



Definitions:

Bladder:

A muscular organ which stores urine

Bladder retraining:

a “re-programming” of bladder activity through a gradual goal-directed process of increasing the time between voids

Constipation:

Having bowel movements less often than every three days. Most often related to decreased colon activity.

Cystitis:

Inflammation of the bladder most commonly due to bacterial infection (bacterial cystitis).

Cystocele:

Displacement of the bladder into the vaginal canal as a result of vaginal wall weakness underneath the bladder. (“Dropped bladder”)

Defecation dysfunction:

Difficulty in the elimination process during a bowel movement.

Dysuria:

Painful urination, often burning-like pressure which is most pronounced toward the end of the stream.

Enterocoele:

Displacement of the small intestine into the upper part of the vagina

Fecal incontinence:

Accidental loss of stool.

Frequency:

The need to urinate more often than normal (more than every 2 hours or more than 7 times a day)

Incontinence from surgery:

Follows such operations as hysterectomies, caesarean sections, prostatectomies, lower intestinal surgery, or rectal surgery.

Mixed incontinence:

A combination of urge incontinence and stress incontinence.

Nocturia:

Waking up during the night to urinate. More than once can be significant.

Overflow incontinence: Refers to leakage that occurs when the quantity of urine produced exceeds the bladder's holding capacity.

Pelvic floor muscles:

A group of muscles in the pelvis that support and help to control the vagina, uterus, bladder urethra and rectum. They also assist in control of the bladder and rectum.

Pelvic organ prolapse

Pelvic organ prolapse is a very common disorder, particularly in older women. Loss of pelvic support occurs when the soft connective tissues that support the pelvic organs become stretched, weakened or torn. Symptoms include loss of bladder or bowel control, difficulty voiding, urinary frequency and problems with bowel movements. It may also cause feelings of pelvic or vaginal heaviness, bulging, fullness, pain, recurrent bladder infections, and/or excessive vaginal discharge.

Pharmacologic therapy:

(Medications) Another common treatment for incontinence.

Prolapse:

Displacement or decent of the pelvic oranges as a result of pelvic muscle weakness followed by a supportive pelvic connective tissue disruption.

Rectocele:

Displacement of part of the rectum into the vagina canal as a result of weakness in the vaginal wall above it.

Stress incontinence:

Involuntary loss of urine during exercise, coughing, sneezing, laughing, or any body movement which puts pressure on the bladder. This most often is a result of poor urethral support.

Ureters:

A pair of tubes, each leading from one of the kidneys, to the bladder.

Urethra:

A short narrow tube that carries urine from the bladder out of the body.

Urgency:

A powerful need to urinate immediately which cannot be delayed.

Urge incontinence:

The involuntary loss of urine associated within the urgent need to pass urine and the inability to get to the toilet in time. Represents a sudden bladder contraction that cannot be consciously inhibited

Uterine prolapse:

Descent of the uterus from its normal position .

Vaginal atrophy:

Thinning of the vaginal lining (mucosa). Most often a result of decreased estrogen levels.

Vaginal vault prolapse:

Displacement of the “top” of the vagina (after a hysterectomy) from its normal position.

Voiding dysfunction:

A deviation from the normal voiding cycle that includes symptoms such as urgency, frequency, hesitancy, dribbling of urine, and overt incontinence.