

Everyday Continence Management



Queensland
Government

Shane Bleddyn - Advisor, Continence Aids
Medical Aids Subsidy Scheme
23 July 2025

Ageing & Continence

Changes in bladder and sphincter strength →

Urinary incontinence¹

1 in 4 women over 60

1 in 10 men over 60

Faecal incontinence¹

1 in 7 people over 60



← Other conditions (e.g., heart failure) and treatments (e.g., diuretics)

← Changes to the nervous system

← Increased night-time urination

← Difficulty managing clothing and getting to the toilet quickly

Getting assistance

- [Continence Health Australia](#)
Helpline 1800 33 00 66 (Mon to Fri, 8am to 8pm)
- For a referral to a nurse for a continence assessment, an occupational therapist, physiotherapist or dietitian, contact [My Aged Care](#) on 1800 200 422
- [MASS Continence Aids](#)
- [Continence Aids Payment Scheme \(CAPS\)](#)



- Keep a healthy weight
- Stop smoking
- Avoid fluid intake 2-3 hours before sleep
- Reduce bladder irritants intake
 - e.g. artificial sweeteners, carbonated beverages, caffeine, spicy food and alcohol
- Manage constipation
- Manage chronic diseases
- Keep mobile

Lifestyle



Bladder Management



Queensland
Government

Types of urinary incontinence

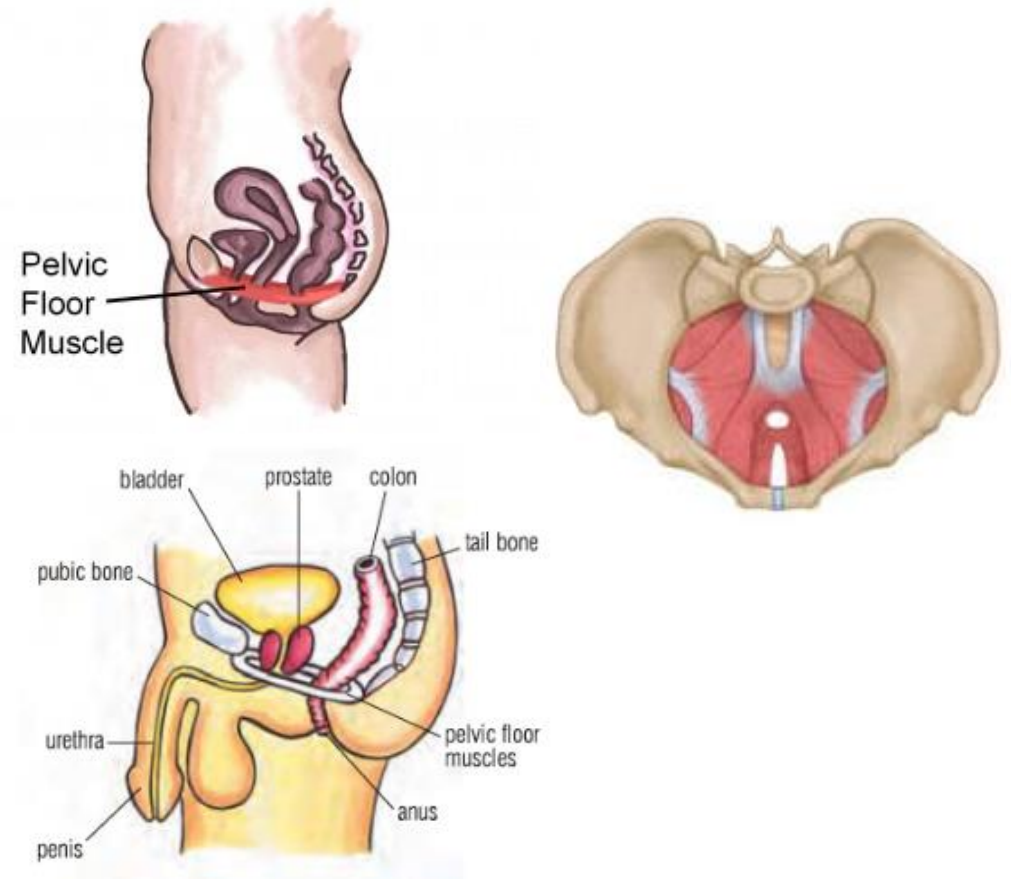
Type	Why it happens	What it can be like
Urgency	Bladder is overactive	Sudden, strong urge to urinate Frequent urination Nocturia (toileting more than twice a night)
Stress	Urethral sphincters aren't strong enough	Urine leakage Usually with physical exertion (e.g., coughing, sneezing, lifting)
Mixed	Both urgency and stress	
Functional	Difficulty getting to the toilet in time	Leakage or large volume of urinary loss
Overflow incontinence	Bladder underactivity or obstruction	Difficulty starting urine stream Weak urine stream Feeling that bladder is not empty Dribbling after toileting

Strategies for urinary incontinence

- Reduce fluids a few hours before bed
- Use a commode or bottle at night
- Bladder retraining or overactive bladder medication
- Oestrogen cream twice weekly
- Pelvic floor training
- Skin problems – review for higher absorbency aid / change more
- Sheaths for men at night
- Continence pads / pull up aids for conservative management
- Reduce caffeine, bladder irritants
- Improve underlying constipation

Pelvic floor exercises

- Referral to a pelvic floor physio
- Complex assessment offered
- Bladder and bowel diary prior to appointments are very important
- Biofeedback can help you learn correct pelvic floor contraction

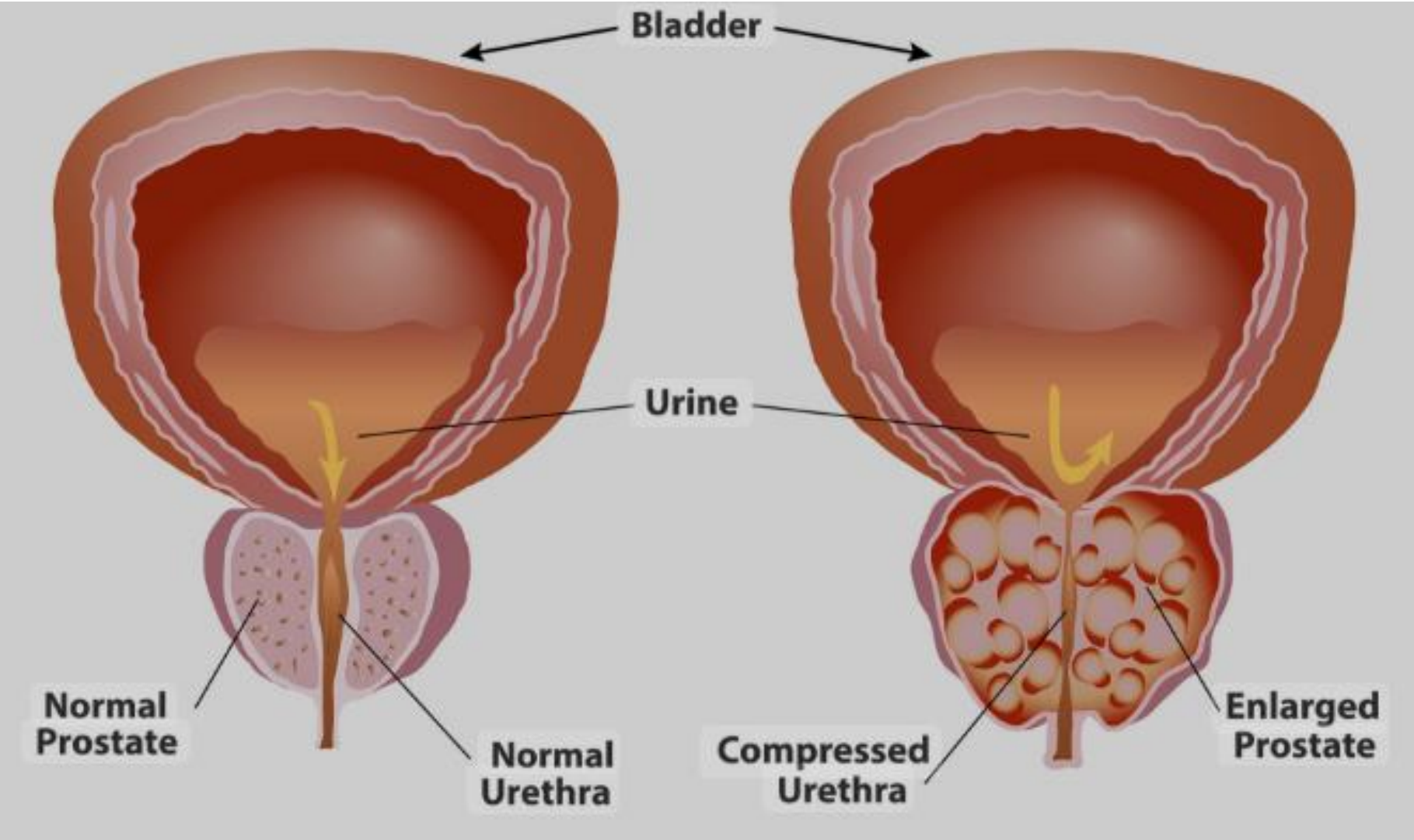


Learn more:
[Your pelvic floor | Jean Hailes](#)

Reducing urinary tract infections

- Pass urine regularly
- Good fluid intake
- Wipe front to back
- Avoid constipation
- Avoid using irritating products
- Oestrogen cream for post menopause
- Check the bladder is fully empty post void

Check the bladder is empty after voiding



Aids for women

Adhesive pads



Disposable pull up pants



Reusable absorbent pants

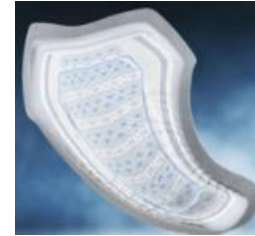




Image generated using AI

Aids for men

Adhesive pads



Disposable pull up pants



Reuseable absorbent pants



Urinary sheaths

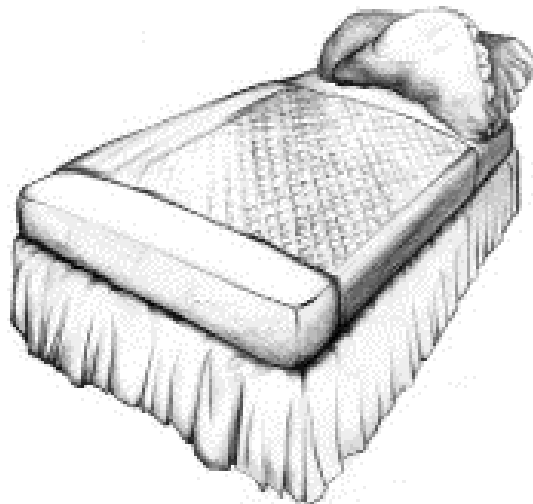


Night-time aids

Adhesive pads (high absorbency)



Bed pads



Disposable pull up pads (high absorbency)



Disposable all-in-one pads



Urinary sheaths



Bowel Management



Queensland
Government

Types of faecal incontinence

Type	Why it happens	What it can be like
Urgency	Overactive bowel or loose stools	Urgent need to defecate
Stress	Sphincters aren't strong enough or stools are too loose	Faecal leakage on effort or exertion
Passive	No awareness	Unexpected faecal leakage or loss of stool
Functional	Difficulty getting to the toilet in time	Small or large volume loss
Overflow incontinence	The bowels are impacted (from constipation) and only loose stools can flow around	Faecal leakage History of constipation Loose stool

Strategies for bowel management

- See a nurse, occupational therapist, physiotherapist or dietitian as needed
- Improve diet and fluid intake
- Adopt best toilet positions
- Consider timed, scheduled and prompted toileting
- Trial aperients if needed
- Review medication
- Trial continence aids if appropriate



Constipation

- Bowel movement is too slow
- Can obstruct the bowels
- Feeling of incomplete bowel evacuation
- Straining to defecate
- May require treatment or manual assistance

Dietary approaches for constipation

- Consuming higher amounts of non-starchy dark green, red (especially tomatoes) and orange and other vegetables can reduce constipation¹
- Fruits result in higher stool frequency compared to psyllium, especially kiwi fruits²
- Rye bread results in higher stool frequency than white bread²



Aperients to soften or quicken bowel movements

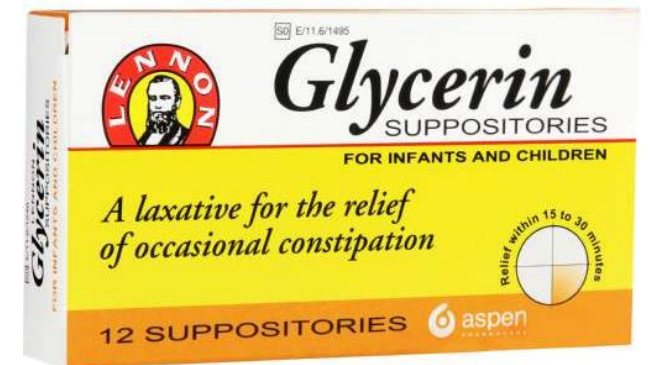
Laxatives



Stimulants



Suppositories & enemas



Best toileting positions



[Squatty Potty Australia](https://www.squatty-potty.com.au/)

(Ness and Addison, n.d.)



[This Unicorn Changed the Way I Poop - #SquattyPotty](#)

Bulk-forming aperiants

- Increase bulk in bowel
- Help stimulate movement through the bowel
- Examples: Psyllium, Metamucil, Fybogel, Benefiber
- Action is usually 2-3 days
- Useful strategies with clients who may have loose stools
- Clients with constipation may need good fluid intake for these



Aids for faecal incontinence

Butterfly faecal pads



Pull up style unisex pants



Disposable liners



Poise charcoal



Disposable all-in-one pads



Tena Duo



Other considerations



Queensland
Government

Getting to the toilet



Home modification



Commode



Mobility devices

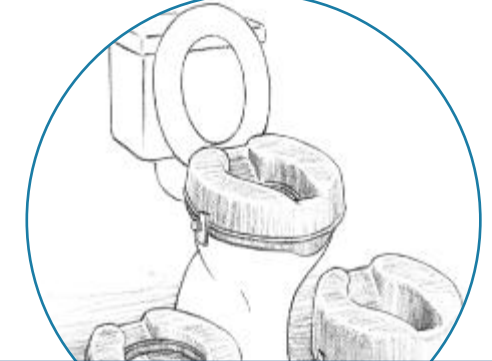
Getting on and off the toilet



Grab rail



Over toilet frame



Toilet seat raiser

Managing clothing



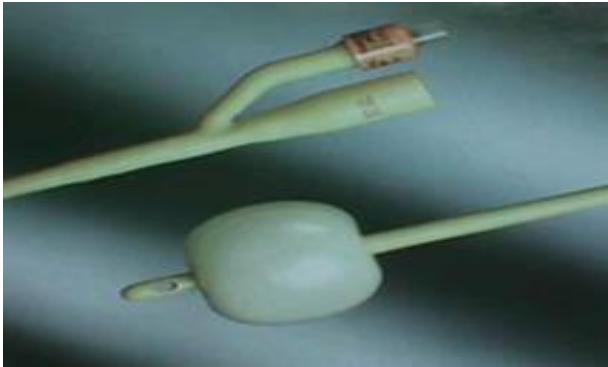
Adaptive clothing

Home modifications and equipment may be helpful

Catheters

Long-term catheters

Coated



Silicone



Disposable catheters

Standard, soft or firm



Prelubricated



Hydrophilic



Thank you!



MASS-ContinenceAids@health.qld.gov.au

MASS Continence Team: tel – 3136 3665



Complete the [feedback form](#) to receive a certificate of attendance