

BLADDER CLINIC

Women attending a urodynamics clinic, like that at Wexford General, are referred by a GP or consultant.

They are asked to fill out a 24-hour bladder diary for three to four days prior to attending.

"This provides the information about volume and frequency and is a window to bladder function."

They are also asked to attend with a full bladder.

An ultrasound scan of the bladder is done first, followed by the patient sitting on a computerised chair to urinate. The amount is measured.

A bladder retraining programme for the individual is then designed, this can include a programme of pelvic floor exercises.

Stress incontinence, where the pelvic floor is extremely weak or where the bladder neck is weak, may need surgery. However, further tests – urodynamics – are needed in this case.

Medication is also available, in some cases, where bladder retraining isn't sufficient to solve the problem.

SYMPTOMS

Having an overactive bladder means that your bladder contracts (squeezes) when you don't want it to do so. Symptoms of an overactive bladder include:

- Urgency: Sudden urge to pass urine.
- Urgency incontinence: Not getting to the toilet in time.
- Frequency: Passing urine more than eight times a day with or without urgency incontinence.
- Nocturia: Waking at night to pass urine.

This combination of symptoms is known as Overactive Bladder Syndrome (OAB)

BLADDER RETRAINING

Bladder retraining helps regain control of your overactive bladder by suppressing contractions.

You must gradually increase the capacity of your bladder and the time interval between passing urine. Determination is needed.

Pelvic floor exercises are important in order to strengthen the pelvic floor.

- Example: Imagine your pelvic floor is like a lift. Try to take the lift up and down to different floors.
- Important: Do not stop and start during urination.

"This exercise was taught in the past," Collette says, "but is not advisable because you are training your bladder muscles to stop and hold half way through. Empty completely is the key message."

I've seen women in tears because they can't drive four miles into town without needing the toilet again or who can't peel a spud because the running tap makes them want to go

Urodynamicist Collette Blake

position allows the pelvic floor to relax properly and your bladder to tilt. Take time to empty.

- Keep your fluid intake at a reasonable level, e.g. six to eight glasses or 1.5 litres a day.
- Tea, coffee, alcohol, green tea and dark berry juice drinks irritate the bladder. Try water, milk, herbal tea or decaffeinated drinks.
- Losing weight, stopping smoking and healthier drinking will also help.

Note: Toilets are designed by men for men, Collette says. "Women are designed to squat when urinating. This also prevents urinary tract infections. Use a step or upturned basin to raise your knees above your hips when you use the toilet – or a toilet roll under each foot will do if there is nothing else." **CL**

'If we challenge our negative thoughts, we can alleviate many of our problems'

Fiona Hoban examines negative thought patterns and what we can do to kick the habit and live a happier and less stressful life



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Imagine if someone got inside your head and wrote down every single thought you had over a 24-hour period. Imagine that this person then typed it up, printed it off and handed it over to you to read out loud (or, for those of you so inclined, posted it up on Facebook).

If you were given a red pen and instructed to underline any thoughts that were repetitive, unduly negative or based on pure speculation (not to mention paranoia), what would be left of your typed script (assuming you hadn't run out of ink)?

Cognitive behavioural therapy is based largely on the notion that our thoughts (or cognitions) affect our behaviour far more than we may realise. So, if we can challenge and revise our negative, fearful thoughts, we can alleviate many of our problems.

L Johnson, an American cognitive behavioural therapist, recommends that many times a day we need to stop and ask ourselves: "What am I thinking?" And then ask: "Is this thought helpful?"

Because, while a particular thought may be justified, probable or correct, it does not mean it is helpful.

I could be driving to Dublin and thinking to myself: "Traffic will be a nightmare, I'll never get parking."

Such a thought may well be prob-

able and correct but at that moment in time, is it really helpful? Probably not. What should I do when I realise that what I'm thinking about is not helpful? Simple: drop the thought, and if I find myself back in the same thought again five seconds later, I drop it again and so on. Dwelling on a negative thought merely adds to its power, so each time I drop negativity I weaken its strength.

A friend of mine tells the story of attending a conference hosted by a renowned therapist. One of the participants, who suffered from terrible low self-esteem and anxiety, asked for some advice. He explained that no matter what he did or where he went, this voice inside his head kept telling him what could go wrong, why he would fail, etc.

I've no doubt some other participants were probably diagnosing this man with paranoia, acute anxiety disorder or maybe even psychosis.

Not the therapist. He said to the man: "Well, why don't you tell the voice inside your head to shut the heck up."

I suppose he was suggesting (less diplomatically) that this man needed to get into the habit of dropping his negative thoughts. Or, as Eckhart Tolle, best selling author of *The Power Of Now*, observes: "They're only thoughts, I wouldn't take them all that seriously."

He also says that in life, "pain is inevitable, suffering is optional".

I think by this he means that often it's not the pain of a situation that makes us suffer, but rather our own negative thoughts about the situation that makes it seem worse.

We tend to use various thought processes to explain our unhappiness, unaware that it is the thoughts themselves that cause the unhappiness and suffering.

Makes you think, eh? **CL**

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