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Bladder and Bowel Incontinence

Incontinence is a loss of control of a person's bowels or bladder which can cause accidental leakage of body fluids and waste. Incontinence can be more than a physical problem. It can disrupt your quality of life if it's not managed well.

Fear, [anxiety](#)¹, and anger are common feelings for people dealing with incontinence. You may avoid being intimate or having sex because you are afraid of urine, gas, or stool leakage. Fear of having an accident may keep you from being physically active, enjoying hobbies, or spending extended time outside your home.

Both men and women can have incontinence during and after [surgery](#)² or some other treatments for cancer. Incontinence can also occur because of other non-cancer medical conditions. Be sure to talk to your health care team if you have difficulty controlling urination or bowels. Talking about incontinence can be embarrassing, but being open and honest with your health care team can help manage it.

Bladder incontinence

Having accidental loss, leaking, or dribbling of urine is called **bladder or urinary incontinence**.

People might describe bladder incontinence as:

- Accidental urine leakage that sometimes can dampens underwear or might be severe enough to saturate clothes
- Having a sense of urgency or unable to "hold urine"
- Frequent urination
- Pain or discomfort when urinating

People with cancer, especially those who have certain types of cancer or who are getting certain kinds of treatment, might have an increased risk for bladder incontinence because of factors such as:

- Tumor pressure in the spine or near the bladder
- Weakening of the muscles that control the bladder and bowels
- [Radiation](#)³ to the pelvis, abdominal (belly), or genital area
- Certain types of [chemotherapy](#)⁴ or [targeted therapy](#)⁵
- Added pressure on the bladder from [constipation](#)⁶ or impacted stool (hardened stool that is stuck in the rectum and is difficult to move during a bowel movement)
- Nervous system disorders
- Urinary tract infection (also called **UTI** or **bladder infection**)
- Gastrointestinal tract obstruction (in the bowel or intestine that may also affect the bladder)
- Muscle weakness or lack of activity
- Bladder irritants like caffeine, alcohol, or tobacco
- [Urine retention](#)⁷

Women and men can also have different risk factors that could lead to this problem.

Bladder incontinence in women

Bladder incontinence is more common in women than in men. Other than the possible causes listed above, some things that may increase risk of bladder incontinence in women are:

- Changes to urinary or vaginal tissue from hormone therapy, [surgery](#)⁸, [chemotherapy](#)⁹, or [targeted therapy](#)¹⁰
- Hormonal changes from menopause
- Pelvic prolapse - the bladder, uterus, and or rectum may slip backward or downward into the vaginal canal because of weak pelvic wall muscles
- Pregnancy
- Vaginal childbirth
- [Hysterectomy](#)¹¹ (surgical removal of the uterus)

Bladder incontinence in men

Other than the possible causes listed above, some things that may increase risk of

bladder incontinence in men are:

- [Prostate cancer](#)¹² or [surgery](#)¹³
- Having an enlarged prostate (one condition is known as **benign prostatic hyperplasia**)

Types of bladder (urinary) incontinence

Not all types of bladder incontinence are the same. The most common types of incontinence are:

Stress incontinence

Stress incontinence happens when the muscle that squeezes the urethra to keep urine in the bladder is weak or damaged, if the nerves that help the muscle work have been damaged, or if there have been other changes to the muscle or the tissues around it due to surgery or treatment for cancer. (The urethra is the tube that carries urine from the bladder out of the penis or vagina) . The muscle that squeezes to close it is called the urethral sphincter.

Stress incontinence may cause you to leak urine when you cough, laugh, sneeze, lift heavy objects, or exercise. You may sleep through the night without having to get up to go to the bathroom, but leak when you get up in the morning. Making a point of going to the bathroom more often is a way to handle stress incontinence.

Overflow incontinence

When the bladder has a hard time emptying like it should, and more urine is made than it can hold, it's called overflow incontinence. Overflow incontinence is usually caused by a blockage or narrowing caused by scar tissue. It also may happen when the bladder muscle can't squeeze well enough to get all the urine out.

Signs of overflow incontinence might be getting up often during the night to go to the bathroom, taking a long time to urinate, or having a weak, dribbling stream with little force. You might pass small amounts of urine but not feel empty. Or you may feel like you have to go to the bathroom but cannot. You might leak urine throughout the day.

Urge incontinence

Urge incontinence is also called **overactive bladder**. The bladder muscle contracts (squeezes) too often, usually suddenly and without warning, and you can't control it. This can be caused by a bladder infection or irritation from radiation therapy.

In this type of incontinence, even a small amount of urine in the bladder can trigger a strong need to pass urine. Because you can't hold a normal amount of urine, you go to the bathroom a lot and may wet yourself if you don't get there right away. You might feel as if you have a weak bladder, or that liquids go right through you. You might even wet the bed at night.

Managing bladder or urinary incontinence

Sometimes urinary incontinence can last a short time, depending on what's causing it. But sometimes incontinence can be long-term and uncomfortable, making some everyday activities difficult to manage.

Your health care team will ask you questions to determine the type of bladder incontinence you might have. Then, you might need tests to verify the type and learn the cause of it which will help them know the best way to manage it.

- **Pelvic floor muscle strengthening** may be recommended. A physical therapist that specializes in pelvic floor muscle exercises (Kegel exercises) can help. This might help muscle strength and bladder control get better by doing exercises that tighten and relax muscles that control the flow of urine.
- **Bladder training** can help manage how often you need to urinate throughout the day, by assigning certain time intervals to empty your bladder.
- **Medicines** to help the muscles of the bladder and the muscles that control urine flow. Most of these drugs affect either the muscles or the nerves that control them. They work best for urge incontinence.
- **Surgery** may be used to correct long-term incontinence. If there are blockages, they may be removed. Material such as collagen might be recommended and injected to tighten the muscle that controls urine flow. A small device called a urethral sling can be implanted to press the urethra against the pubic bone. For men, if incontinence doesn't improve, an artificial muscle controlled by a scrotal pump might be an option and implanted to squeeze the urethra.
- **Incontinence products**, such as pads worn under your clothing, are available to help keep you active and comfortable. Adult briefs and undergarments are bulkier than pads but provide more protection. Bed pads or absorbent mattress covers can

also be used to protect the bed linens and mattress. When choosing incontinence products, keep the questions below in mind. Some might not be important to you, or you might have others to add. How much does the product hold or absorb? How long will it protect me? Can it be seen under my clothing? Is it disposable? Reusable? How does it feel when I move or sit down? Which stores near me carry the products? Are they easy to get? How much will it cost? Will my insurance help pay for these products?

Bowel incontinence

Having accidental stool or gas leakage is bowel incontinence (also known as **fecal incontinence**). Bowel incontinence can be caused by weak pelvic floor muscles from surgery, other trauma that causes muscle injury, nerve damage, or different medical conditions. People who have bowel incontinence might not have an urge to pass gas or stool, or might not be able to reach the toilet in time.

People might describe bowel incontinence as:

- Being unable to control gas or stool.
- An urge to move your bowels before it happens.
- Leaking liquid stool or mucus, also known as **soiling**.

Both men and women with cancer, especially those who have certain types of cancer or who are getting certain kinds of treatment, might have an increased risk for bowel incontinence because of factors such as:

- Tumor pressure in the spine or near the bladder
- Weakening of the muscles that control the bladder and bowel
- Radiation to the pelvic, abdominal (belly), rectal, or genital area
- Surgery
- [Constipation](#)¹⁴
- [Diarrhea](#)¹⁵
- Stress
- Irritable bowel syndrome
- Hemorrhoids
- Rectal prolapse (the rectum, part of the large intestine, protrudes through the anus often because of weak pelvic muscles)

- Diabetes that isn't controlled
- Nervous system disorders like stroke, spinal cord injury, dementia, Parkinson's disease, or multiple sclerosis
- Certain medications, vitamins, or nutritional supplements

For women, a common risk factor for women is vaginal childbirth, which stretches pelvic muscles, tissues in the vagina, and the anal sphincter (this muscle controls the movement of gas and stool in the body).

Managing bowel incontinence

Testing for bowel incontinence can be done with lab tests, [endoscopy](#)¹⁶, [x-ray](#), [MRI](#),¹⁷ or [ultrasound](#)¹⁸. Doctors may also use muscle strength or nerve testing (bowel function tests) or digital rectal exam. In women, a pelvic exam may be used. Your health care team may also ask about your symptoms, medical history, medication and diet (alcohol or tobacco use, or if certain foods make your incontinence worse).

- **Surgery** (sphincteroplasty) can be used to improve bowel incontinence. It reconnects any anal sphincter tears that may have occurred from vaginal childbirth or from other injuries that may have occurred in a man or woman's genital or urinary area. Other surgery might be done to treat other medical conditions that affect bowel incontinence: hemorrhoids or rectal prolapse.
- **Medications** can be prescribed by your cancer care team or they may suggest over-the-counter medications like loperamide (Imodium) or bismuth subsalicylate (Pepto-Bismol, Kaopectate) if you have diarrhea. If you are constipated, laxatives, stool softeners, or fiber supplements (Metamucil or Citrucel) may improve your fecal incontinence. If over-the-counter medications don't help your symptoms, your cancer care team may prescribe stronger medications that are commonly used for other bowel conditions (irritable bowel syndrome, Crohn's disease, and ulcerative colitis).
- **Diet changes** monitored by a daily food and drink journal can keep track of what type of foods may be causing your symptoms and how to choose different options that may be right for you. Your doctor may refer you to a dietitian or nutritionist as needed.
- **A bowel care plan** is a daily training method that helps regulate your bowel movements by helping you to remember to move your bowels at the same time every day. Trying to eat at the same time every day also helps. You may see an improvement after a few weeks or months.

- **Pelvic floor muscle strengthening** may be recommended by a physical therapist that specializes in pelvic floor muscle exercises (Kegel exercises). This type of exercise will help increase muscle strength and bowel and gas control through tightening and relaxing your pelvic area, anus, and rectum.

Living with bowel incontinence

You can help manage bowel incontinence by following a bowel care plan and using the toilet before you leave home. You can also make sure you carry your medications, supplies, fecal deodorants, and a change of clothes with you.

Anal discomfort, itching, and irritation can be common. Here are some ways to help manage these symptoms:

- Wash the anal area after a bowel movement or use baby wipes.
- Use a moisture-barrier cream in the anal area.
- Use wick pads or disposable underwear.
- Change soiled underwear frequently to keep the anal area clean and dry.

Living with bowel or bladder incontinence

There is no single, right way to cope with bladder or bowel incontinence. The challenge is to find what is best for your situation, so you can get the help you need and return to a normal daily life. Talk with your health care team if you notice a change in bowel or bladder habits, and about the best ways to manage incontinence, if it is a problem. You might find it helpful to talk with other people who are dealing with incontinence, too. Ask a member of your cancer care team about [support groups](#)¹⁹ in your area.

Here are some things you can do that may help make incontinence less of a problem:

- Empty your bladder every 3 to 4 hours while awake, to avoid accidents.
- Empty your bladder before bedtime or before strenuous activity.
- Limit drinks with caffeine, or and avoid alcohol and citrus juices, which can irritate the bladder and make you have to go more often.
- Avoid hygiene products that may irritate you (perfumed soaps, scented lotions, powder, toilet wipes with alcohol) Women should avoid feminine spray or over-the-counter vaginal suppositories.

- Because belly fat can push on the bladder, avoiding weight gain or losing needed weight sometimes helps improve bladder control.
- Avoid tobacco use which can cause coughing and bladder irritation due to harmful substances in tobacco products.
- Talk to your doctor about all medicines, vitamins, herbs, and supplements you're taking. Some may affect urine control.

What the caregiver can do

- Encourage or help the patient with appropriate skin care after using the bathroom. Use warm water and pat the area dry.
- Help the patient keep a diary that records specific foods or drinks that may affect how frequently the patient goes to the bathroom.
- Help the patient maintain a bladder or bowel plan.
- Encourage the patient to go to the bathroom at consistent time frames during the day, like after a meal.
- Encourage regular daily exercise, as permitted by the health care team.

Call the cancer care team if the patient

- Has any cramping, discomfort, or pain when going to the bathroom.
- Has any skin changes or irritation such as redness, bleeding, sores, or swelling.
- Has constipation or diarrhea.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/emotional-mood-changes/anxiety.html
2. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/surgery.html
3. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/radiation.html
4. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/chemotherapy.html
5. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/targeted-therapy.html

6. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/stool-or-urine-changes/constipation.html
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17. www.cancer.org/treatment/understanding-your-diagnosis/tests/imaging-radiology-tests-for-cancer.html
18. www.cancer.org/treatment/understanding-your-diagnosis/tests/imaging-radiology-tests-for-cancer.html
19. www.cancer.org/treatment/support-programs-and-services.html

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