Good bladder and bowel habits

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Continence Management
THE BLADDER

- Function: storage and expulsion of urine
- The bladder has the ability to stretch up, and act as a reservoir for urine
- The bladder has the ability to contract down and expel urine
THE BLADDER

BLADDER FILLING

BLADDER EMPTYING
Good bladder habits

• An adequate fluid intake consists of:
  – About 1.5 to 2 litres/day (6-8 glasses)
  – Minimize caffeine and alcohol
• Don’t go to the toilet ‘just in case’
• Passing pale coloured urine
• Ability to defer when not appropriate to void
• Avoid constipation
• Practice pelvic floor exercises
• Correct sitting positioning on toilet to effectively empty the bladder:
  – Leaning forward and relaxing abdominal muscles
Am I Hydrated?
Urine Color Chart

This urine color chart is a simple tool you can use to assess if you are drinking enough fluids throughout the day to stay hydrated.

If your urine matches the colors numbered 1, 2, or 3 you are hydrated.

If your urine matches the colors numbered 4 through 8 you are dehydrated and need to drink for more fluid.

Be Aware! If you are taking single vitamin supplements or a multivitamin supplement, some of the vitamins in the supplements can change the color of your urine for a few hours, making it bright yellow or discolored.

If you are taking a vitamin supplement, you may need to check your hydration status using another tool like Handout #15: Hydration Check: Body Weight Log.
Normal Bladder Function

- Voiding between 4 - 7 times per day (every 3-4 hours during the day)
- Bladder volumes 250 - 600ml
- No more than once per night
- Ability to defer as long as required to get to the toilet
- Effective bladder emptying
- Passing a continuous stream of urine with no pain or burning
- No leakage of urine at any time
Fluid Intake

- when encouraging adequate fluid intake take into consideration:
  - reduced sense of thirst with age & altered environment
  - drinking habits
  - water is always the best
  - likes & dislikes
  - the person’s understanding
Bladder Elimination Problems

- Over Active Bladder symptoms
- Nocturia
- Urge Incontinence
- Stress Incontinence
- Overflow Incontinence
- Functional Incontinence
Bowel Function

- The bowel acts to process what we eat:
  - process of digestion involves extracting useful nutrients for the body
  - elimination of waste products from the body
  - made up of small and large intestine
  - stretches from base of stomach through to anus and measures about 7.5m (total)
Normal Bowel Function

• Bowel action between 3/day to 3/week
• Soft, formed stool
• No straining or pain
• Rectal fullness
• Feeling of effective emptying
• No soiling or involuntary loss of solid stool
• Mass movement triggered by reflex
<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Separate hard lumps, like nuts (hard to pass)</td>
</tr>
<tr>
<td>2</td>
<td>Sausage-shaped but lumpy</td>
</tr>
<tr>
<td>3</td>
<td>Like a sausage but with cracks on its surface</td>
</tr>
<tr>
<td>4</td>
<td>Like a sausage or snake, smooth and soft</td>
</tr>
<tr>
<td>5</td>
<td>Soft blobs with clear-cut edges (passed easily)</td>
</tr>
<tr>
<td>6</td>
<td>Fluffy pieces with ragged edges, a mushy stool</td>
</tr>
<tr>
<td>7</td>
<td>Watery, no solid pieces ENTIRELY LIQUID</td>
</tr>
</tbody>
</table>
Good Bowel Habits

• A good fluid intake of 1.5 to 2 litres per day
• A healthy diet rich in dietary fibre (30 grams per day)
• Exercise regularly
• Go to the toilet when you get the urge - do not put off going
• Use the correct sitting position
Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day. Drink plenty of water.

Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties

Vegetables and legumes/beans

Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans

Fruit

Milk, yoghurt, choose and/or alternatives, mostly reduced fat

Use small amounts

Only sometimes and in small amounts
Bowel Elimination problems

- Faecal Incontinence
- Constipation
- Diarrhoea
- Faecal Impaction
The myths about incontinence

- A normal part of ageing
- Expected with childbearing
- There is nothing that can be done
- "I am the only one"
- It is not a serious problem
Bladder and Bowel Assessment

- History and onset of problem
- Normal voiding and bowel routine
- Previous management by client
- Medical and surgical history
- Medications (including laxatives)
Bladder diaries/charts

• They are not the complete assessment, but form a part of the assessment

• The data needs to be interpreted and used for management
Bladder diaries/charts

• Every chart needs to provide the following basic information:
  – Frequency/time of voiding
  – Frequency/time of incontinent episodes
  – Voided volumes/estimate of loss
  – Relevant information
Bladder diaries/charts

• At Base line
  – 3 x 24 hour periods
  – Record all intake and output
  – Person to self initiate
  – If not able check regularly
Bowel Charting needs to include:

- Only charting how often a person opens their bowels is an inadequate basis for any treatment or management.
- Also need to observe or have them observe:
  - timing of bowel motions
  - stool consistency & size
  - any incontinence - when, what, how much, warning or awareness?
  - room for comment or observation of factors such as straining, pain, mucous, blood, specific toileting habits
  - record of anything taken for the bowels
<table>
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<tr>
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THE BRISTOL STOOL TART