



Foundation for
Female Health
Awareness

Bladder Health Guide



We understand bladder issues



BLADDER HEALTH

Welcome!

Bladder problems – such as infections, leaking urine, and pain -- are common in people of all ages. The types of problems and treatments, however, differ among age groups and between women and men. Annoying symptoms are so common that it may be easy to assume that they are normal and you just have to live with it. But you don't! There are a number of remedies and treatments that you can do to lessen or eliminate the symptoms. Plus, health care providers will have options--from physical therapy to medications, to even surgery--that are often very effective at solving bladder problems.

November is Bladder Health Month. At the Foundation for Female Health Awareness, we understand that bladder issues come with unique challenges. With this ebook, we aim to raise awareness of bladder problems, provide education, and discuss treatment options. We hope you find it helpful!

ARE BLADDER SYMPTOMS AFFECTING YOUR HEALTH AND QUALITY OF LIFE?

Check all that apply to you.

Level 1 symptoms:

- I feel like I have to go to the bathroom a lot
- I am worried that I might wet myself on the way to the bathroom
- Sometimes I do wet myself on the way to the bathroom
- When I sneeze or exercise, I leak a little urine
- I urinate more than 8 times a day
- I get up to urinate more than 2 times at night
- I wet the bed at night
- I sometimes leak urine during sex

Level 2 symptoms:

- I have pain in my bladder, especially as it gets full
- I feel something bulging out of my vagina
- It stings or hurts when I urinate
- I have difficulty urinating or emptying my bladder
- I have seen blood in my urine

The above are some of the symptoms and signs people might experience with bladder problems. While many people have minor urinary symptoms, it doesn't mean that you should tolerate symptoms that are interfering with your health and happiness.

If you checked:

Level 1 symptoms:

- **1-2 boxes:** You have a few symptoms of bladder problems. However, you should take steps to help your bladder before these symptoms get worse. An ounce of prevention is worth a pound of cure.
- **3 or more boxes:** You have multiple symptoms of bladder problems. It's time to make some changes. Ask your doctor for a full assessment to start getting treatment.

Level 2 symptoms:

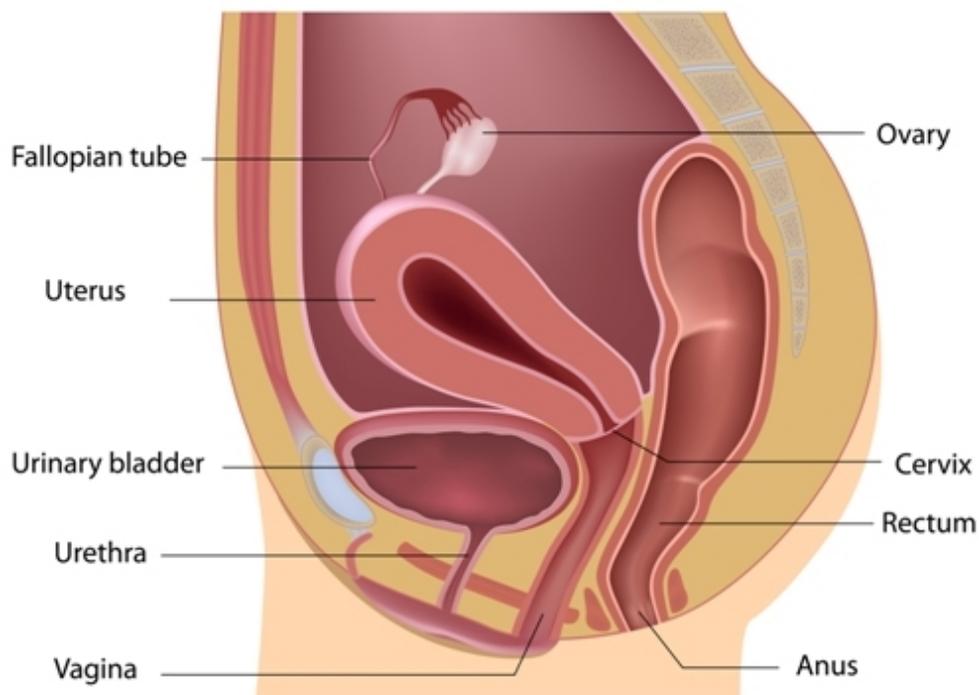
- **1 or more boxes:** Even 1 of these symptoms could indicate a more serious problem. See your healthcare provider for examination and testing.

This quiz is not intended to diagnose. The intent of this quiz is to raise awareness of how bladder symptoms may be affecting the quality of your life. If you have concerns about bladder health, speak with your primary health care provider.

WHERE IS YOUR BLADDER?

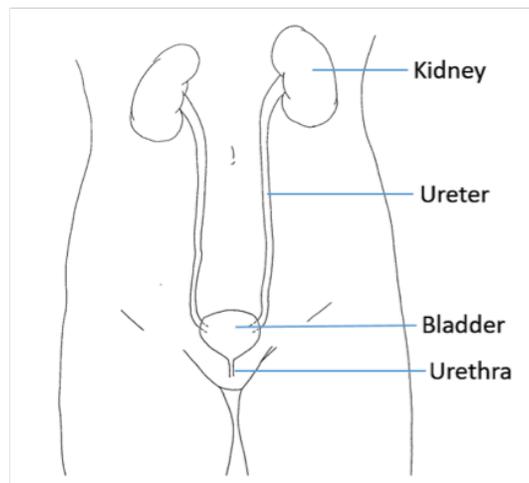
There are many different structures and organs that play a role in healthy bladder function. Awareness of where these structures are and how they work together is an important part of understanding why you may be feeling bothersome symptoms. It's time for an anatomy lesson!

A bowl of pelvic muscles is often referred to as the “pelvic floor” and holds the pelvic organs in your body. These are the muscles of a Kegel exercise. The contents of the pelvis – uterus, vagina, bladder, rectum -- are all neighbors and share many of the same nerves. So, it can be hard for our brains to figure out where exactly various symptoms or pain are coming from.



The Urinary System:

- 🍃 Kidneys
- 🍃 Ureters (tubes that carry urine from the kidneys to the bladder)
- 🍃 Bladder
- 🍃 Urethra (the tube where urine comes out)



Your bladder collects the urine from your kidneys and allows you to eliminate urine from your body. It is in your pelvis behind your pubic bone and in front of your vagina and uterus (see picture above). The uterus can press on the bladder, especially if it is enlarged or if you're pregnant. The urethra is the tube that you pass urine through; this exits just above the vaginal opening or through the penis. The bladder and urethra have a lot of sensitive nerves so that you can tell when your bladder is full and when you have to urinate. These nerves also help you empty your bladder when you need and want to.

WHAT COULD BE CAUSING MY BLADDER PROBLEM?

So now you know the symptoms of bladder issues. You understand the anatomy of the pelvic floor and urinary system. The next step is figuring out why you may be experiencing problems. There are many possible causes. Below are the most common. But, remember, it's always important to discuss these with your healthcare provider to make sure that you're doing all you can do to improve your symptoms and get back to living the life you want to live.

#1 Frequent Urinary Infections

Urinary tract infections (UTIs) affect 1 in 10 women in the United States every year and nearly half of women will experience a UTI in their lifetime. A urinary tract infection is an infection that can occur along the parts of the urinary system. Common symptoms that you may experience with a UTI are:

- 🍃 Pain or burning with urination
- 🍃 Lower abdominal pain just above the pubic area
- 🍃 A strong urge to urinate
- 🍃 Urinating more often than usual
- 🍃 Cloudy or foul-smelling urine
- 🍃 General feeling of being unwell

The most common location of infection is the lower part of your urinary system, or the bladder and urethra. When you have an infection in the bladder, it is also known as *cystitis*. If the infection is not treated, it can worsen to a kidney infection, also known as *pyelonephritis*. Symptoms that you may experience with a kidney infection include fevers, chills, back pain, nausea, and vomiting in addition to the symptoms listed above. UTIs and kidney infections during pregnancy can be very serious conditions and require more urgent medical attention.

Causes of UTIs

There are many factors that may increase your risk of getting a UTI:

- 🍃 Sexual intercourse and increased frequency of sexual intercourse
- 🍃 New sexual partner in the last year
- 🍃 Spermicide use
- 🍃 A recent UTI in the last year
- 🍃 Menopause
- 🍃 Older age
- 🍃 Prolapse of the bladder (cystocele)

UTIs are most commonly caused by bacteria that travel from the outside of the body through the urethra and into the bladder. *Escherichia coli* (E. coli) is the most common bacteria that causes a UTI and it causes 80-90% of all these infections.

Complicated Urinary Tract Infections

A serious UTI usually occurs when the infection goes beyond the bladder, such as to the kidneys or blood stream. It is important to tell your doctor if you have a history of the following conditions as it may suggest a more serious UTI:

- 🍃 Fevers, chills, back pain, nausea, vomiting (because this may mean a kidney infection)
- 🍃 Kidney stones
- 🍃 Diabetes or other medical conditions that causes your immune system to be weaker
- 🍃 Conditions you might have that make it more difficult to empty your bladder (such as spinal cord injury, certain neurological conditions, or a severely prolapsed bladder or uterus)
- 🍃 Urinary tract abnormality that you were born with
- 🍃 Recent urinary tract procedure (such as office procedures using instruments in the urinary tract)
- 🍃 Foley catheter (a tube that is placed through the urethra that helps drain the bladder) or stent in the ureter (a tube that helps keep the ureter open to drain urine)

Testing

UTIs can usually be diagnosed and treated based on symptoms alone without needing an exam or testing. For example, if someone experiences burning with urination and lower abdominal pain and does not have fever or other medical conditions, they can be treated with an antibiotic without getting an exam or testing.

When the diagnosis is not clear, or if symptoms do not get better with a short course of antibiotics, a urinalysis (UA) and/or urine culture may be obtained. These are tests that take a closer look at the urine. There are two different ways to get a urine sample for a UA or a urine culture: a clean catch or from catheterization.

In the clean catch method, you will be given wipes in the office to clean the urethra and you will use a cup to catch a urine sample at the middle of the stream. In the catheterized method, a health care provider will clean the outside of the urethra with a cleaning solution and place a catheter (or a small tube) in through the urethra to gather urine directly from the bladder.

For the initial diagnosis of a UTI, most patients do not need imaging studies (i.e., x-ray, ultrasound or CT scan). However, if there is a concern for a more serious UTI or antibiotics does not seem to be resolving the UTI, you may need to have imaging studies done.

Treatment

UTIs are usually treated with a short course of antibiotics taken by mouth. For serious UTIs, such as a kidney infection, it is important to get a urine culture. If you have a kidney infection, you may need a longer course of antibiotics taken by

mouth, or even intravenous (IV) antibiotics in the hospital. The antibiotics that are chosen are specific to each individual and the bacteria that grow from the culture.

Recurrent Urinary Tract Infections and Prevention

Some people may experience frequent UTIs. If you experience 3 or more UTIs in a year or 2 or more UTIs in the past 6 months, you have a condition called **recurrent UTIs**.

There are a few things that can prevent UTIs in people who experience recurrent UTIs. These include the use of vaginal estrogen for post-menopausal women and using antibiotics periodically.

After menopause, estrogen hormone levels fall. This may change the acidity of the vagina and the bacteria that normally live in the vagina. These changes make women more likely to get UTIs after menopause. Topical vaginal estrogen cream, or estrogen cream that is applied directly to the skin of the vagina, can decrease UTIs. Topical vaginal estrogen works well on vaginal tissue, and less estrogen gets absorbed into the rest of the body. To use, a small amount of vaginal estrogen cream is applied nightly for 2 weeks, then twice weekly.

Antibiotics can be used on a regular basis to prevent recurrent UTIs. They can be used in several ways. In the first way, a small dose of antibiotics is taken every day for at least 6 months (under the direction of a physician). The second way, a one-time dose of antibiotics can be taken right after intercourse. This helps people who get UTIs mainly after intercourse. In the third way, individuals are given a prescription for a short course of antibiotics to keep on hand. They can start them before being seen by a health care provider.

Other ways to prevent UTIs include:

- ❧ Not using spermicide
- ❧ Urinating after intercourse
- ❧ Wiping from front to back after urination and bowel movements
- ❧ Increasing fluid intake
- ❧ Cranberry supplementation, in either juice or tablet form. If juice form is taken, it is important to be mindful of the increased calorie and sugar intake when taking juice.
- ❧ Probiotics that contain *lactobacillus*. Some people report side effects while taking these tablets. It is also unclear whether it is best taken by mouth or as a vaginal suppository.

#2 Stress Urinary Incontinence

Statistics show that 1/3 of women worldwide are affected by urinary incontinence. Embarrassing bladder leaks can have a dramatically negative impact on a person's quality of life. People often give up activities they love like working out, running, playing sports and more. Urinary incontinence can also damage one's self-confidence, as well as interfere with sexual intimacy. Older people might even limit their activities, like vacations or going to church, because of fear of bladder problems.

It is important to understand a little bit about the three most common types of urinary incontinence.

Stress incontinence causes bladder leaks during physical activity, exercise, lifting, or when you cough or laugh. **Urge incontinence** is a sudden and strong need to empty your bladder that often leaves you no time to find a bathroom. And **mixed incontinence** is a combination of both stress and urge incontinence.

But effective treatments, both simple and complex, do exist. You may need to seek help from your health care provider, who will outline options for you. Good luck!

Causes of Urinary Incontinence

Pregnancy and childbirth, menopause, obesity, and the natural aging process are just some of the many risk factors and causes of urinary incontinence in adult women. Any condition that weakens the pelvic muscles and nerves can lead to loss of bladder control in both men and women.

Stress urinary incontinence is primarily a muscle weakness or a structural problem. The bladder and the urethra (the tube that carries urine to the outside world) are supported by their surrounding tissue. These support structures include muscles in the vagina and pelvic floor. When these tissues become weak, urine may escape and lead to urinary incontinence. This may happen for many reasons; age, childbirth, and family history are all risk factors for this happening to you. Because stress urinary incontinence is an anatomic issue, the treatments are focused mainly on trying to help the anatomy and muscle weakness.

Treatments for Stress Urinary Incontinence

Lifestyle modifications can be helpful for stress urinary incontinence. These tips may include the following:

- 🍃 Don't drink more fluids than you need. Only drink when you are thirsty but avoid dehydration.
- 🍃 Emptying your bladder more frequently, or on a schedule. If you have an empty bladder, you usually don't leak urine.
- 🍃 Weight loss

There are some other treatments of stress urinary incontinence that you can do at home.

- 🍃 Strengthening of pelvic floor muscles. This can be achieved with exercises (Kegels) at home or adding appointments with a pelvic floor physical therapist. These therapists are specially trained to work with women and pelvic floor issues. See related video of yoga for pelvic floor weakness.
- 🍃 Vaginally inserted devices or electrical stimulator devices. These are usually offered through a caregiver's office. A reusable vaginal insert called a pessary may be fitted and inserted in your vagina by your provider. This helps to support the bladder and urethra to prevent leakage.

- 🍃 Surgery is another option for treatment for stress urinary incontinence. These can come in the form of urethral injections, bladder slings or other bladder support operations. They can be very effective but require a full evaluation by a specialist to see if they are right for you.

#3 Overactive Bladder

Some people have frequent, bothersome urges--strong desire to empty their bladder--without actually leaking. Bladder leakage may happen at the same time as an urge, which is called urgency urinary incontinence. The term describing both of these conditions, bothersome urinary urgency with and without leakage, is called **overactive bladder**. The treatments are the same whether or not there is leaking.

Unlike stress urinary incontinence, overactive bladder is not a structural issue of the tissues around the bladder and urethra. Instead, the problem is the bladder and its nerves. The bladder is squeezing at inappropriate times. Because of this different cause, the treatments are not all the same as for stress urinary incontinence.

Treatment for overactive bladder can be progressive. This means that you and your caregiver may go through multiple levels of treatment plans until your symptoms are better. It is important not to get frustrated but instead to understand that this is an important process of treating urgency urinary incontinence or overactive bladder.

First-line treatments

Lifestyle modifications can be helpful for urgency urinary incontinence. Some of these are similar to stress urinary incontinence.

Avoid drinking more fluids than you need

- If you make less urine, there is less to leak!
- Unless told by your doctor, there is no reason to drink 8 or more glasses of water per day.
- Drink only when you're thirsty but avoid dehydration.

Avoid food and drink that irritate the bladder

- These include caffeine, carbonated beverages, spicy food, artificial sugars like aspartame, food dye, and chocolate.
- It may be helpful to track your food intake to see if there is a specific food or drink that is very bothersome to your bladder.
- Take a look at the food recommendations and recipes at the end of the ebook!

🍃 Bladder training or timed voiding

- You may be emptying your bladder either too often or not enough.
- Try to empty your bladder every 2-3 hours during the day on a schedule.

🍃 Weight loss

- Losing weight may help overactive bladder, just like it can help stress urinary incontinence.

Physical therapy or pelvic floor muscle training can also be helpful for urgency urinary incontinence.

🍃 “Freeze and Squeeze” – if you get a strong urge to go, stop what you are doing and focus on holding your urine.

🍃 Physical therapists may help you learn how to use these muscles and make them stronger.

Second-line treatments

Medications are the second line therapy for urgency urinary incontinence. The majority of these types of medications are called “anticholinergics” which is a specific family of medications. While they can be helpful because they help relax the bladder, they may cause some bothersome side effects. These side effects include dry mouth, dry eye, constipation and confusion. Anticholinergics may or may not be recommended for you based on your age or any medical problems that you may have.

There is one medication prescribed for urgency urinary incontinence that is NOT an anticholinergic. While it still relaxes the bladder, it works in a different way and so does not have the same side effects of dry mouth, dry eyes, and constipation. This medication is called Mirabegron [Myrbetriq]. However, as this medication may have an effect on blood pressure, it might not be right for you. Talk to your healthcare provider to decide which medication is best.

Third-line treatments

If you have tried first line (muscle strengthening, lifestyle modification) and second line (medication) therapy and are still bothered by your bladder symptoms, you should see a specialist. This may be a urologist or a urogynecologist who specializes in treatment of pelvic floor problems like urgency urinary incontinence. They may be able to offer third line treatments for your bladder. Before proceeding with these treatments, though, they may need to do some extra testing including looking in your bladder (cystoscopy) and urodynamics (a test that measures how well your bladder fills and empties). There are three options for third-line treatments: sacro-neuromodulation, posterior tibial nerve stimulation, and injections into the bladder. Your caregiver can tell you about the effectiveness of each of these treatments.

#4 Bladder Pain

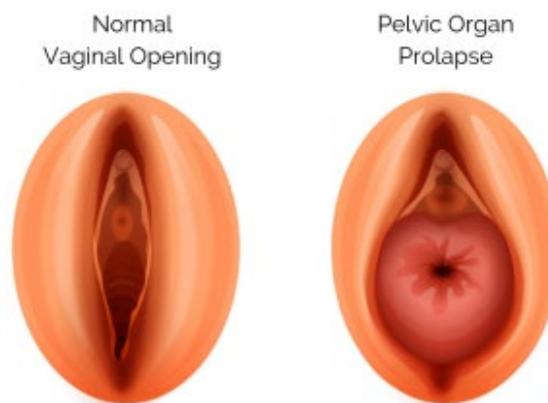
Interstitial Cystitis or **Painful Bladder Syndrome** is a disorder of the bladder that causes people to have pain when their bladder fills with urine. This causes frequent urges to urinate. It can be very painful for some people, and not very painful for others. Treatments range from simple dietary changes to medications

to surgical procedures. The cause of this disorder is mostly unknown. If you are having bladder pain, the first steps are to see a caregiver who can make sure that you don't have a bladder infection, a kidney or bladder stone, blood in your urine, or overactive bladder. The caregiver will also be able to tell if you have another abnormality of your bladder or urinary tract, such as an out-pouching of the urethra called a urethral diverticulum.

Some dietary changes can help relieve bladder pain. See below for a discussion about this and for suggestions about which foods to eat and which to avoid.

#5 Bladder Prolapse

Pelvic organ prolapse or **vaginal prolapse** is a condition where your uterus (or "womb"), bladder, rectum, or vaginal walls sag down and create the feeling of a bulge in your vaginal area. This condition is very common. If you have prolapse, you also may develop problems with your urination or with moving your bowels.



One of the most common symptoms of prolapse is a bulge in the vaginal area. Some people only have this symptom, while others may have symptoms such as difficulty moving their bowels or emptying their bladder. The kind of symptoms you have depends on which of your pelvic organs are causing the bulge and how severe the prolapse is.

- 🍃 *Apical prolapse* occurs when your uterus sags downward (“uterine prolapse”) or when the top of your vagina bulges downward if you’ve had a hysterectomy.
- 🍃 *Anterior prolapse* happens when the vaginal wall next to the bladder sags. This type of prolapse, also called a “cystocele”, can be linked to bladder problems.
- 🍃 *Posterior prolapse* is when the vaginal wall sags in the area next to the part of the bowel where your stool passes right before it leaves your body (rectum). This type of prolapse, also called a “rectocele”, can cause difficulties passing stool easily.

If you have prolapse symptoms, you may have one, two or all three of these types of prolapse. Your medical provider will need to do a vaginal exam to tell which kind of prolapse you have.

Causes

Prolapse is more likely to affect people who have delivered babies, and it gets more common with age. Many people who have prolapse are embarrassed to speak about their problems, so you might have friends, colleagues, or family

members who have this condition without knowing they suffer from prolapse or are seeking treatment for it.

There are a number of reasons why people develop prolapse. If you have a relative who has prolapse, then you are more likely to develop prolapse. Pregnancy and vaginal delivery can damage structures in the pelvis that support your vagina and pelvic organs and can also lead to prolapse. The decrease in the hormone *estrogen* that happens when people stop having periods at menopause can also contribute to worsening of prolapse symptoms. Having medical problems such as obesity, chronic cough, or constipation can put a lot of stress on your pelvic floor and put you at higher risk for prolapse.

Is Prolapse Dangerous?

Prolapse is not dangerous. It is not a tumor. Some people fear that their uterus or vagina will fall out of their bodies. While you might feel a bulge, your uterus and vagina will never completely fall out of your body. Your vaginal bulge may be uncomfortable. If the bulge rubs against your underwear, then you can see vaginal spotting or bleeding. You may also be bothered by not being able to move your bowels normally or control your bladder, but these symptoms, though bothersome, are not dangerous to your health. You also may have sexual problems such as pain with sex or difficulty having sex.

If you think you have prolapse and are bothered by any symptoms related to prolapse, then you should go see a medical provider. Not all medical providers know about prolapse or how to treat prolapse. Be sure to find a provider who

specializes in prolapse or ask your provider to refer you to a specialist. Physicians who have special training in prolapse and incontinence are called *urogynecologists* and *female urologists*.

Treatments

There are a number of options for the treatment of prolapse. Your medical provider might recommend one of these options or a combination of these options.

- 🍃 Do nothing. Since prolapse is not dangerous, if you are not bothered by your symptoms, then you can choose to do nothing. If your prolapse symptoms get worse, then you can return to your medical provider, and let them know when you are ready to try something to treat your symptoms.

- 🍃 "Kegel's exercises" or pelvic floor physical therapy
 - Pelvic floor physical therapy involves exercises that focuses on the muscles that support pelvic organs, such as your bladder, vagina and uterus. These exercises can help with bulge symptoms or urinary incontinence by strengthening the pelvic floor muscles. A physical therapist may teach you how to do exercises at home.
 - Kegel's exercises are one of the ways to strengthen the pelvic floor muscles. Your physical therapist, gynecologist, or midwife will make sure you are performing these exercises correctly. This is a very low-risk approach to managing prolapse and its symptoms. Some yoga poses may also help

you exercise these pelvic floor muscles. Take a look at the end of this section for some recommended positions!

- 🍃 **Pessary:** a small, flexible plastic or rubber device that you place in your vagina that holds the vaginal bulge in place so that you can no longer feel the bulge.
 - Your provider should show you how to put in and replace the pessary yourself. If you don't want to or can't place the device in your vagina or remove it by yourself, then your medical provider can do it for you. You are not supposed to be able to feel the pessary when it is in your vagina.
 - The pessary can be cleaned easily with soap and water.
 - It is generally better to remove the pessary every night if you can. But if you prefer, you can leave the pessary in your vagina for up to 3 months at a time without changing.
 - When the pessary is removed, your prolapse will return. It is a low risk option to treat prolapse without surgery, but it requires regular attention.

- 🍃 **Surgery:** Some people want a more permanent option to treat their prolapse. Your medical provider may recommend surgery if you do not want or cannot use a pessary, if you have tried physical therapy without relief of your symptoms, and if you are healthy enough to undergo surgery.
 - There are many different kinds of surgery for prolapse. The kind of surgery that your doctor recommends depends on what kind of prolapse you have, your past medical and surgical history, your lifestyle, and your goals for surgery.

- You may have surgery through the vagina using structures in your body to help support the prolapsed vaginal walls or uterus. Or you may have surgery through small incisions in your abdomen.
- You may have a permanent material called *mesh* added to your surgery to help support your tissues if your doctor believes it is necessary.
- Please speak with your doctor about the risks and benefits of each surgery. Make sure your goals align with the surgery they plan.

#6 Bladder Cancer

Bladder cancer begins when healthy cells in the bladder lining change and grow out of control, forming a mass or tumor. Tumors can develop in the kidneys, ureter or bladder. Tumors can be benign or cancer, and various cancers can be invasive or non-invasive. The main risk factors for bladder cancer are tobacco use, age, gender (men are 4 times more likely to develop bladder cancer than women), chemicals and chemotherapies, chronic bladder problems and other rarer problems.

The main symptoms and signs of bladder cancer are blood in the urine, pain or burning with urination, frequent urination, urinary urgency, and bladder or back pain. **Blood in the urine** is a common symptom of bladder cancer and should *always* lead one to seeking out a caregiver for evaluation. If you have any of the above symptoms, especially if you have tried remedies at home and they are not working, we encourage you to seek out a caregiver to have your urine and bladder checked.

SUGGESTIONS FOR GENERAL BLADDER HEALTH

- 🍃 Prevention of UTIs includes using vaginal estrogen for post-menopausal women, avoiding spermicides, urinating after intercourse, wiping from front to back, and drinking adequate fluids. Cranberry or probiotic supplements may also be considered to help prevent UTIs.
- 🍃 Practice pelvic muscle (Kegel) exercises and yoga, especially the poses in the next section. Try to do a few of these exercises daily, if you can. If you're unsure if you're doing Kegel exercises correctly, ask your healthcare provider for guidance.
- 🍃 Specific diets and avoiding certain foods can help bladder health. Check out the recipes below!
- 🍃 For incontinence and overactive bladder, try bladder training or timed voiding.
 - You may be emptying your bladder either too often or not enough
 - We recommend trying to empty your bladder every 2-3 hours during the day, on a schedule.
- 🍃 Losing weight may help decrease urine leaking from overactive bladder or stress urinary incontinence.

- ❖ Blood in the urine is never normal. It is most commonly due to a bladder infection. But it could be an indication of something more severe, even cancer, especially in older people. Seek out a health professional for testing if you notice any blood in your urine.

YOGA POSITIONS FOR INCONTINENCE AND PROLAPSE

We are all told to do Kegels, but how many of us actually do them and do them correctly? The following yoga positions have been shown to help strengthen the pelvic floor as well as or better than Kegel exercises. They will help you to strengthen and tone your pelvic floor. You don't need to actually do Kegels while in these positions, just focus on the position and your deep breathing.

First breathe and recognize breath through your belly, through your ribs, and through your upper chest. Then lay down in an active pose, thumbs by your thighs, palms flat on floor, lifting the center of your chest and drawing your shoulders in and down. Press your heels down into the ground and feel a general effort throughout the body. Lengthen your spine, especially through the back of your neck. Draw in the lowest part of your abdomen, between the pubic bone and the belly button, to begin to connect your mind to this spot. Breathe deeply and notice that the exhale takes you right there and the inhale feels like a drawing up from this spot.

As you draw this point in towards your center, feel the lifting of the perineum.

Practice gently lifting the perineum as if you were holding your urine. This creates

a feeling of energetic lift of the pelvic muscles which joins with the drawing in of the lower abdomen to give you a sensation of lightness and centeredness in your body. These 2 motions will help you feel the whole of your pelvic floor.

Let's take this awareness of our pelvic floor muscles with us into yoga postures.

First we will demonstrate the **bird dog pose**. For this pose, come onto all fours with your hands underneath your shoulders and your knees under your hips.

Your head extends out forward with your eyes looking at the floor about 8 inches in front of your hands. Extend your right arm parallel with the floor alongside your ear. Lift and extend your left leg parallel with the floor.

Once again identify the pelvic floor muscles and feel that support system. Since the arm and the leg are extending straight out from your body, you should not feel a crunch in the lower back or a back bend.



Your abdomen, head and extended arm and leg should all be in line. Hold this position for 5 inhales and exhales. To develop symmetry, switch arms and legs, always extending the opposite arm and leg.



Pose 1: Bird Dog

Next is the **plank pose**. Start on all fours. Move into the push up position. toes will be flexed and positioned under your heels. The plank is a straight line from your heels to the back of your head, without the hips lifting or sagging and interrupting that line.

Play with the stability of the pose by pushing back with your hands, which moves your body back toward your toes. Push with your toes now and move your body toward your hands.

Once you find a balanced effort between your hands and your toes, breathe deeply for 5 breaths. This posture naturally helps lift and strengthen your pelvic floor.

Finally, the **leg lift pose**: Lay on your back, palms on the floor by your hips. Lift the legs as one, which naturally lifts the perineum. Engage your lower abdomen to support the lower back. Keep your head on the floor. If you experience lower back pain, slide your hands, palms down, under your bottom to provide extra support to the lower back (like in the 2nd photo). Hold this position for 5 breaths.



Pose 2: Leg Lift

Do these exercises daily if you can, in addition to the Kegel exercises that you may already be doing. If you have diastasis recti, pay close attention that your symptoms do not worsen when you do these exercises. It may be helpful to seek out support from your healthcare provider or a physical therapist to make sure that you are doing the exercises that are most beneficial for your body.

Hopefully, by doing these exercises over time, your pelvic floor will strengthen, your pelvic awareness will develop, and any related symptoms you have will improve. If bothersome symptoms persist, we recommend bringing it up to your healthcare provider.

NUTRITION FOR BLADDER HEALTH

5 Bladder Superfoods

(Adapted from the National Association for Continence, <https://www.nafc.org/>)

1. **Broccoli.** Broccoli is packed with fiber, antioxidants with cancer-fighting abilities, vitamin C, calcium and folate, making it one of the healthiest veggies you can eat.

How to eat: Broccoli is a versatile vegetable that can be added to pastas, stir-fry, or salads. Or, make it the star of the show and serve it as a side dish all on its own by tossing it with a bit of olive oil and roasting it in the oven.

2. **Garlic.** Packed with vitamins and other antioxidants, garlic helps ward off colds, lower blood pressure and cholesterol, and has anti-inflammatory effects. And, if you're prone to UTIs, garlic is a natural anti-bacterial agent that can help fight against some antibiotic-resistant strains of bacteria involved in urinary tract infections.

How to eat: Add sautéed garlic to any savory dish. Or, for a really potent cold fighter, top some raw garlic atop a cracker with some tomato paste.

3. **Berries.** Adding berries to your diet each week gives you a big dose of antioxidants, which help to rid the body of harmful cancer causing molecules. Try to incorporate a mix of berries – strawberries, raspberries, blueberries and blackberries – to get a good blend of nutrients.

How to eat: There's no shortage of ways to eat these delicious fruits. Mix them into a smoothie, add some on top of yogurt, or eat them all on their own as a delicious, refreshing and healthy dessert.

4. **Walnuts.** Loaded with omega-3 fatty acids and anti-inflammatory properties, walnuts have consistently made the list of superfoods. And, while some might argue they contain a high calorie and fat content, it's monounsaturated and polyunsaturated fat, which is actually good for our health. Adding good fats to our diet helps our bodies absorb certain vitamins and also keeps us from overeating.

How to eat: Have a small handful of walnuts as a snack, mix them into a homemade bread, or toss some atop a salad or pasta dish.

5. **Salmon.** There's a reason the American Heart Association recommends eating fatty fish at least twice a week – it's packed with omega-3 fatty acids, which help to lower triglycerides, reduce blood pressure, slow the formation of artery-clogging plaques, and prevent blood clots.

How to eat: This fish is a great main dish and can be roasted, pan seared, or grilled to perfection. It's also great adding to other dishes, such as salads or pastas.

Incorporate these foods into your diet and start reaping the rewards of healthy eating!

Common Foods/Drinks to Avoid

Certain foods and drinks can be irritating to the bladder. This is especially true for spicy and acidic foods. If you have bladder pain and overactive bladder, knowing which foods to avoid can allow you to help control some of your own symptoms.

Much of what you consume is directly passed in your urine, and that is why foods that are bladder irritants can give abnormal bladder symptoms. Below is a list of the most common foods and drinks that can irritate your bladder.

- ❧ Coffee and tea. The caffeine in coffee and tea beverages can increase bladder activity and make urinary urgency and pain worse. You might find more urgency to urinate, need to go to the bathroom more, and even leak a little more urine with that urgency. If you have a tendency for bladder pain, then this might get worse too.
- ❧ Chocolate. Similar to coffee and tea, chocolate contains caffeine and sugars that can irritate the bladder.
- ❧ Alcohol. Alcohol beverages are known to cause urinary frequency but they can also be a bladder stimulant increasing overactive bladder symptoms.
- ❧ Carbonated beverages. The fizz in carbonated beverages can aggravate urinary urgency. These are more common in soft drinks, soda water and energy drinks.
- ❧ Citrus fruits and cranberry juice. Acidic fruits such as pineapples and oranges are known irritants to the bladder. You should still include fruit as part of your healthy diet but consider less acidic varieties such as apples and bananas. Cranberry juice can help prevent lower urinary tract infections but the acidity in the juice can make urgency worse. That is why cranberry tablets instead of juice are sometimes used for urinary infections.

- 🍃 Tomatoes and tomato products such as sauces, paste, spaghetti sauce and salsas
- 🍃 Spicy foods
- 🍃 Artificial sweeteners can worsen inflammation in your bladder and increase urgency and pain.
- 🍃 Processed foods with artificial ingredients flavoring preservatives and artificial sweeteners can make urgency and pain worse.

People who have a tendency to have overactive bladder symptoms, bladder pain or interstitial cystitis may significantly improve by avoiding the above foods. For further information please see a nutritionist or your healthcare provider.

Nutritional Therapies for Bladder Health

(information provided by Tricia Sauer, RDN, CDN, Registered and Certified Dietitian Nutritionist, Group Owner and Administrator, Buffalo Nutrition & Dietetics, PLLC)

Many people who incorporate dietary changes into their treatment plan for interstitial cystitis, or bladder pain, notice significant improvements in their pain levels. Two of the most effective nutrition therapies are the **Low Histamine Diet** and the **Low Oxalate Diet**. Note that a Low Oxalate Diet is also a first line treatment for vulvodynia.

Histamine is found in any aging or fermented food. It causes pain and inflammation in large amounts. It is impossible to avoid completely, so many people take a DAO supplement to compliment this diet. It stands for “Diamine Oxidase” the digestive enzyme that digests histamine so that it is not absorbed from the gut into the body.

Oxalates are found in many plant foods, but when they enter the body in high amounts, can lead to inflammatory immune response and pain.

Normally, not much of these 2 food components are absorbed, but when there is an imbalance or inflammation in the gut, this is not the case. People with chronic stress, pain, antibiotic use, pre-existing digestive issues, and the SAD diet (Standard American Diet, which is statistically 71% processed food) have changes in the normal levels of healthy gut bacteria. This is called **dysbiosis**, and it can lead to strain on the digestive system, making it hard for it to produce normal amounts of digestive fluids and enzymes that break food down to its simplest form. This then leads to inadequate digestion of these two compounds and resulting inflammation. A condition called **small intestinal bacterial overgrowth** can develop from the above as well, contributing to dysbiosis and inflammation.

Chronic intestinal dysbiosis and inflammation causes an increase in a chemical called **zonulin**, which makes the gut overly “permeable”. This allows histamine and oxalates to be improperly absorbed, triggering pain and inflammation, and provoking conditions like Interstitial Cystitis.

Low Histamine Diet

Here is a list of low histamine foods to choose from. Please note, some of these are high oxalate:

- 🍃 Fresh meat (cooled, frozen or fresh)
- 🍃 Fresh caught fish (or frozen after caught)
- 🍃 Chicken (skinned and fresh)
- 🍃 Egg yolk
- 🍃 Fresh fruits, except for strawberries
- 🍃 Fresh vegetables, except for tomatoes, eggplant, and spinach
- 🍃 Grains: rice noodles, yeast-free rye bread, rice crisp bread, oats, puffed rice crackers, millet flour, pasta (spelt and corn based)
- 🍃 Dairy: fresh pasteurized milk and milk products; uncultured dairy products such as milk and cream; fresh, unripened cheeses with short shelf-lives, such as fresh mozzarella and ricotta
- 🍃 Milk substitutes like coconut milk and rice milk
- 🍃 Cream cheese, butter (*careful, rancidity produces histamine)

- 🍃 Most cooking oils – check with your dietitian for suitability before use
- 🍃 Most leafy herbs – check with your dietitian for suitability before use
- 🍃 Most non-citric fruit juices
- 🍃 Herbal teas

Low Oxalate Diet

Here is a list of low oxalate foods to choose. Please note some of these are high histamine:

- 🍃 Beverages: barley water, cider, distilled alcohol, fruit juices (apple, grapefruit, lemon, lime), pineapple, kukicha twig tea, lemonade or limeade (no peel), milk, herbal teas, wine – port, red, rose, dry, sherry, white
- 🍃 Spices/condiments: basil, chives, dill, mustard, dijon, nutmeg, oregano, salt, vanilla extract, vinegar
- 🍃 Fats: butter, margarine, mayonnaise, salad dressing, vegetable oils
- 🍃 Fruits: apples, peeled, avocado, cherries (bing and sour), cranberries (canned -ocean spray), grapes (seedless red or green), lemons, mangoes, melons, cantaloupe, casaba, honeydew, watermelon, nectarine, papaya (hawaiian), raisins (golden)
- 🍃 Grains: cornflakes, cornstarch, egg noodles, rice, white or wild, rye bread

- 🍃 Legumes, nuts, seeds: coconut, lentils, water chestnuts
- 🍃 Meats: bacon (up to 9 strips), beef, chicken, corned beef (canned), eggs, fish, haddock, plaice, and flounder, ham, hamburger, lamb, pork, turkey
- 🍃 Sweets: corn syrup (karo), honey, jellies, jams, preserves made with low and medium fruits, maple syrup, sugar
- 🍃 Vegetables: acorn squash, alfalfa sprouts, cabbage, white, cauliflower, cucumber (peeled), green peas (frozen), lettuce (iceberg ½ cup), mung bean sprouts, red pepper, turnip roots, zucchini squash
- 🍃 Other Foods: carob, gelatin, unflavored (knox) 1 pack

Additional Tips

- 🍃 When attempting a complex diet change, it is best to consult a Registered Dietitian to ensure it is both safe and effective without risking nutritional inadequacy.
- 🍃 Patients may also find relief by eliminating additional dietary triggers such as sugar; dairy from cows that produce A1 casein; and gluten, another difficult-to-digest protein that weakens the gut over time when not fully digested.
- 🍃 Small intestinal bacterial overgrowth can be diagnosed via a lactulose Hydrogen Breath Test by a gastroenterologist and treated with antibiotics, however the underlying cause must be addressed to prevent the condition from returning.

- 🍃 If you suffer from an overactive bladder, try reaching your fluid goals at least 3 hours before bedtime.
- 🍃 Avoid dehydration to reduce discomfort and irritation from passing concentrated urine.
- 🍃 For UTI prevention, try cranberry juice, or cranberry tablets which reduce adhesion of bacteria to the bladder lining. D-Mannose is another promising supplement which can be used to reduce frequency of UTIs. This will reduce the need for antibiotics and conserve gut health, helping to reduce risk of histamine and oxalate absorption.
- 🍃 Genetic variations in the pathways that clear histamines from the blood can also be evaluated by a nutrigenetic specialist. MTHFR and AOC1 genes are associated with inadequate histamine break down.

Recipes for Bladder Health

Low Histamine & Oxalate Stuffed Peppers

Serves: 4 Cooking Time: 40 minutes

INGREDIENTS

- 4 Red bell peppers
- 3 tbsp olive oil
- 1.5 cups fresh chopped chives
- 1 cup cooked white rice
- 1 lb fresh ground turkey or beef
- 1/4 tsp cumin
- 1/2 tsp salt
- 1/4 tsp ground black pepper
- 1 cup chopped squash (zucchini, acorn)

INSTRUCTIONS:

- 1) Preheat oven to 350 degrees.
- 2) Thinly cut the top of the peppers to remove stem end, and remove inner contents
- 3) Place in an oven safe dish and bake for 10 minutes.
- 4) Heat olive oil in a large skillet, add squash, and cook for 2 minutes.
- 5) Add in the ground meat, salt, pepper and cumin and combine. Cook until brown.
- 6) Stir in chives and cooked rice, and then remove cooked peppers from oven.
- 7) Divide the mixture into the cooked peppers and bake for 10 - 15 minutes, or until the peppers begin to look browned and tender.

Optional: Sprinkle a handful of chopped fresh oregano or fresh mozzarella over each pepper before serving.

Tip for those on low histamine: freeze leftovers immediately instead of refrigerating. This will keep histamine content low until eaten.

Superfood Green Smoothie (serves 2)

(From the National Association for Continence, <https://www.nafc.org/> and [Based off this recipe from Simple Green Smoothies](#))

- 🍃 2 cups spinach or kale (remove stems if using kale)
- 🍃 2 cups coconut water
- 🍃 1 cup mango
- 🍃 1 cup pineapple
- 🍃 1 – 2 bananas

- 🍃 Blend your spinach and coconut water together until spinach is fully chopped.
- 🍃 Add fruit and blend to combine with the spinach until smooth.
- 🍃 Enjoy!

A few tips:

- 🍃 This recipe is totally customizable, so feel free to switch out the main ingredients as needed. Change up the greens, swap the fruit, sub regular water, milk or almond milk for the coconut water– your options are really endless.
- 🍃 Using frozen fruit really helps to make the smoothie nice and icy.

- 🍃 You can make your smoothie ahead of time and it should keep for a couple of days in the fridge, or you can chop up your veggies and place them into single serving baggies to quickly dump in the blender when you're ready making this super quick and easy.