



NATIONAL ASSOCIATION  
FOR CONTINENCE

# Bladder Retraining:

A Six-week Program



There's no shame in being  
*human*

## BLADDER RETRAINING: A SIX-WEEK PROGRAM

Content provided by **Katherine Jeter, EdD, NAFC Founder**

As many of us get older, we find that controlling the bladder and sphincter muscle becomes increasingly hard to do, and this loss of control can be both uncomfortable and embarrassing. If that sounds familiar, take heart: Many studies over the years have supported the success of bladder retraining programs for both women and men experiencing symptoms of urge incontinence and urgency associated with overactive bladder (OAB).

The goal of bladder retraining is to improve your ability to hold in urine, which will decrease the number of trips you make to the bathroom. It also aims to reduce the number of accidents you experience before safely reaching the toilet.

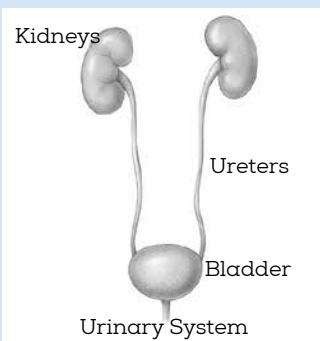
The first thing you'll want to do is determine if bladder retraining might be helpful for you. See if either of these conditions sound familiar:

- **Urge incontinence** – The urgent need to pass urine without warning and the inability to get to the toilet in time. “When I have to go, I have to go...” The frequency of this occurrence determines the severity of the problem.
- **Overactive bladder** – Characterized by urgency, urinating more than eight times in 24 hours and awakening at night two or more times to urinate. Individuals can have OAB with or without urinary incontinence.

Men may experience urgency and frequency of urination because of an enlarged prostate that blocks the flow of urine and prevents the bladder

### KNOW YOUR BODY! *The physiology of your urinary system*

Urine is made by the kidneys and flows into the bladder where it is stored. As the bladder fills and stretches, a message goes to the brain that it is time to urinate. In the absence of a medical problem, the brain normally sends a message down to the sphincter muscle (the ring of muscles that stops the flow of urine) whether or not it's a good time and place to go. The sphincter's tension releases and the bladder muscle contracts to empty itself of urine through the urethra to the body's outlet.



from fully emptying. Sometimes this condition accompanies OAB, requiring both the prostate and bladder to be treated.

Older women, particularly postmenopausal women, are likely to have both stress urinary incontinence (SUI) and urge incontinence or OAB. SUI is leakage that occurs when laughing, sneezing, lifting heavy objects or exerting other pressure on the bladder. SUI often results from obstetrical trauma in childbirth.

In either gender, there may also be neurological causes of urge incontinence or OAB. When the normal bladder is full, it sends the brain signals alerting it that it needs to be emptied. Nerve damage caused by diseases such as diabetes, Parkinson's disease, multiple sclerosis or strokes can cause interruptions of normal signals or even send incorrect signals between the bladder and the brain.

If you think that you may have urge incontinence, stress urinary incontinence, symptoms of both, or OAB, make an appointment with your healthcare provider. It's important to prepare for this appointment in order to give your provider the most accurate information about your symptoms. Because each set of symptoms is treated somewhat differently, you'll be more likely to get a complete diagnosis when you give your physician all the information you can – and don't be shy about it, either. After all, this is what healthcare providers do for a living, and you can be sure they've heard and seen it all before.

For at least two days before your appointment, complete a bladder diary. You can find one towards the back of this brochure. This records every time you eat or drink something, every time you use the toilet to urinate, and every time you have an accident. Take this completed form and this pamphlet to your appointment to find out if your healthcare provider thinks you could be helped by bladder retraining.

This program is specifically designed to address the symptoms of urge incontinence and OAB. It may also be helpful for people with some neurological disorders, but not necessarily everyone. If you've already been diagnosed and just learned about bladder retraining as a behavioral tool, ask your healthcare specialist if you can begin

the program. Always consult your healthcare provider before trying anything recommended in this or any other publication that addresses general health issues.

## Getting Started

Here's what you'll need for your 6-week retraining program:

- The NAFC Continence Chart located at the end of this brochure. Make 6 copies, one for every week of the program. Don't be surprised if you see great improvement in just 6 weeks!
- A pencil or pen
- A clock
- A kitchen or pocket timer
- Determination to stick with it



## Week One

Use the Continence Chart at the back of this brochure and mark it "Week One".

Urinate when you first get up in the morning. If you have a hard time making it to the toilet when you get up, squeeze the muscle that holds back your urine before you get out of bed and count slowly to five. Then stand up and walk slowly to the toilet.

Empty your bladder as completely as you can and put a check (✓) in the gray column beside the hour you used the toilet. Now set your timer for one hour.

When the timer sounds, go to the toilet, even if you don't feel the need to empty your bladder. If you urinate, put a check (✓) next to the gray column. If not, leave it blank. Then set the timer for one hour.

When the timer sounds, go to the toilet, even if you do not feel the need to empty your bladder. If you urinate, put a check (✓) in the gray column. Set the timer again for one hour, and continue this process throughout the day until you go to bed.

## Learning to Control the Urge

When you feel the urge to urinate before the time sounds, try to distract yourself.

Think about a very complex task, like...

- Balancing your checkbook
- Naming the streets of your city between your home and a mall on the other side of town
- Remembering all the words to a favorite song, nursery rhyme or hymn
- Listing the birthdays of ten friends

Or try thinking about something especially fun and relaxing, like...

- Vacationing on an exotic island
- Lying in a hammock in the shade
- Watching the sunset over the ocean

The feeling that you need to go should pass and you may be able to wait until the timer sounds. If you cannot wait, go ahead and use the toilet. Make a check (✓) in the gray column corresponding to the hour that this urge occurred and you urinated. Resume your hourly scheduled toilet training.

Whenever you leak urine, put a check (✓) in the white column that corresponds to the hour it happens. Write "D" for damp or "W" for wet beside the check in the white column corresponding to the hour this occurs. Change the damp or wet pad to a dry one.

You are ready to progress when, for a one-week period, you are able to urinate every hour without leakage in-between and when you are able to control the urge in-between

## Week Two

Use the Continence Chart at the back of this brochure and mark it "Week Two".

Urinate when you first get out of bed in the morning. If you feel like you may not make it to the toilet, squeeze the muscle that holds back urine before you get up and count to ten. Then get out of bed and walk slowly to the toilet. Put a check (✓) in the gray column beside the time you used the toilet. Now set a timer or clock for 1-1/2 hours. When the timer sounds, go to the toilet. If you urinate, put a check (✓) in the gray column beside the time. If not, leave it blank.

Set your timer or alarm clock for 1-1/2 hours. When the timer sounds, go to the toilet. If you urinate, put a check (✓) in the gray column. Continue this all day.

In Week Two, just as in Week One, you will record any leakage you have in the white column by the hour in which it happened. Be sure to discard wet pads and put on dry ones.

When you feel the need to urinate before the timer has sounded, practice the distraction or relaxation techniques to control the urge until it passes. If you get uncomfortable and still have the urge to go, you may use the toilet. Do not be discouraged if this happens; it is normal. Your bladder problems did not happen overnight and they will not be cured overnight – or even in a week or two.

If you feel the need to urinate before the timer sounds when set at 1-1/2 hours, you may opt to set the time for one hour and 15 minutes during Week Two. Then you can add increments of 15 minutes in the weeks that follow (Weeks Three through Six). Personalize our six-week program as needed.

### **Week Three through Week Six**

Begin each week with a new Continence Chart from the back of this brochure.

In weeks three through six, you will increase the time between urination to one hour and forty-five minutes in week three, two hours in week four, two hours and fifteen minutes in week five and anywhere between two-and-a-half and three hours in week six, depending on individual progress. Compare continence charts each week to review improvement.

### **Tips for Success**

1. Believe that you will be successful and follow program directions to the letter.
2. Give bladder retraining a full six to eight weeks, and do not give up if progress stops for several days or if you have a setback.
3. If you find that complex mental tasks or relaxing thoughts do not make the urge to urinate go away, consider trying the following:
  - Squeeze the muscles that hold back a bowel movement and

hold back urine until the urge passes, then relax.

- Roll up a bath towel and keep it on a firm chair. Sit on this roll when you have a strong urge to urinate.
- Place a rolled towel between your legs and push it up against your body.

Don't be discouraged by setbacks. Your bladder control problems may be worse when...

- You are tired
- You have your mind on many things
- You feel tense and nervous
- You have consumed bladder-irritating foods or beverages
- You have increased your fluid intake
- It's cold, rainy or windy outside
- Your menstrual period is coming up

### **More Ideas for Success**

1. Avoid alcoholic beverages, coffee and tea. Drink plain water as much as possible.
2. Drink normal amounts of fluid evenly throughout the day. Six to eight glasses of water or non-citrus juices is plenty of fluid for one day.
3. Establish regular bowel habits. If you are constipated, add fiber to your diet, or use a laxative. Discuss this with your healthcare professional.
4. Avoid going to the toilet "just in case." This may turn into a bad habit and lead to frequent urination.
5. Studies show that medication for overactive bladder may be used in conjunction with behavioral modifications to improve bladder control.
6. Nerve stimulation is another treatment option. It uses mild electric pulses to stimulate a sacral nerve in the lower back. This nerve influences the bladder and surrounding muscles that control urinary function.

### **Want to learn more?**

For more information on products and devices mentioned in this publication, or to find a healthcare expert, contact the National Association for Continence (NAFC) by calling 1-800-BLADDER or visit us online at [www.NAFC.org](http://www.NAFC.org).



# NAFC Bladder Diary

Complete one form for each day for four days before your appointment with a healthcare provider. In order to keep the most accurate diary possible, you'll want to keep it with you at all times and write down the events as they happen. Take the completed forms with you to your appointment.

NAME: \_\_\_\_\_  
DATE: \_\_\_\_\_

Time	Fluids		Foods		Did you urinate?		ACCIDENTS			
	What kind?	How much?	What kind?	How much?	How many times?	How much? (sm, med, lg)	Leakage How much? (sm, med, lg)	Did you feel an urge to urinate?		What were you doing at the time? (Sneezing, exercising, etc.)
Sample	Coffee	1 cup	Toast	1 slice	✓✓	med	sm	Yes	<input checked="" type="radio"/> No	Running
6 a.m. - 7 a.m.								Yes	No	
7 a.m. - 8 a.m.								Yes	No	
8 a.m. - 9 a.m.								Yes	No	
9 a.m. - 10 a.m.								Yes	No	
10 a.m. - 11 a.m.								Yes	No	
11 a.m. - 12 noon								Yes	No	
12 noon - 1 p.m.								Yes	No	
1 p.m. - 2 p.m.								Yes	No	
2 p.m. - 3 p.m.								Yes	No	
3 p.m. - 4 p.m.								Yes	No	
4 p.m. - 5 p.m.								Yes	No	
5 p.m. - 6 p.m.								Yes	No	
6 p.m. - 7 p.m.								Yes	No	
7 p.m. - 8 p.m.								Yes	No	
8 p.m. - 9 p.m.								Yes	No	
9 p.m. - 10 p.m.								Yes	No	
10 p.m. - 11 p.m.								Yes	No	
11 p.m. - 12 mid								Yes	No	
12 mid - 1 a.m.								Yes	No	
1 a.m. - 2 a.m.								Yes	No	
2 a.m. - 3 a.m.								Yes	No	
3 a.m. - 4 a.m.								Yes	No	
4 a.m. - 5 a.m.								Yes	No	
5 a.m. - 6 a.m.								Yes	No	



## NAFC Continance Chart for Bladder Retraining

Week \_\_\_\_\_ Week beginning \_\_\_\_\_

Name \_\_\_\_\_

Please put a check (✓) in the GRAY column each time urine is passed

Place a check (✓) in the WHITE column each time you are wet

Add a "D" for damp or "W" for wet beside each check

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 a.m.							
7:00 a.m.							
8:00 a.m.							
9:00 a.m.							
10:00 a.m.							
11:00 a.m.							
12:00 p.m.							
1:00 p.m.							
2:00 p.m.							
3:00 p.m.							
4:00 p.m.							
5:00 p.m.							
6:00 p.m.							
7:00 p.m.							
8:00 p.m.							
9:00 p.m.							
10:00 p.m.							
11:00 p.m.							
12:00 a.m.							
1:00 a.m.							
2:00 a.m.							
3:00 a.m.							
4:00 a.m.							
5:00 a.m.							

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**1-800-BLADDER**  
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Don't go it alone!  
Scan this code with your  
smartphone to find a  
bladder control  
specialist near you.

