

# Top 10 Tips for Bladder Control

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*Your Personal Guide to a Sensitive Bladder*



**Dr. Mache Seibel**

Leading authority on women's wellness and menopause

# Message from Dr. Mache Seibel

*Thank you for downloading this free personal guide!*

I know this is a sensitive topic ... and I want to help you discover what you can do to overcome this problem so that you can take action.

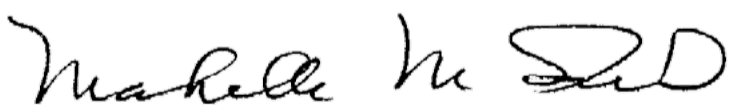
**I**f your bladder has you feeling like a leaky faucet, **you are not alone**. It's a frustrating problem for **millions** of women. In fact, over half will have some form of incontinence at some point in their lives.

Sensitive bladder issues are an uncomfortable and embarrassing topic to discuss and you may have even hesitated to download this information. I completely understand. Most women wait 5-7 years to talk about it with their health-care provider. You may think you're the only one or that nothing can be done to help you, but there are many types of treatment available. I've outlined my **top 10 tips to help you get this under control**.

My hope is that you find at least one tip that works for you – if not more.

So let's get started!

Yours in good health,



Mache Seibel, MD  
International authority on women's wellness  
and menopause

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# Your Personal Guide to a Sensitive Bladder

## *Types of incontinence*

First, it's important to have an understanding of the different types of incontinence:

### *Stress Incontinence*

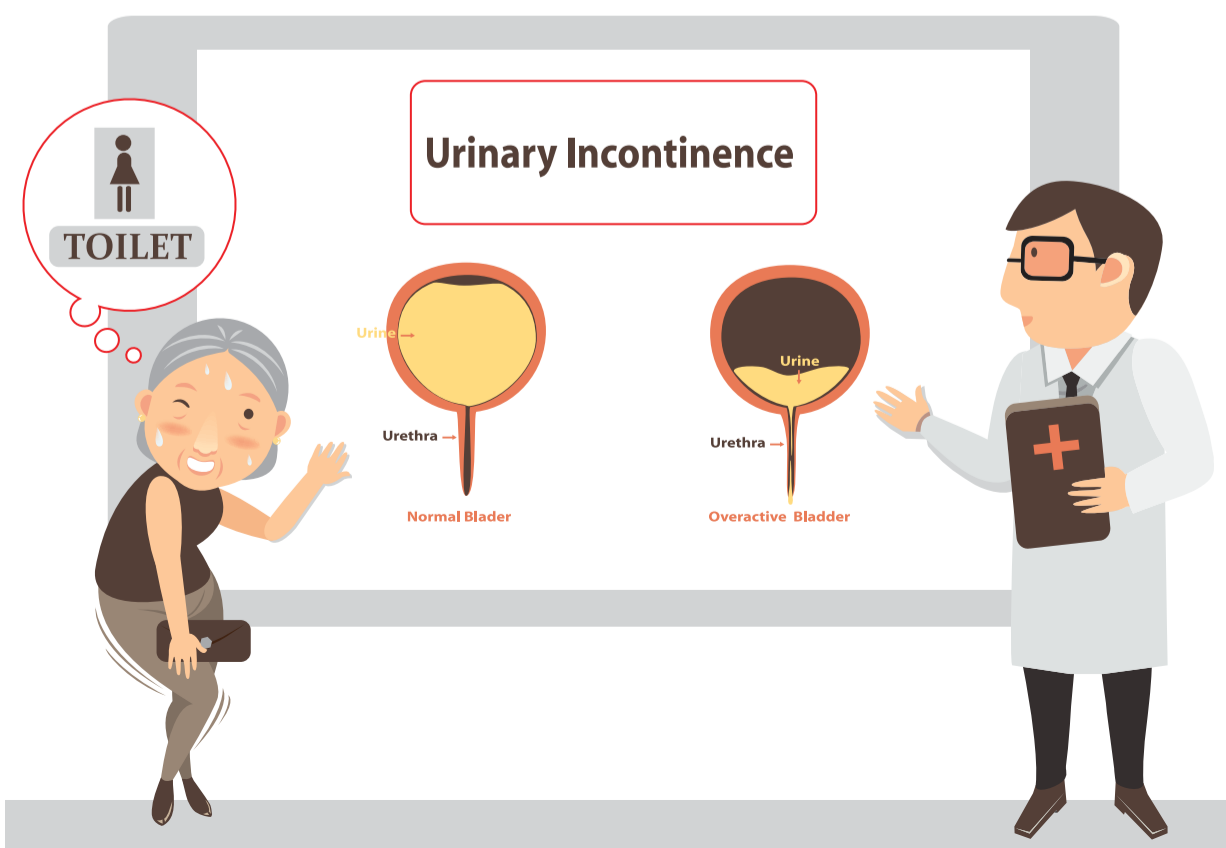
Think of your bladder as a balloon with muscles keeping it closed. If those muscles weaken from childbirth or stretch from weight gain, or if the pressure in the bladder increases from coughing, laughing, picking up a heavy object or other activities, the pressure can overpower the outlet muscles causing urine to leak out.

### *Urge Incontinence*

This is when you experience a sudden, urgent need to pee. It may be caused by muscle or nerve damage, infection or inflammation of the bladder, or from illness (like a stroke or multiple sclerosis).

### *Overactive Bladder*

A type of urge incontinence – is when you have a sudden urge to pee and you're not sure you're going to make it to the bathroom in time. Some women can "hold it" until they get to the toilet, but it is a constant problem for them.





# Your Personal Guide to a Sensitive Bladder

## *Top 10 Tips for Bladder Control*

Incontinence in its many forms can affect everything from social events to work to exercise.

Here are 10 tips to help you gain back control:

### **1. Examine Your Medications**

- a. Some high blood pressure medications can relax bladder muscles and worsen (or cause) stress incontinence
- b. Some antidepressants improve (eg Tofranil and Elavil) – and some worsen (most others) – incontinence
- c. Diuretics create more urine and worsen incontinence

### **2. Observe Your Emotions**

- a. Women with incontinence can have lower self-esteem, a less active sex life and more depression than women with healthy bladders
- b. Most women are so embarrassed they wait 5-7 years to tell their doctor ... delaying possible improvements. Don't let your emotions get in the way of getting help

### **3. Start The Evaluation**

- a. Discuss the problem with your health care provider, providing your history and urine sample to test for infection
- b. You may be asked to stand and cough to inspect for leakage and to keep a diary that tells how much you drink, how frequently you pee and how often you lose urine

### **4. Get Tested: The Work up may include the following**

- a. If the urine test is negative, you may be asked to get an **ultrasound** of your bladder and urethra, and asked to cough or pee during the test to see how your anatomy changes
- b. **Pad test:** wearing a pad during the day allows the amount of urine lost to be measured

- c. **A Bladder Stress Test:** A cup of liquid is put into your bladder with a thin catheter and you are asked to cough or sneeze, either while laying down or standing, to see if there is leakage
- d. **Cystometry:** Measures bladder pressure to help diagnose urge incontinence
- e. **MRI:** To show problems that won't show up with the other tests

## 5. Develop a Strategy

- a. For milder incontinence, try drinking smaller volumes more often; you don't want to get dehydrated but you do want to keep your bladder less full
- b. Avoid caffeine, spicy foods and acidic foods
- c. Try going to the bathroom every two hours or so, before you *have* to go, so your bladder doesn't feel full

## 6. Non-Surgical Treatments

### a. Kegel Exercises

This is a strengthening workout for your bladder muscles. When you go the bathroom to pee, tighten the muscles to stop the urine flow - now you know which muscles to squeeze (although when you do Kegals, do not do them when urinating). Hold the squeeze for 3-4 seconds and then relax for 3-4 seconds. Gradually work up to holding for 10 seconds and relaxing for 10 seconds. Relax and repeat for a total of 10 times. Make sure you're not tightening your abdomen, thighs or buttocks. No one can tell that you're doing Kegals so you can do them anywhere! Many women will notice improvement with just three to four sets daily. However, Kegals are not as effective for women with severe stress incontinence who may need other treatments.

Pelvic-floor electrical stimulation is sometimes used along with Kegel exercises to treat overactive bladder. In the office setting, a small probe is used to create mild electrical pulses that stimulate muscle contractions. This treatment is repeated over the course of a couple of months and often relieves symptoms. This treatment isn't painful.

## **b. Biofeedback**

Biofeedback provides real-time information about activity in your bladder and pelvic muscles so you can be better able to control them. This is done in offices that specialize in this type of treatment and requires short visits for a number of weeks.

**BONUS TIP:** Biofeedback is great to use along with Kegel exercises.

- c. Pessary** A pessary is a device (something like a diaphragm) put into the vagina to help cut down on the leakage by keeping the bladder from dropping and elevating the bladder to its normal position. You can wear it either continuously or as needed, such as when you exercise. Talk to your doctor for information on how to get and use one.

## **d. Bladder Training**

Bladder training involves making a chart of when you go to the bathroom and when you leak. After studying the patterns, you can avoid accidents by peeing before a leak might happen, or training your bladder to hold out for increasingly longer periods between bathroom visits.

## **e. Physical therapy**

Some physical therapists are specially trained to treat incontinence with non-surgical methods. It's done in the office and requires several visits for increased success. Many women can be helped with these non-surgical techniques.

## **7. Incontinence Medications**

- a. Anticholinergic** medicines are often used for urge incontinence. They come as pills or patches, and block some of the nerves in the bladder muscle.

**BONUS TIP:** Combining these meds with bladder training works well.

- b. Botox injections** can be used to relax the bladder and allow it to hold more urine. While Botox injections aren't permanent, they can last for up to eight or nine months in the bladder, and can be repeated.

- c.** There are an increasing number of medications for incontinence, with new ones coming out all the time. Talk with your healthcare provider about treatment options.

## 8. Incontinence Surgery

- a. In the past, surgery for incontinence often required a hysterectomy. Today there are many newer and less invasive operations to treat this problem. Most are outpatient.

## 9. Who Can Help

- a. Both gynecologists and urologists often help women with incontinence.
- b. There are also a specially trained group of doctors called urogynecologists who have additional training to help with this problem.

## 10. Preventing Incontinence

As with everything, prevention is better than cure. While most women can't prevent bladder problems, there are ways to lower your risk of incontinence ...

- a. Keep a healthy weight
- b. Do daily Kegel exercises
- c. Don't smoke – Smoking both irritates the bladder and can lead to chronic coughing, which can stress the bladder and cause leaks





## *An Important Message for Women Over 40 ...*

While a sensitive bladder is very common, it is most common in women ... especially those going through menopause. So if you're a female over the age of 40, this free online training is for you ...

# Discover What You Can Do to Protect Your Health Before, During and After Menopause

Learn What You Can Do Today to Minimize Menopause Symptoms and Lower Your Risk of Breast Cancer, Heart Disease and Dementia – Even If You're Years Away from Menopause or You've Already Gone Through "The Change."

**Confused about the best way to deal with menopause symptoms** – including whether hormone replacement therapy (HRT) is safe?

You're not alone. Most women admit to being **baffled, frustrated** ... and even resigned to "**grin and bear it.**"

During ***Navigating the Change: Common Myths and Overlooked Facts that Radically Impact the Menopause Experience***, one of America's top menopause experts cuts through the clutter and confusion ... giving you clear answers, objective explanations and practical strategies to prepare for and handle menopause.

Tune in to discover:

- The **3 main types of menopause** and how this natural change of life **evolves** (*The phase you're in dictates which treatment options are available to you – and how much influence you have over your health. Tip: The earlier you educate yourself, the more opportunities you have to protect your health.*)
- Most women focus only on alleviating the 5-7 top menopause symptoms. But how you choose to handle menopause will **impact your health for**



**the rest of your life.** Discover the **long-term impact** of “the Change” – and how you can **protect your health.**

- The **critical flaw** that **skewed** the results of the 2002 Women’s Health Initiative study, spurring millions of women to **abandon the HRT** that was **protecting** them from breast cancer, heart disease and dementia. *(You’ll be shocked – and even angry – that the researchers and media missed this distinction.)*
- Why some women face a **70% increased risk of developing Alzheimer’s disease** – and why this number **keeps growing.** *(One simple treatment can completely reverse this risk – but only if you act during a specific window of time.)*
- The **real reason** past research found a slightly increased risk of breast cancer associated with hormone replacement therapy – and **4 approaches** your doctor can take to help **minimize the risk.** *(Hint: The solution is in the types of hormones used. Leave this one out ... and your risk of breast cancer decreases by 23 percent.)*
- The **5 critical steps** for developing a Menopause Breakthrough Action Plan so you can enjoy a **healthy, vibrant life** and **minimize your symptoms.** *(You no longer have to just “grin and bear it.” Discover how to take charge of your menopause experience and give yourself the best chance of a healthy, happy life.)*

### **Why You Should Attend If You’re a Woman Age 40-65**

- **If you’re in or approaching perimenopause** ... discover what you could and should be doing to feel better and stay healthier as you travel into, through and beyond menopause
- **If you’re in menopause** ... discover the most important information you need to make good choices moving forward to reduce your symptoms, feel better and have more energy
- **If you’re in post-menopause** ... discover what you can be doing to protect and even strengthen your health in the years to come (yes, there is still time!) to live longer, healthier and happier

Register for this FREE training today at: [MenopauseBreakthrough.com](https://MenopauseBreakthrough.com)

# About Dr. Mache Seibel



Dr. Mache Seibel is an international health expert and leading authority on women's wellness and menopause. When his wife had to have her ovaries removed to prevent cancer and was thrown into early menopause, her doctors weren't sure if estrogen was safe or if she should take it. He *had to find out the truth.*

*As a result, Dr. Mache spent years researching estrogen and menopause and is passionate about helping women around the world get the information they need to "figure it out" so they don't have to "tough it out."*

*His latest book, [The Estrogen Window](#), uncovers the window of opportunity to begin estrogen to lower the risk of disease and optimize relief of symptoms. Find out more at [EstrogenWindowBook.com](#).*

Discover other ways to learn from Dr. Mache. Get a free subscription to his award-winning magazine [The Hot Years™ – My Menopause Magazine](#), join him for monthly free calls at [AskDrMache.com](#), or attend his free training called [Menopause Breakthrough](#) and find what women are calling the best midlife health information on the internet. You can learn more about him at [DrMache.com](#).

