing or use the toilet correctly
- **Medications:** Some medications (page 28) can increase urine (wee or **mimi**) output or cause constipation

Continence care for people with dementia isn't just about the body – it is about caring for the whole person, their dignity, and their wellbeing.

Practical ways to support continence

Simple environmental and routine changes can make a big difference.

Toilet awareness and access

- Keep the toilet door open and well-lit
- Use clear signs or pictures on the bathroom door
- Choose a toilet seat that contrasts with the bowl and walls, or add a cover
- Use motion lights or soft night lights
- Encourage a regular toilet routine (every 2–3 hours and before bed)

Clothing and toileting help

- Choose easy-to-remove clothing like elastic waistbands or Velcro, and avoid complex belts, buttons, or layers
- Use grab rails, raised toilet seats, or commodes for safety and comfort
- Offer calm, private assistance and avoid rushing – anxiety can make toileting harder

Encouraging healthy habits
• Support good hydration (page 50) • Provide a calm, familiar toilet environment – avoid sudden changes in layout or scent • Offer gentle reminders about toileting after meals/drinks (prompted voiding; page 56)

Managing accidents
• Keep spare clothes, wipes, gloves, and disposal bags handy • Use continence products if needed (page 69) • Clean skin gently and apply barrier cream to prevent irritation (page 81) • Reassure the person – accidents are not failures; they show more support or adjustments may help

“Sometimes dignity is protected by the simplest things – a light left on, and clothing that’s easy to manage.”

Emotional wellbeing for the person and carer

Continence changes can affect emotional wellbeing for both the person and their carer.

- Approach toileting with patience, respect, and a calm tone
- Avoid harsh words or rushing – reassurance helps build trust
- Keep routines familiar and involve the person in decisions when possible
- Carers – take breaks and seek support. Your wellbeing matters!

Additional tips for carers

- **Stay calm and reassuring:** Speak gently, with a relaxed tone. People with dementia need and deserve respectful, kind support.
- **Use clear cues:** Gentle reminders, gestures, or pointing can help the person recognise it is time to go to the toilet
- **Keep routines familiar:** Consistency helps reduce confusion and accidents
- **Respect privacy and dignity:** Offer help quietly, keep the person covered where possible, and maintain warmth and respect
- **Keep skin healthy:** Cleanse gently, use barrier creams, and change continence products promptly
- **Take care of yourself too:** Rest when you can, ask for help, and connect with support services such as Carers NZ. Support is available, and you don't have to manage on your own.

When to seek help

Talk to a GP, continence nurse/advisor, or dementia advisor if:

- There are sudden or new changes (such as confusion, strong-smelling urine, or pain)
- There is constipation, blood in urine or stool (poo or **hamuti**), or repeated infections
- Accidents increase or continence changes affect daily life
- You notice any changes in balance, or a slip, trip, or fall (or near-miss) occurs
- You are struggling as the carer and need support

Further support and resources

- **Continence NZ** www.continence.org.nz: Continence education and information. Helpline 0800 650 659: Free, confidential advice for people and carers.

- **Dementia NZ** www.dementia.nz: Information and support services. Phone 0800 433 636.

- **Alzheimer's NZ** www.alzheimers.org.nz: Resources and local support groups. Phone 0800 004 001.

- **Carers NZ** www.carers.net.nz: Information, respite, and support for carers. Helpline 0800 777 797.

- **Needs Assessment and Service Coordination** (NASC, page 19): Personal care, home help, respite or equipment help

"Incontinence was our family's biggest challenge. Seeking help changed everything."

PRODUCTS AND SKINCARE

Whether you are new to leakage or have been experiencing it for years, the world of continence products can feel overwhelming. Whether it is occasional drips or more frequent leaks, the right product can protect your skin, comfort, and confidence. There may be other long-term continence strategies that reduce your need for products, such as pelvic floor muscle exercises, bladder retraining, or medical treatments.

A continence nurse/advisor, GP, or pharmacist can help you choose the most suitable continence products and guide you through funding options if you are eligible.

Continence products are not a sign of failure – they are a tool to support your wellbeing and quality of life. Everyone's needs are different, and finding what works for you may take a little time and guidance. There are lots of different options.

Understanding continence products

What are continence products?

Continence products are designed to absorb, contain, or collect urine (wee or **mimi**) and stool (poo or **hamuti**) safely and comfortably. They range from light pads for small leaks to more absorbent garments or appliances for heavier incontinence or specific medical conditions.

Think of continence products as part of a toolkit – many people use a combination of items for day, night, travel, or at-home comfort.

There are options for every situation – day or night, at home or out in the community, temporary or ongoing support. Many continence products are gender-specific for better fit and comfort, and most come in both disposable and reusable (washable) types (page 78).

For information about funded product supply and eligibility, see Funded consumables and product support (page 22–23).

"Using continence products when needed is simply smart self-care – offering comfort, dignity, and peace of mind."

Product types

Pads and liners

Best for: Light to moderate leaks

- **What they are**: Thin, discreet absorbent pads that sit inside your underwear to catch leaks. Available in a range of absorbencies, from light liners for small leaks to high-absorbency pads for heavier leakage or overnight use.
- **Who they are for**: Anyone with small leaks from coughing, sneezing, or urgency
- **Features**: Adhesive strips, odour control, and breathable backing for comfort; disposable or reusable (washable) options available
- **Tip:** Choose pads labelled “for bladder leaks” or “incontinence” (not menstrual pads – they absorb differently)

“Using a pad gives me reassurance. It’s a small thing that helps me stay confident and keep doing what I enjoy.”

Pull-up pants (absorbent underwear)

Best for: Moderate to heavy bladder or bowel leakage

- **What they are:** Soft, stretchy, absorbent pants that look and feel more like regular underwear
- **Who they are for:** Those who need an easy-to-use product, or for confidence during longer outings. People with dementia often find them familiar and similar to briefs
- **Features:** Stretchy sides, soft lining, easy to pull on and off, available in day and night absorbencies, reusable (washable) or disposable
- **Tip:** Try different brands – not all pull-ups feel the same. Some are slimmer and more discreet, ideal for daytime.

Booster pads and inserts

Best for: Extra protection inside another product

- **What they are:** Thin liners placed inside another product to increase absorbency
- **When to use:** Overnight or during travel when changing is difficult
- **Tip:** Only use pads designed as boosters; doubling regular pads can cause overflow and skin irritation

All-in-one briefs (tab-fastening pads)

Best for: Heavier incontinence or if you need help dressing

- **What they are**: Larger, higher-absorbency pads with adjustable side tabs that fasten around the waist for easy changing while standing or lying down
- **Who they are for**: Those needing higher absorbency, such as overnight use or care settings
- **Tip:** Ensure a snug but comfortable fit; side tabs should close easily without digging into the skin

Male continence products

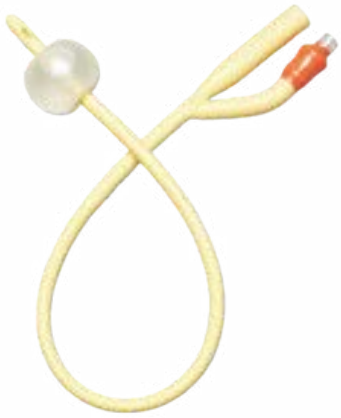
Best for: Men with post-void dribbling or ongoing leakage

- **Guards:** Shaped pads that fit inside snug underwear to collect small to moderate leaks
- **Sheaths (external catheters or uridomes):** Fit over the penis like a condom and connect to a small drainage bag strapped to the leg
- **Penis clamps:** Gently compress the urethra to control urine leakage
- **Tip:** Guards are ideal for daytime use or post-prostate surgery; sheaths may be useful for men with continuous leakage or night-time wetness. A nurse can show you how to fit them correctly and safely.

Catheters and drainage systems

Used when: The bladder cannot empty properly or needs help draining

- **Types:**
  - Intermittent catheters are inserted temporarily to drain urine
  - Indwelling catheters stay in place for longer periods
  - Urinary drainage bags are used for continuous flow, often overnight
- **Safety:** Always use under medical advice – incorrect use can cause infection or injury
- **Tip:** Keep tubing below bladder level and check for kinks and blockages



Bed and chair protection

Best for: Night-time or sitting comfort

- **What they are:** Waterproof yet breathable sheets, underpads, or seat covers that protect bedding or furniture from leaks
- **Examples:** Washable Brolly Sheets, Kylie pads, or disposable under-sheets
- **Tip:** Choose breathable fabrics for comfort, and wash reusable protectors regularly at 60°C if possible
- Use a full waterproof under-sheet with a pad on top to remove if wet

Portable toilet aids

Best for: People who prefer or need to manage using the toilet differently – for example, if mobility, dexterity, or access to toilets is limited

- **Handheld urinals:** Small, easy-to-use containers for collecting urine when a toilet is not nearby, such as overnight
- **Urine directors/funnels:** Help direct urine flow for easier use while sitting, standing, or travelling
- **Commodes:** Portable toilets that can be kept by the bed or in another room for easy access
- **Bedpans and bottles:** Used when movement is restricted – disposable and washable options available
- **Tip:** Portable aids can restore confidence for people with mobility challenges or in recovery from illness or surgery

Faecal devices

Best for: People experiencing bowel leakage

- **Anal plugs/inserts:** Small, soft devices worn inside the rectum to prevent leakage
- **Faecal collectors or pouches:** Adhesive pouches that fit over the anus to collect stool – useful for liquid stool or after surgery
- **Barrier pads and briefs:** Designed for faecal as well as urinary leakage; protect both skin and clothing
- **Tip:** Faecal devices can make a significant difference – they are discreet, comfortable, and allow greater social confidence

These products can provide freedom and confidence, especially for people with nerve-related bowel leakage, long-term diarrhoea (page 44), or after rectal surgery. Always seek professional advice for fitting and safe use.

All continence devices, even simple ones, must be used correctly. Ask for professional guidance and written instructions.

Adaptive clothing

Clothing designed for ease and dignity can make managing continence simpler.

Features to look for:

- **Easy-access designs:** Side openings, Velcro, or zips for easier changing
- **Moisture-wicking fabrics:** Pull moisture away from the skin
- **Discreet designs:** Look like regular clothing, helping you stay confident in public
- **Breathable materials:** Such as cotton to reduce heat and friction
- **Stretch fabrics:** For comfort and ease of movement
- **Tip:** Adaptive clothing supports independence and makes product changes quicker and more dignified – especially for people with limited mobility or hand strength

Reusable (washable) continence products

Reusable continence products can be a comfortable, cost-effective option for many people. They are designed to be washed and used again, which makes them a popular choice for those wanting something soft, discreet, and environmentally friendly.

Washing and care

- Ideally, wash at 60°C with mild detergent; cold wash is fine if needed
- A short pre-wash cycle can help prevent ammonia build-up
- Avoid fabric softeners – they reduce absorbency
- Air dry completely before reuse to prevent mould and odour
- Follow product care instructions for washing and drying

Materials and absorbency

- Natural fibres (cotton, bamboo, hemp): breathable, gentle, hold moisture well
- Microfibre: fast-absorbing and quick-drying
- Many products use layered fabrics for comfort, absorbency, and leak protection
- Trying different styles and fabrics can help you find the best fit and feel

It's normal to try a few different styles or absorbency levels before finding what works for you. While some people find disposable products to be more absorbent, others may choose reusable products for their softness, discreet feel, environmental friendliness, and lower long-term cost. The best option is simply the one that keeps you comfortable and confident, and works.

Choosing what is right for you

Choosing continence products is about finding what feels right for your body, lifestyle, and routine.

Step 1: Assessment

A continence nurse/advisor can measure leakage, check skin health, and suggest product options.

Step 2: Try before you buy

Most brands offer sample packs. Try them at home to compare comfort, absorbency, and fit.

Step 3: Think about your day-to-day life

Consider:

- Mobility: Can you get to the toilet easily?
- Hand strength: Are you able to change continence products independently?
- Body shape: Does the product fit comfortably around your legs and waist?
- Lifestyle: Do you travel, work, or spend time outdoors?
- Skin sensitivity: Do you react to fragrances or materials?

Step 4: Review regularly

Your needs change – review continence products every few months or after a health change.

There is no one-size-fits-all solution – the best product is the one that fits your needs. You can use the ContinenceCare Product Finder (www.continencecare.co.nz/product-finder) to help you get started.
You can find suppliers here: www.continence.org.nz/product-suppliers

Managing day and night comfort

During the day

- Depending on your absorbency needs, consider choosing lighter, slimmer pads or pull-up pants that let you move freely
- Change promptly when damp to protect the skin
- Carry a discreet “confidence kit” with spare pads, wipes, and disposal bags

At night

- Use higher-absorbency or overnight continence products
- Combine products depending on your needs – for example, wear a pull-up or uridome and use a breathable bed protector
- Using multiple bedding layers (such as a waterproof mattress protector and a bed pad/Kylie on top) can make night-time clean-ups much easier without having to remake the whole bed. Simply remove the wet pad and replace it with a fresh one.
- For overnight use, some people find that wearing a higher-absorbency pull-up, wearing one on top of another, or adding a booster pad inside a pull-up can increase absorbency
- If using catheters or sheaths overnight, ensure tubing and bags are secured and below bladder level to prevent backflow. Some people suggest putting the bag in a container overnight to avoid any spills or leakage.

“Looking after your comfort at night means better sleep and more energy for the day ahead.”

Caring for your skin

Healthy skin helps you feel comfortable and confident. Regular contact with urine or stool can cause moisture and friction, leading to infections, sores, or incontinence-associated dermatitis – redness, soreness, or itching.

Keep clean and comfortable

- Wash daily or as often as feels needed using warm water and a flannel
- You can use a mild, unscented soap or cleanser, but plain water works well, too
- Pat your skin dry rather than rubbing, especially in skin folds or sensitive areas

Check and change regularly

- Ideally, change continence products as soon as they are damp
- Check for redness, itching, or soreness – these can quickly worsen
- Seek help early from a nurse or GP if irritation does not improve

Protect your skin

- Moisturising* helps prevent dryness – if you can, use a small amount of simple, fragrance-free moisturiser or sorbolene cream once a day – or just on dry areas
- If needed, use barrier creams or films (zinc or dimethicone-based) on areas exposed to moisture to help prevent irritation
- Apply a thin layer – thick creams can reduce the absorbency of some continence products
- Let skin breathe – change products regularly and wear loose clothing

* The most important step is keeping skin clean, dry, and protected from irritation. Moisturising can be helpful but is not essential.

Environmental and disposal tips

- Always dispose of used continence products hygienically – wrap used products (for example, in a disposal bag, paper bag, or repurposed bag) and place in general rubbish
- Use a lined bin with a lid and change it regularly. Double-bag soiled items if needed to control odour.
- Never flush continence products down the toilet, as they can block pipes and damage wastewater systems
- Keeping a lined rubbish bin in the bathroom can help keep changes easy and hygienic
- Store continence products in a cool, dry place away from sunlight
- Consider reusable options where suitable to reduce waste and cost
- If possible, tip any solid stool into the toilet before throwing the product in the bin. This helps reduce odour and bacteria, and ensures waste is treated safely through the sewage system.

Additional advice for carers

Supporting someone with incontinence often means helping them feel comfortable, clean, and dignified when using continence products. Your gentle approach can make these moments much easier.

Maintain dignity and respect

- Provide privacy and speak calmly and respectfully during toileting or product changes
- Involve the person in choosing products and routines where possible
- Encourage safe independence – the person may be able to manage part of the routine themselves

Skin and hygiene care

- Check skin daily for redness, soreness, or irritation
- Change products promptly
- Always clean front to back to help prevent urinary tract infections (page 35)
- When assisting with personal care, simple hygiene steps like wearing disposable gloves and washing hands before and after help keep both you and the person you are caring for safe and comfortable

Emotional reassurance

- Acknowledge feelings – using continence products can feel sensitive
- Reassure the person that these products are common, practical tools that protect comfort and dignity
- Ask a continence nurse/advisor for support if product choice or fit is unclear

Carers can find more helpful continence care tips under the Self-help tips (page 49) section of this guide.

Continence Product Advisor (www.continenceproductadvisor.org) provides independent, evidence-based guidance on these types of products for different continence and toilet needs.

When to seek further help

Reach out for professional advice if you:

- Experience ongoing leaks despite product use
- Notice skin irritation or discomfort
- Feel unsure about which continence products to use or how to fit them
- Need help managing supplies or accessing funding

Healthcare professionals can:

- Review your skin and continence needs
- Adjust absorbency, fit, or type
- Recommend barrier products or topical treatments
- Help access continence funding and community services

“Remember: the goal is comfort, dignity, and independence. Continence care is about living well – not hiding away.”

CONTINENCE AND MENTAL WELLBEING

Living with changes in bladder or bowel control can affect more than just your body – it can also impact your mind, emotions, and confidence. Whether you have been experiencing leakage for years or it has just started – you're not alone. These experiences are common, often treatable, and nothing to be ashamed of.

It's natural to feel embarrassment (**whakamā**), frustration, or worry at times. What matters most is knowing that help, understanding, and support are available. Many people have improved continence health and wellbeing with the right care.

How incontinence can affect how you feel

It is important to acknowledge that continence changes can influence mood, sleep, and social wellbeing – sometimes in ways people do not expect. Recognising these feelings is the first step to supporting your mental wellbeing.

These reactions are normal. You deserve compassion, care, and time to adjust.

Loss of confidence or dignity
Worrying about accidents or odours can make you feel self-conscious or avoid social activities

Anxiety and vigilance
Constantly planning toilet access, or monitoring your fluid intake, can feel stressful

Shame or stigma
Many people think incontinence is their fault, but it is a medical condition – not a personal failing

Isolation
Avoiding outings or hobbies for fear of leakage can lead to feelings of loneliness or sadness

Sleep disruption
Waking often to pass urine (wee or mimi), or change wet clothes and bedding can affect mood, energy, and concentration

Fear of asking for help
Some people fear that being honest about incontinence will lead to changes. Getting help is really important for your health and quality of life.

Supporting your mental wellbeing

Building emotional strength and confidence is just as important as managing the physical side of continence.

Name it and normalise it

Incontinence is common, especially as we age – up to half or more of older people experience some form of incontinence. You are not alone, and support is available.

Talk about it

Share feelings with a trusted friend, family (**whānau**) member, peer group, or health professional to help reduce embarrassment (**whakamā**) and lighten the emotional load

Practice self-compassion

Be patient and kind to yourself – incontinence is a medical condition, not a weakness. Managing incontinence can feel hard, and you are doing your best.

Stay socially connected

Keep doing the things that bring you joy – whether that's walking, gardening, church, or coffee with friends. Planning ahead with spare continence products or knowing toilet locations can ease worry. Know that others are also experiencing this.

Mind-body strategies

Relaxation, mindfulness, or gentle breathing can reduce anxiety and restore calm. Try:

- Slow, steady breaths for 1–2 minutes when you feel tense or rushed
- Gentle (seated or standing) stretching, yoga, or Tai Chi to reduce stress and improve circulation
- Spending time in nature – even a short walk or sitting outdoors can lift your mood

Personal stories

Reading about what other people have been through can help you feel less alone and reassure you that your situation can improve – at any age. Here are the stories of three New Zealanders living with continence challenges:

Claire

Claire had been living with incontinence for over 40 years before deciding to take control of her life back by seeking help:

“My bowel and urinary incontinence were impacting my daily life – I felt low confidence, embarrassment, fear, and frustration at having very little control,” Claire admits. “After a lifetime of ‘accidents’, it took specialist support and my own commitment to regain my freedom, confidence, and dignity…It still surprises me that with the minimum amount of energy doing my daily ‘invisible exercises’ [pelvic floor muscle exercises], decades of this messy issue was resolved within months."

Watch Claire’s full story here: **www.youtube.com/watch?v=GnPmQv8hPYc**

Margaret

Margaret lives with dementia, and her family noticed increasing challenges with bedwetting and disrupted sleep. After seeking advice, they discovered that managing constipation made a significant difference.

“Once we addressed Mum’s constipation, the bedwetting reduced noticeably,” her daughter shares. “We also started using a bed pad over a waterproof sheet, which has made nights much easier for everyone. It has helped Mum stay more comfortable and reduced the stress on us as carers.”

Ken

Ken experienced urinary incontinence for years following prostate surgery and is now almost fully continent:

"For me, getting to this stage has been quite a journey. Given time and the expertise of dedicated professionals like Dr. Lawrence, I am sure that all men with urinary incontinence following post-prostate conditions can be effectively treated," Ken reflects. "For those thinking of the embarrassment factor, I can only say that that is a tiny price to pay for excellent treatment and a life free of incontinence."

Watch Ken's full story here: **www.youtube.com/watch?v=9BuyJ4f4i10**

Caring for the carer

Supporting someone with incontinence takes patience, compassion, and understanding. It can also be tiring and hard at times – so caring for yourself is just as important as caring for the person you support.

Connect with **Carers NZ** (0800 777 797) or local support groups for advice and respite.

Remember: You can't pour from an empty cup. Looking after your own wellbeing is incredibly important. There is so much that can be done to help.

When to seek further help

You don't have to manage continence challenges on your own – help is available. If sadness, anxiety, or withdrawal persist, please reach out to a health professional. There is no shame in asking for help – early support protects you, and the person you care for.

Asking for help is a sign of strength – not weakness. See How to get help (page 15) for more information.

- **GP** or **nurse**: For both continence and mental health care
- **Continence nurse/advisor** or **pelvic health physiotherapist**: For tailored assessment and treatment
- **Counsellor** or **psychologist**: To support emotional wellbeing and coping strategies
- **Carers NZ:** Support for carers and family (**whānau**). Helpline: 0800 777 797. Website: www.carers.net.nz/
- **Continence NZ** 0800 650 659: Free, confidential information and support
- **Community groups**: Such as Age Concern, Alzheimer's NZ, or Dementia NZ, for peer connection and practical help
- **Wellbeing services**: Available in some GP practices, these services can support you to improve your mental and physical health and wellbeing (www.wellbeingsupport.health.nz/available-wellbeing-support/wellbeing-services-in-general-practice)

"He oranga ngākau, he pikinga waiora (A healthy heart lifts wellbeing)."

THANKS & ACKNOWLEDGEMENTS

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Claire, Margaret, and Ken, for sharing their stories

The Selwyn Foundation

International Continence Society (ICS)

Best Practice Advocacy Centre (BPAC) New Zealand

Continence Product Advisor (CPA)

HealthPathways Community

World Health Organisation

Age UK

University of Auckland

Third Age Health

Your generosity and knowledge is greatly appreciated.

GLOSSARY

Barrier cream: a protective cream or ointment applied to the skin to prevent irritation from moisture or friction

Benign prostatic enlargement (BPH): a non-cancerous increase in the size of the prostate, common as men age, which can press on the urethra, causing symptoms such as slowing the flow of urine (wee or **mimi**), trouble starting or stopping urination, or needing to go more often (especially at night)

Bladder: a muscular sac in your lower belly area that holds urine until it is time to go to the toilet

Bladder irritants: foods, drinks, or ingredients that can bother the bladder lining and make symptoms like urgency, frequency, or discomfort worse. Common bladder irritants include caffeine, alcohol, carbonated (fizzy) drinks, artificial sweeteners, citrus fruits, spicy foods, and acidic or highly processed items.

Bladder retraining: a method of gradually increasing the time between toilet visits to improve bladder control and capacity

Bristol Stool Chart: a visual chart showing different stool (poo or **hamuti**) types, used to help describe bowel habits and identify constipation or diarrhoea

Bowel: the part of your body's digestive system that processes what you eat and then removes waste that your body does not need. When we go to the toilet, the bowel empties a bowel motion.

Catheter: a thin, flexible tube inserted into the bladder to drain urine when it cannot be passed naturally

Constipation: having infrequent bowel movements, difficulty passing stools, or feeling that the bowel is not fully empty. Stools are often hard, dry, or lumpy, and bowel motions can feel uncomfortable or painful.

Continence: the ability to control your bladder and bowel

Continence nurse/advisor: a specialist, often a registered nurse, with advanced training in bladder and bowel health, who provides assessment, treatment, and support

Continence products: pads, briefs, or other items designed to absorb urine or stool to keep skin dry and comfortable

Diuretics: medicines that help the body get rid of extra fluid by increasing urine output. Sometimes called “water pills.”

Faecal incontinence: leaking stool or wind from your bowel, or soiling underwear or clothing, possibly associated with urgency, passing wind, or an impacted stool (constipation)

Functional incontinence: when your bladder and bowel are working, but physical, mental, or environmental factors make it hard for you to reach the toilet in time (such as challenges with mobility, vision, or memory)

Haemorrhoids: swollen blood vessels in or around the anus and lower rectum, often called piles. They can cause itching, discomfort, pain, or bleeding when passing a bowel motion.

Hydration: having enough fluid in your body to keep organs working well; often judged by the colour of your urine.

Incontinence: when you cannot always control your bladder and/or bowel, so urine or stool leaks by accident

Incontinence-associated dermatitis: skin irritation or breakdown caused by frequent contact with urine or stool, leading to redness, soreness, or pain

Leakage: unintentional loss of urine or stool

Mixed incontinence: when you have a combination of both stress and urge incontinence

Nocturia: waking up during the night to urinate

Older person: a person aged 65 years and older

Overflow incontinence: when your bladder cannot empty fully, so there may be constant dribbling or frequent leakage

Pelvic floor muscles: a layer of muscles stretching from your pubic bone at the front to your tailbone at the back. They form the floor of the pelvis.

Pelvic health physiotherapist: a physiotherapist with specialist training in pelvic floor muscles and continence care

Pelvic organ prolapse: when the bladder, uterus, or bowel drops lower than usual, causing a sensation of pressure, heaviness, or bulging in the vagina

Prompted voiding: a strategy where a person is reminded or helped to go to the toilet regularly, even if they have not felt the urge

Prostate: a small gland about the size of a walnut, found only in men, that sits just below the bladder and surrounds the urethra. The prostate produces part of the fluid in semen.

Prostate cancer: a disease in which abnormal cells grow uncontrollably in the prostate. Early detection through screening and medical evaluation can improve treatment outcomes.

Prostatitis: inflammation or infection of the prostate, sometimes causing pain or burning

Stool: the solid waste left over after your body digests food. It forms in the bowel and is passed out of the body when you have a bowel motion. Also called poo, **hamuti**, faeces, or bowel motion.

Stress incontinence: leaking urine when you cough, sneeze, laugh, strain, bend, lift, exercise, or otherwise move in a way that puts pressure on your bladder

Urethra: the tube that carries urine out of the body

Urge incontinence: a strong, sudden, overwhelming need to pass urine, where you might not get to the toilet in time. This is sometimes associated with arriving home after being out, passing the toilet or thinking about going to the toilet, or running water.

Urgency: a sudden, strong, and hard-to-control need to pass urine

Urinary incontinence: leaking urine from your bladder

Urinary tract infection (UTI): an infection anywhere in the urinary system – most often in the bladder. Symptoms can include needing to pass urine urgently or frequently, burning or stinging when urinating, pain in the lower abdomen, fever, or cloudy and strong-smelling urine.

Urine: the liquid waste your body makes when the kidneys filter your blood. It is stored in the bladder and passed out through the urethra when you go to the toilet. Also known as wee or **mimi**.

Still have a question?

Call us on our free Continence Helpline
0800 650 659

At Continence NZ, we have an understanding and caring team who can advise you.

Every day we talk to New Zealanders with continence challenges from all over the country – you don't have to be embarrassed talking to us at all. We know how hard it can be sometimes, but we are very comfortable with the conversation, and are here to help. You can talk to us openly about anything you're concerned about or need help with.

One of our team can chat with you about your own situation, and then offer practical advice and let you know where to go for further help near you if that is needed.

All enquiries are free and confidential.


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NZ