

Chapter 1 : Bladder control: Lifestyle strategies ease problems - Mayo Clinic

The bladder may swell to hold more than a quart of urine. Cystocele: Weakened pelvic muscles (usually from childbirth) allow the bladder to press on the vagina. Problems with urination can result.

Read now Effects from other conditions Some preexisting medical conditions can lead to urine retention. This is usually involuntary, and it tends to go unnoticed, but it can cause similar complications. An enlarged prostate, weakened bladder muscles, or nerve damage in the urinary system may block the flow of urine or cause the body to retain it. People with kidney disorders may also want to avoid holding in pee, to prevent possible complications. Training the body to pee less often A distraction, such as watching TV, may be recommended to help retrain the bladder. In some cases, doctors may recommend retraining the bladder to pee less frequently. This involves resisting the urge to pee. The goal is to increase the amount of fluid the bladder can hold before it triggers the urge to pee. If successful, this will extend the amount of time between trips to the bathroom. A doctor will often develop a personalized retraining schedule. The following tips may help a person ease into the retraining process: Tips for reaching the bathroom in time Though it is best to pee whenever the bladder is full, a person may not have immediate access to a bathroom. The following tips can help a person make it to a toilet in time: Cross the legs while standing: This may compress the urethra and avoid an emergency. A buildup of gas may be putting added pressure on the bladder. Pee right after waking up: Plan for regular bathroom breaks: A person may want to try scheduling a bathroom break every 2 to 3 hours. Set an alarm and head to the bathroom, whether or not the bladder is sending a signal. This can help to relieve pressure and avoid emergencies. Do not wait until it is an emergency: Regardless of deadlines or busy days, make a habit of heading to the bathroom the moment the urge to urinate hits. Takeaway Occasionally holding pee in will likely cause no harm. However, regularly doing so may increase the risk of infection or other complications. It may help to have healthy and regular bathroom habits. Anyone who feels that they are urinating too much or too often should speak to a doctor.

Chapter 2 : How to Hold Your Bladder As a Woman: 12 Steps (with Pictures)

The bladder, like the stomach, is an expandable sac-like organ that contracts when it is full. The inner lining of the bladder tucks into the folds and expands out to accommodate liquid.

What treatments are available? How does a normal bladder work? The bladder is similar to a balloon. As urine is produced and fills the bladder up, the walls stretch to accommodate the extra fluid. Urine is kept inside the bladder by a valve-like mechanism urethral sphincter that stays shut until you feel the need to empty and have reached a toilet. The valve mechanism is assisted by the pelvic floor muscles below the bladder, which tense up when you cough or sneeze and keep the urine in. As the bladder fills up, you start to be aware of the feeling that you need to pass urine but are able to hold on. Once you have decided to empty your bladder. At the same time, the bladder valve and pelvic floor muscles relax to allow the urine to flow out. The bladder usually needs to be emptied about 6-8 times per day, and once at night. OAB is the name given to the following collection of bladder symptoms: Urgency – a sudden and intense need to pass urine that cannot be put off. This can happen even when your bladder is not full. Sometimes you may not make it to the toilet in time and may leak. This is called urge incontinence. Frequency – going to the toilet many times during the day usually more than 7. Nocturia – waking up more than once at night to go to the toilet. OAB affects women and men of all ages and is not simply a result of getting older. Normal bladder, half full and relaxed Overactive bladder, half full but contracting, causing urinary leakage What causes OAB? OAB symptoms are caused by the bladder muscle squeezing to empty out urine inappropriately. This often happens without warning, and when you do not want it to. Your doctor or nurse will test your urine to rule out an infection, which is a common cause of OAB symptoms. You may have other tests to look for bladder stones and growths as well. OAB can also be caused by conditions affecting the nervous system. If you have had a previous operation for stress incontinence, you may also be more likely to have OAB. The amount and type of liquids that you drink may also contribute to your symptoms. For example, caffeinated drinks are thought to significantly worsen OAB symptoms. For many women, however, the exact cause of their OAB is never found. Despite this, there are many treatments which can help you to manage your symptoms. How is OAB assessed? You will then be examined to rule out any gynecological problems that may be contributing to your problem. You may be asked to fill in a bladder diary, which involves recording what and how much you drink and the volume of urine that you pass each time you go to the bathroom. This provides useful information on how much you are drinking and how much your bladder is able to hold. Ask your doctor about a bladder diary template. Some of the tests that you may be asked to have are: Urinalysis – testing a sample of your urine to find out if there is an infection or any blood in the urine. Residual urine – using an ultrasound machine or sometimes inserting a small catheter to check whether you are emptying your bladder properly. Urodynamics – this test is able to examine the activity of the bladder muscle as it is filled with fluid. There are many different treatments available for OAB. There are also changes that you can make to your lifestyle which can significantly improve your symptoms. Drinks containing caffeine, for example, coffee, tea, and cola, can significantly worsen OAB symptoms. It may be very helpful therefore to reduce the number of these types of drinks to see if this helps. Fizzy drinks, fruit juices, and alcohol can also cause OAB symptoms. Try keeping a bladder diary to see if you can find out which drinks make your symptoms worse. You could try switching to water, herbal teas, and decaffeinated drinks. Although it is tempting, try not to cut down the amount you are drinking; aim to drink about 1. You may have noticed that you have gotten into the habit of going to the toilet very often, so that you are not left in a situation where you need to urinate and are not near a toilet. This can make OAB even worse, as your bladder is able to hold less and less urine. Bladder training aims to help you hold more urine in your bladder by going to the toilet less. It involves gradually increasing the time between visits to the toilet and trying to hold on for a little longer if you experience the urge to empty your bladder. Your doctor or physical therapist can give you more information regarding this treatment. This is covered in more detail in the leaflet entitled Bladder Training. There are a variety of different medications that can help with an overactive bladder. Although these may be prescribed by your doctor, it is still important to control what you are drinking

and to try to train your bladder. The medications are designed to enable you to hold on for longer, reduce how often you need to go to the toilet both during the day and night and to reduce leaking. The medications do cause side effects such as a dry mouth in some people. Sometimes you may need to try several different drugs before you find one that suits you. Constipation can also be a problem and can be treated both by diet and medically, so you can still enjoy the good effects of the medication for your OAB. However, many women do have to stay on the medication for a longer term in order to control their symptoms. Changing fluid intake, bladder training, and medications work for the vast majority of women with OAB. However, a small number will have symptoms that persist despite these treatments. In this case, the following treatments may be offered: Botulinum toxin can be injected into the bladder via a telescope, under local anesthetic. It causes relaxation of the bladder muscle, helping with urgency and allowing the bladder to store more urine. The effect lasts for up to 9 months, after which you may need repeat injections. Your doctor can give you more information about this. This is designed to stimulate the nerves that control bladder function, via a nerve which passes around the ankle. It involves inserting a small needle near the ankle, which is connected to a device that stimulates the tibial nerve. This indirectly stimulates and retrains the nerves that control the bladder. This involves directly stimulating the nerves that control your bladder function. It involves implanting a nerve stimulator inside the body, so is a treatment only offered by some specialists to people with severe and persistent symptoms which have failed to improve with other treatments. Your doctor will be able to give you full information about the most suitable treatments for you. It may be that you are never fully cured of your overactive bladder symptoms, but there are a great number of treatments that can help you to manage your symptoms so that your life is not controlled by your bladder.

Chapter 3 : Cystocele - Fallen or Prolapsed Bladder | Cleveland Clinic

The bladder is lined by layers of muscle tissue that extend to hold pee. The typical limit of the bladder is mL. Amid pee, the bladder muscles crush, and two sphincters (valves) open to enable pee to stream out.

Equivalency rating is the size of a standard air-over-water tank that this tank will do the same job as. A 35 gallon precharged tank will do the same work as an 82 gallon air-over-water standard tank. See manual for data on how your model will actually perform. The real rating of a pre-charged tank is how many gallons the tank could hold if there was no bladder in it. Since some room is taken up by air charge, the tank will not actually hold that amount of water in operation. Diagnose and repair or replace pump as needed. If tank is brand new, bladder may be stuck to itself. If tank starts accepting water, reset tank pre-charge properly and run pump again. Pressure at the faucet or shower drops to nothing before the pump turns on again Air charge in your pre-charged bladder tank is incorrect Air pre-charge in the tank is probably too high. Adjust pre-charge according to instructions above. Partial blockage at pressure switch inlet is keeping switch from reading proper pressure Inspect opening at pressure switch that allows pressure in. If a jet pump, this may be a plastic tube. If switch is connected directly to piping it may be the inlet of the switch itself. Clean out as needed to clear blockage. Air is getting into water system Air spits from faucets, shower, etc. If you recently replaced a standard air-over-water tank with a pre-charged bladder tank, and you have a submersible well pump, bleeders in drop pipe are still there. Bleeders in drop pipe down to pump are allowing water out and air in. Pump is drawing well water down low enough that pump is being exposed to air. This usually applicable only if you have a submersible well pump Options: This usually applicable only if you have a submersible well pump Leaking drop pipe will allow water to leak out of drop pipe and air into it. Repair or replace drop pipe. Bladder may have failed allowing tank pre-charge into the bladder Check tank pre-charge and set properly. Re-check in a day or two. If pressure has dropped, bladder may have ruptured. Replace bladder or tank. If so, bladder has definitely failed. Tank leaks at bottom Water pipe is not sealed properly or is loose Use teflon tape on pipe threads. If none is used, or not enough, remove pipe and apply more. Pipe is not tight enough. Then turn on water and check for leaks. Be careful not to overtighten to where threads strip or flange breaks. Remove pipe, inspect threads for damage, apply teflon tape and reinstall making sure to thread in properly. Tank flange is loose Tighten nuts holding flange in place. Tighten them in a criss-cross pattern to 85 inch-pounds of torque. Tank flange is cracked Inspect flange for cracks and replace as needed. Bladder failed prematurely Air pressure was not maintained properly Air can leak out of the tank just as it can your car tires. If this happens, the water pressure can over-expand the bladder to the point where it fails. More often is preferable. Failing to do this allows the water pressure to over-expand the bladder until it bursts. Bladder became brittle from exposure to chlorine If it becomes necessary to chlorinate your well, try to pump it clear by opening a valve that is prior to the tank so the chlorine does not enter the tank. If that is not possible, run lots of water in the house until chlorine can no longer be smelled. This will prevent chlorinated water from sitting int the tank for a long period of time. Bladder became hardened from sediment Sediments such as iron and manganese can collect on the surface of the bladder and cause it to harden. Solution is to filter those sediments out before the ank, or switch to a standard air-over-water tank. Water stinks like rotten eggs Iron bacteria or other anaerobic bacteria is in your water Anaerobic bacteria can often be found in well water. It is usually not harmful to hums. It grows in water that is not in contact with air. Since the water in a pre-charged tank is inside a bladder and not touching air, it can grow inside this type of tank. It is not a problem with this specific BRAND of tank, just this style of tank bladder style Installing an "aeration tank" before the bladder tank can kill off that bacteria before it enters the bladder tank, preventing the problem. Switching to a standard air-over-water tank is also an option. Black slime or particles are getting into my water See item above about anaerobic bacteria See item above about anaerobic bacteria Tank shell has rusted through If rust seems to be on surface, tank was not protected from excessive moisture Though the tank is epoxy painted, it does need to be protected from moisture. Sitting on a wet dirt floor, or installing the tank outside where weather can get to it, can allow any flaw or chip in the paint to start to rust. It is recommended that the tank be protected from moisture. Replace

tank and protect it from moisture. If rust seems to have bubbled the paint and is under the paint, then it has rusted through from the inside. Bladder has ruptured and allowed water to come into contact with the inside of the steel tank. It has rusted through from within. Replace tank and take care to check air pressure often.

Chapter 4 : Urinary bladder - Wikipedia

The balloon is the bladder, the neck the urethra, your finger and thumb the pelvic floor muscles. When your finger and thumb get tired, you don't hold the balloon so tightly.

What is a cystocele? There are 3 grades of cystocele: The bladder drops only a short way into the vagina. The bladder drops to the opening of the vagina. The bladder bulges through the opening of the vagina. What causes a cystocele? Risk factors for a cystocele include: Vaginal births, which may involve straining the muscles of the floor of the pelvis. Intense physical activity, including lifting heavy objects. Aging and a drop in the hormone estrogen. Estrogen helps keep muscles around the vagina strong, but women produce less estrogen as they enter menopause the end of menstrual periods. What are the symptoms of a cystocele? Having to run to the bathroom frequently to pass water, or just a feeling as if you have to go a lot. Unwanted leakage of urine incontinence. The fallen bladder may stretch the opening of the urethra the tube through which urine passes. This can cause urine to leak out during coughing, sneezing, laughing, or moving in a way that puts pressure on the bladder. Incomplete emptying of the bladder. Feeling of fullness, heaviness, or pain in the pelvic area or lower back. This feeling may get worse when the person is standing, lifting, coughing, or as the day goes on. The bladder bulging into or out of the vagina.

The aim of bladder training is to help you gain better bladder control. This is done by training your bladder to hold more urine, without leaks or the pressing need to pass urine, so you can get to the toilet in time.

Urinary incontinence is the involuntary leakage of urine. It means a person urinates when they do not want to. Control over the urinary sphincter is either lost or weakened. Urinary incontinence is a common problem that affects many people. According to the American Urological Association, one-quarter to one-third of men and women in the United States experience urinary incontinence. Urinary incontinence is more common among women than men. An estimated 30 percent of females aged are thought to suffer from it, compared to 1. Fast facts on urinary incontinence Here are some key points about urinary incontinence. More detail is in the main article. Urinary incontinence is more common in females than in males. There are a number of reasons why urinary incontinence can occur. Obesity and smoking are both risk factors for urinary incontinence. What is urinary incontinence? Urinary incontinence is a common problem. Urinary incontinence is when a person cannot prevent urine from leaking out. It can be due to stress factors, such as coughing, it can happen during and after pregnancy, and it is more common with conditions such as obesity. The chances of it happening increase with age. Bladder control and pelvic floor, or Kegel, exercises can help prevent or reduce it. Stress incontinence Pelvic floor exercises, also known as Kegel exercises , help strengthen the urinary sphincter and pelvic floor muscles - the muscles that help control urination. Bladder training Delaying the event: The aim is to control urge. The patient learns how to delay urination whenever there is an urge to do so. This involves urinating, then waiting for a couple of minutes, then urinating again. The person schedules bathroom at set times during the day, for example, every 2 hours. Bladder training helps the patient gradually regain control over their bladder. Medications for urinary incontinence If medications are used, this is usually in combination with other techniques or exercises. The following medications are prescribed to treat urinary incontinence: Anticholinergics calm overactive bladders and may help patients with urge incontinence. Topical estrogen may reinforce tissue in the urethra and vaginal areas and lessen some of the symptoms. Imipramine Tofranil is a tricyclic antidepressant. Medical devices The following medical devices are designed for females. A woman inserts the device before activity and takes it out when she wants to urinate. A rigid ring inserted into the vagina and worn all day. It helps hold the bladder up and prevent leakage. Tissue in the lower urinary tract is heated. When it heals, it is usually firmer, often resulting in better urinary control. Botox botulinum toxin type A: Injected into the bladder muscle, this can help those with an overactive bladder. Injected into tissue around the urethra, these help keep the urethra closed. This is implanted under the skin of the buttock. A wire connects it to a nerve that runs from the spinal cord to the bladder. The wire emits an electrical pulse that stimulates the nerve, helping bladder control. Surgery Surgery is an option if other therapies do not work. Women who plan to have children should discuss surgical options with a doctor before making the decision. A mesh is inserted under the neck of the bladder to help support the urethra and stop urine from leaking out. Lifting the bladder neck can help relieve stress incontinence. An artificial sphincter, or valve, may be inserted to control the flow of urine from the bladder into the urethra. Other options Urinary Catheter: A tube that goes from the bladder, through the urethra, out of the body into a bag which collects urine. A wide range of absorbent pads is available to purchase at pharmacies and supermarkets, as well as online. Causes The causes and the type of incontinence are closely linked.

Chapter 6 : Holding pee: Is it safe?

How to Hold in Pee when You Can't Use the Bathroom. In this Article: Holding in Urine Training Your Bladder Ahead of Time Community Q&A Having to hold in urine (pee) may be difficult and can be unpleasant.

The type of surgery done depends on the stage extent of the cancer. Transurethral resection of bladder tumor TURBT A transurethral resection of bladder tumor TURBT , also known as just a transurethral resection TUR , is often used to determine if someone has bladder cancer and, if so, whether the cancer has invaded the muscle layer of the bladder wall. This is also the most common treatment for early-stage or superficial non-muscle invasive bladder cancers. Most patients have superficial cancer when they are first diagnosed, so this is usually their first treatment. You will get either general anesthesia where you are asleep or regional anesthesia where the lower part of your body is numbed. For this operation, a type of rigid cystoscope called a resectoscope is placed into the bladder through the urethra. The resectoscope has a wire loop at its end to remove any abnormal tissues or tumors. The removed tissue is sent to a lab to be looked at by a pathologist. After the tumor is removed, more steps may be taken to try to ensure that it has been destroyed completely. Any remaining cancer may be treated by fulguration burning the base of the tumor while looking at it with the cystoscope. Cancer can also be destroyed using a high-energy laser through the cystoscope. You might have some bleeding and pain when you urinate after surgery. You can usually return home the same day or the next day and can resume your usual activities within a week or two. Even if the TURBT removes the tumor completely, bladder cancer often comes back recurs in other parts of the bladder. But if TURBT needs to be repeated many times, the bladder can become scarred and lose its capacity to hold much urine. Some people may have side effects such as frequent urination, or even incontinence loss of control of urination. In patients with a long history of recurrent, non-invasive low-grade tumors, the surgeon may sometimes just use fulguration to burn small tumors that are seen during cystoscopy rather than removing them. It is safe but can be mildly uncomfortable. Cystectomy When bladder cancer is invasive, all or part of the bladder may need to be removed. This operation is called a cystectomy. If the cancer has invaded the muscle layer of the bladder wall but is not very large and only in one place, it can sometimes be removed along with part of the bladder wall without taking out the whole bladder. The hole in the bladder wall is then closed. Nearby lymph nodes are also removed and examined for cancer spread. Only a small portion of people with cancer that has invaded the muscle can have this surgery. But the remaining bladder may not hold as much urine, which means they will have to urinate more often. The main concern with this type of surgery is that bladder cancer can still recur in another part of the bladder wall. If the cancer is larger or is in more than one part of the bladder, a radical cystectomy will be needed. This operation removes the entire bladder and nearby lymph nodes. In men, the prostate and seminal vesicles are also removed. In women, the ovaries, fallopian tubes tubes that connect the ovaries and uterus , the uterus womb , cervix, and a small portion of the vagina are often removed along with the bladder. General anesthesia where you are in a deep sleep is used for either type of cystectomy. Typically, these procedures are done through a cut incision in the abdomen. You will need to stay in the hospital for about a week after the surgery. You can usually go back to your normal activities after several weeks. In some cases, the surgeon may operate through several smaller incisions using special long, thin instruments, one of which has a tiny video camera on the end to see inside the pelvis. The surgeon may either hold the instruments directly or may sit at a control panel in the operating room and maneuver robotic arms to do the surgery sometimes known as a robotic cystectomy. This type of surgery may result in less pain and quicker recovery because of the smaller incisions. It is important that any type of cystectomy be done by a surgeon with experience in treating bladder cancer. If the surgery is not done well, the cancer is more likely to come back. Reconstructive surgery after radical cystectomy If your whole bladder is removed, you will need another way to store urine and and remove it. Several types of reconstructive surgery can be done depending on your medical situation and personal preferences. One option may be to remove a short piece of your intestine and connect it to the ureters. This creates a passageway, known as an ileal conduit, for urine to pass from the kidneys to the outside of the body. Urine flows from the kidneys through the ureters into the ileal

conduit. One end of the conduit is connected to the skin on the front of the abdomen by an opening called a stoma also known as a urostomy. After this procedure, a small bag is placed over the stoma to collect the urine, which comes out continuously in small amounts. The bag then needs to be emptied once it is full. This approach is sometimes called an incontinent diversion, because you no longer control the flow of urine out of the body. Another way for urine to drain is called a continent diversion. In this approach, a pouch is made from the piece of intestine that is attached to the ureters. One end of the pouch is connected to an opening stoma in the skin on the front of the abdomen. A valve is created in the pouch to allow urine to be stored there. You then empty the pouch several times a day by putting a drainage tube catheter into the stoma through the valve. Some people prefer this method because there is no bag on the outside. A newer method routes the urine back into the urethra, restoring urination. To do this, the surgeon creates a neobladder – basically a new bladder made of a piece of intestine. As with the incontinent and continent diversions, the ureters are connected to the neobladder. The difference is that the neobladder is also sewn to the urethra. This lets the patient urinate normally. Over several months, most people regain the ability to urinate normally during the day, although many people might still have some incontinence at night. In this case, the purpose of the surgery is to prevent or relieve blockage of urine flow, rather than try to cure the cancer. Risks and side effects of cystectomy

The risks with any type of cystectomy are much like those with any major surgery. Problems during or shortly after the operation can include:

- Reactions to anesthesia
- Blood clots in the legs or lungs
- Damage to nearby organs
- Infections at the surgery site

Most people will have at least some pain after the operation, which is usually helped with pain medicines, if needed. Bladder surgery can affect how you urinate. If you have a radical cystectomy, you will need reconstructive surgery described above to create a new way for urine to leave your body. Depending on the type of reconstruction, you might need to learn how to empty your urostomy bag or to put a catheter into your stoma. Aside from these changes, urinary diversion and urostomy can also lead to:

- Infections
- Pouch stones
- Blockage of urine flow

The physical changes that come from removing the bladder and having a urostomy can affect your quality of life as well. Discuss your feelings and concerns with your health care team. For more about urostomies, see [Urostomy Guide](#).

Sexual effects of radical cystectomy in men: Radical cystectomy removes the prostate gland and seminal vesicles. Since these glands make most of the seminal fluid, removing them means that a man will no longer make semen. In some men this may improve over time. Generally, the younger a man is, the more likely he is to regain the ability to have full erections. If this issue is important to you, discuss it with your doctor before surgery. Newer surgical techniques may lower the chance of erection problems. For more on sexual issues and ways to cope with them, see [Sexuality for the Man With Cancer](#).

Sexual effects of radical cystectomy in women: This surgery often removes the front part of the vagina. This can make sex less comfortable for some women, although most of the time intercourse is still possible. One option is to have the vagina rebuilt, which is known as vaginal reconstruction. There is more than one way to do this, so talk with your surgeon about the pros and cons of each. Whether or not you have reconstruction, there are many ways to make sex more comfortable. Talk with your doctor about whether these nerves can be left in place during surgery. If the surgeon takes out the end of the urethra where it opens outside the body, the clitoris can lose some of its blood supply, which might affect sexual arousal. Talk with your surgeon about whether the end of the urethra can be spared. For more on ways to cope with these and other sexual issues, see [Sexuality for the Woman With Cancer](#).

Sexual effects of urostomy: Having your ostomy pouch fit correctly and emptying it before sex reduces the chances of a major leak. A pouch cover or small ostomy pouch can be worn with a sash to keep the pouch out of the way. Wearing a snug fitting shirt may be even more comfortable. For more information, see [Urostomy Guide](#). See [Cancer Surgery](#) for more about surgery as a treatment for cancer.

Chapter 7 : Pre-Charged Bladder-Style Tank Troubleshooting

The bladder is a round, bag-like organ that stores urine. It is located in the pelvic area, just below the kidneys and right behind the pelvic bone. While it is basically a fleshy storage tank, it.

Sign up now Bladder control: Lifestyle strategies ease problems Simple lifestyle changes may improve bladder control or enhance response to medication. Find out what you can do to help with your bladder control problem. Fortunately, there are simple strategies you can try. Doctors often call these strategies lifestyle modifications or behavior therapies. You can try these techniques before trying other types of treatment, such as medications or surgery, or in combination with them. Focus on fluids and food How much fluid you drink can influence your bladder habits, and so might certain foods you eat. Too much fluid Drinking too much fluid makes you urinate more often. Drinking too much too quickly can overwhelm your bladder, creating a strong sense of urgency. Try drinking smaller amounts throughout the day, such as 16 ounces milliliters at each meal and 8 ounces milliliters between meals. If you get up several times at night to urinate: Drink more of your fluids in the morning and afternoon rather than at night Skip alcohol and beverages with caffeine, such as coffee, tea and cola, which increase urine production Remember that fluids come not only from beverages, but also from foods such as soup Too little fluid Drinking too little fluid can lead to a buildup of body waste products in your urine. Highly concentrated urine is dark yellow and has a strong smell. It can irritate your bladder, increasing the urge and frequency with which you need to go. Bladder irritants Certain foods and beverages might irritate your bladder, including: Coffee, tea and carbonated drinks, even without caffeine Alcohol Certain acidic fruits “ oranges, grapefruits, lemons and limes ” and fruit juices Spicy foods Carbonated drinks Chocolate Consider avoiding these possible bladder irritants for about a week to see if your symptoms improve. Then gradually “ every one to two days ” add one back into your diet, noting any changes in urinary urgency, frequency or incontinence. You might not have to eliminate your favorite foods and drinks entirely. Simply cutting down on the amount might help, too. Try bladder training When you have an overactive bladder, you can get used to urinating frequently or at the slightest urge. Bladder training, or retraining, involves adjusting your habits. You go to the toilet on a set schedule “ even if you have no urge to urinate “ gradually increasing the time between urination. This allows your bladder to fill more fully and gives you more control over the urge to urinate. A bladder-training program usually follows these basic steps: For a few days, keep a diary in which you note every time you urinate. Your doctor can use this diary to help you make a schedule for your bladder training. Extend your urination intervals. Using your bladder diary, determine the amount of time between urinating. Then extend that by 15 minutes. If you usually go every hour, try to extend that to an hour and 15 minutes. Gradually lengthen the time between trips to the toilet until you reach intervals of two to four hours. Be sure to increase your time limit slowly to give yourself the best chance for success. Stick to your schedule. Urinate immediately after you wake up in the morning. Distract yourself or use relaxation techniques, such as deep breathing. Keep practicing, and your ability to maintain control is likely to increase. Strengthen your pelvic floor Your pelvic floor muscles and urinary sphincter help control urination. You can strengthen these muscles by regularly doing pelvic floor exercises, commonly referred to as Kegels. The pelvic floor muscles open and close the tube that carries urine from the bladder to outside your body urethra. These muscles also support the bladder during everyday activities such as walking, standing, lifting and sneezing. Relax for a count of three and repeat several times. Your doctor might recommend that you do a set of these exercises three or four times a day, lying down, sitting and standing. Biofeedback can help train pelvic floor muscles. Sensors placed near the muscles transmit exertion levels to a computer, which displays the levels on the screen. Biofeedback can be done with a professional or with a home device. Cone-shaped weights are another option used to help with Kegel exercises. You place a weight in your vagina and contract your pelvic floor muscles to keep it from falling out. Many cones come in sets of varying weights, so you can build up to heavier weights as your pelvic floor muscles strengthen. Control contributing factors Certain medications, excess weight, smoking and physical inactivity can contribute to bladder control problems. If you address these factors, bladder-specific techniques “ such as avoiding

bladder irritants and bladder training “ might be more successful. Drugs that might contribute to bladder control problems include high blood pressure drugs, heart medications, diuretics, muscle relaxants, antihistamines, sedatives and antidepressants. If you develop incontinence or difficulty urinating while taking these drugs, talk to your doctor. Maintain a healthy weight. Being overweight can contribute to bladder control problems, particularly stress incontinence. Excessive body weight puts pressure on your abdomen and bladder, sometimes resulting in leakage. Losing weight might help. Smokers are more likely to have bladder control problems and to have more-severe symptoms. Heavy smokers also tend to develop a chronic cough, which can place added pressure on the bladder and aggravate urinary incontinence. Some studies indicate that regular physical activity improves bladder control. Try for at least 30 minutes of low-impact moderate activity “ such as walking briskly, biking or swimming “ most days of the week. Straining during bowel movements can damage the pelvic floor. Unfortunately, some medications used to treat bladder control problems can worsen constipation. Exercising, drinking enough water and eating high-fiber foods, such as lentils, beans, and fresh vegetables and fruit, might help improve constipation. Your cough could be making your bladder problem worse. See your doctor about treatment options. Your role in treatment Behavior therapies, which take time and practice, can improve bladder control.

Chapter 8 : Bladder Cancer Surgery

The normal bladder capacity is about 16 ounces (2 cups) of liquid and even less for a child. The bladder can stretch to hold more than this, but doing so too often can be dangerous.

How much urine can your bladder hold? A healthy adult bladder can hold up to 16 ounces, or 2 cups, of urine. The bladder capacity for children under the age of 2 is about 4 ounces. For children older than 2, the capacity can be found by dividing their age by 2, then adding 6. For example, an 8-year-old child can typically hold 10 ounces of urine. Most everyone has held in urine at one time or another. You may have wondered whether holding your pee is healthy. Is it safe to hold your pee? If you have an overactive bladder, holding your pee can be an important part of bladder training. Regular bladder training may help you develop a more convenient urination schedule. It varies from person to person. In certain circumstances, holding urine for any length of time can be dangerous. If you have any of the following conditions, holding your urine can increase your risk of infection or kidney disease: What happens to your body when you hold your pee? When your bladder is about half full, it activates the nerves in your bladder. These nerves signal your brain to give you the urge to urinate. Holding your pee involves consciously fighting this signal to urinate. These signals will differ from person to person. They also vary according to your age, how much liquid your bladder contains, and what time of day it is. If these signals pick up, it may be the result of an underlying medical condition. For some women, the urge to urinate more frequently can increase after having children. This results from changes that occur during childbirth, including weakened muscles and nerve stimulation. Can holding urine cause UTIs? UTIs occur when bacteria make their way into the urinary tract. This can lead to a UTI. Bacteria that might already be present in the urinary system will then be able to multiply, potentially leading to an infection. Symptoms of a UTI include:

Chapter 9 : How to Hold in Pee when You Can't Use the Bathroom (with Pictures)

A healthy adult bladder can hold up to 16 ounces (2 cups) of urine comfortably, according to the National Institutes of Health. How frequently it fills depends on how much excess water your body.

The peritoneum is carried by it from the apex on to the abdominal wall to form the middle umbilical fold. The neck of the bladder is the area at the base of the trigone that surrounds the internal urethral orifice that leads to the urethra. The three openings, two ureteric orifices, and the internal urethral orifice mark the triangular area called the trigone of the bladder. These openings have mucosal flaps in front of them that act as valves in preventing the backflow of urine into the ureters, [4] known as vesicoureteral reflux. Between the two ureteric openings is a raised area of tissue called the interureteric crest. The trigone is a smooth-muscle area that forms the floor of the bladder above the urethra. In men, the prostate gland lies outside the opening for the urethra. The middle lobe of the prostate causes an elevation in the mucous membrane behind the internal urethral orifice called the uvula of urinary bladder. The uvula can enlarge when the prostate becomes enlarged. The bladder is situated below the peritoneal cavity near the pelvic floor and behind the pubic symphysis. In men, it lies in front of the rectum, separated by the recto-vesical pouch, and is supported by fibres of the levator ani and of the prostate gland. In women, it lies in front of the uterus, separated by the vesico-uterine pouch, and is supported by the levator ani and the upper part of the vagina. The Latin phrase for "urinary bladder" is vesica urinaria, and the term vesical or prefix vesico - appear in connection with associated structures such as vesical veins. The modern Latin word for "bladder" - cystis - appears in associated terms such as cystitis inflammation of the bladder. Microanatomy[edit] The outside of the bladder is protected by a serous membrane. Layers of the urinary bladder wall and cross section of the detrusor muscle. Anatomy of the male bladder, showing transitional epithelium and part of the wall in a histological cut-out. Detrusor muscle[edit] The detrusor muscle is a layer of the urinary bladder wall made of smooth muscle fibers arranged in spiral, longitudinal, and circular bundles. Stretch receptors in the bladder signal the parasympathetic nervous system to stimulate the muscarinic receptors in the detrusor to contract the muscle when the bladder is extended. The main receptor activated is the M3 receptor, although M2 receptors are also involved and whilst outnumbering the M3 receptors they are not so responsive. It can also contract for a long time whilst voiding, and it stays relaxed whilst the bladder is filling. The lower part of the bladder is supplied by the inferior vesical artery in males and by the vaginal artery in females, both of which are branches of the internal iliac arteries. These then form three sets of vessels: The majority of these vessels drain into the external iliac lymph nodes. GVA fibers on the superior surface follow the course of the sympathetic efferent nerves back to the CNS, while GVA fibers on the inferior portion of the bladder follow the course of the parasympathetic efferents. Problems with these muscles can lead to incontinence. The upper and lower parts of the bladder develop separately and join together around the middle part of development. It is superior to the prostate, and separated from the rectum by the recto-vesical pouch. In females, the bladder sits inferior to the uterus and anterior to the vagina; thus its maximum capacity is lower than in males. It is separated from the uterus by the vesico-uterine pouch. In infants and young children the urinary bladder is in the abdomen even when empty. Urination Urine, excreted by the kidneys, collects in the bladder before disposal by urination micturition. The urinary bladder usually holds ml of urine. As urine accumulates, the rugae flatten and the wall of the bladder thins as it stretches, allowing the bladder to store larger amounts of urine without a significant rise in internal pressure.