



PATIENT & CAREGIVER EDUCATION

Improving Your Urinary Continence

This information will help you improve your urinary continence (YOOR-ih-NAYR-ee KON-tih-nents).

What is urinary continence?

Urinary continence is being able to stop urine (pee) from accidentally leaking from your bladder. Accidental leaking of urine is called incontinence (in-KON-tih-nents). Incontinence can be caused by surgery or radiation therapy to your pelvis, or by having an overactive bladder.

There are several things you can do to retrain your bladder and improve your urinary continence. This depends on your diagnosis and type of treatment that you had. Talk with your doctor or nurse about which ones are best for you, or if you have any questions.

Drink less liquids

- Limit the amount of liquid you drink, if your doctor or nurse tells you to. There's no set amount of water that you need. You should drink when you're thirsty.
- If you urinate (pee) often at night, don't drink any liquids after dinner.
- If you take medication at night, take it with only a sip of water.

Empty your bladder often

- Urinate every 1 to 2 hours, if you can.
 - If you still leak urine during that time, urinate more often.
 - If you haven't leaked any urine after 1 or 2 hours, urinate less often.
- Don't wait until the last minute to urinate.
- Urinate as much as you can each time you go.
- If you have trouble urinating, urinate once, then walk away from the toilet. In 5 to 10 minutes, urinate again. Use your abdominal (belly) muscles to help empty your

bladder.

Keep a urination log

Your doctor or nurse will give you a urination log. Use this to write down how much and how often you urinate. They will also give you a plastic container to catch your urine. This will be a collection “hat” if you’re female or urinal if you’re male.

Choose any 3-day period. During those 3 days, urinate only into the hat or urinal. If you leave home during your collection period, take the urinal or hat and urination log with you.

Each time you urinate, measure the amount of urine. Write it in your urination log. Then, pour the urine into the toilet and flush.

If you have incontinence, write that down as well. Write down if it happened:

- When you were straining.
- During stress on your bladder, such as coughing, sneezing, bending, lifting, or a change in position.
- With an uncontrollable urge.
- On the way to the toilet.
- Without you knowing it.

Bring your urination log with you to your next appointment. Your healthcare provider will go over it with you. Tell them if you forget to measure your urine or can’t measure your urine.

Do Kegel (pelvic floor muscle) exercises

The goal of Kegel exercises is to strengthen your pelvic floor muscles. This can help prevent urinary incontinence.

To find your pelvic floor muscles, imagine you’re urinating. Contract (tighten) the muscles you would need to stop the stream of urine. You can also tighten the muscles you use to hold back gas when you don’t want to pass it.

To do Kegel exercises:

1. Tighten your pelvic floor muscles for 2 to 3 seconds.
2. Relax the muscles completely for 10 seconds.

3. Repeat this exercise 10 times. This is one set.

Start out doing 3 sets of Kegel exercises each day. Increase to 7 to 10 sets a day. Follow your doctor's recommendations for doing Kegel exercises safely.

When you have the urge to urinate, do 4 to 5 Kegel exercises. Concentrate on stopping the urge to urinate. You should also do Kegel exercises before coughing, bending, or lifting.

Read *Pelvic Floor Exercises for Females* (www.mskcc.org/pe/kegels-females) or *Pelvic Floor Muscle (Kegel) Exercises for Males* (www.mskcc.org/pe/kegels-males) for more information. For more tips, visit the National Association for Continence (NAFC) website at www.nafc.com.

Limit or avoid foods and drinks that irritate your bladder

Changing your diet can help you need to urinate less often. You can do this by limiting how much of certain foods and drinks you have at one time. For example, do not have apple juice, cereal with milk, and a banana for breakfast.

Talk with your healthcare provider about how to safely change your diet. If you drink coffee, talk to them about using milk and a sweetener.

Certain foods and drinks can irritate your bladder. Examples include foods and drinks with caffeine or chocolate. Caffeine is a diuretic (something that makes you pee more). More examples are listed in the following table.

Food type	Foods to Limit
Fruits	<ul style="list-style-type: none"> • Bananas • Citrus fruits and juices (low-acid juices, such as Tropicana Pure Premium® Low Acid Orange Juice are OK) • Cranberries • Grapes and raisins • Guava • Peaches • Pineapple • Plums and prunes
Vegetables	<ul style="list-style-type: none"> • Avocados • Chili peppers • Onions • Pickles • Tomatoes
Dairy products	<ul style="list-style-type: none"> • Milk • Cheese • Yogurt
Drinks	<ul style="list-style-type: none"> • Alcohol • Apple juice • Carbonated drinks, such as soda. • Caffeinated coffee (decaffeinated coffee is OK) • Caffeinated tea (decaffeinated tea is OK)
Other	<ul style="list-style-type: none"> • Caffeine, including caffeinated coffee, tea, soda, and some medications • Chocolate (carob and white chocolate are OK) • Corned beef • Lentils • Lima beans • Nuts • Mayonnaise • NutraSweet® sugar substitute • Rye bread • Sour cream (imitation sour cream is OK) • Soy sauce • Vinegar

When to call your healthcare provider

Call your healthcare provider if:

- You feel pain or discomfort while doing Kegel exercises.
- Incontinence does not get better after 12 weeks of doing regular Kegel exercises.
- You have any other questions or concerns about incontinence or Kegel exercises.

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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