

## Support services for people with incontinence

There is a range of services available to support people with incontinence.

- **Financial subsidies** – which help offset the costs associated with continence aids. To find out if you are eligible for a Federal or State scheme contact the National Continence Helpline.
- One scheme is the **Continence Aids Payment Scheme (CAPS)**, an Australian Government Scheme that provides a payment to assist eligible people.
- **National Continence Helpline**  
**1800 33 00 66** – a free service staffed by a team of continence nurse advisors who provide free resources, details of continence services and advice about subsidy schemes.
- **National public toilet map**  
**www.toiletmap.gov.au** – a list of all public toilets across Australia. Ideal for people with bladder or bowel control problems who are planning an outing or a trip as you can map the toilets along a specific route.



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## DEALING WITH BLADDER AND BOWEL PROBLEMS IN SCLERODERMA

*People with Scleroderma may experience difficulties with their bladder or bowel. They may experience urinary incontinence, faecal incontinence or constipation due to the effects of the condition and/or medications required.*

*This brochure provides information about why these problems may occur and advice on how you can get help.*

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## Possible effects of scleroderma on the bladder

People with Scleroderma may experience bladder problems because of their condition and/or medications or due to other common causes such as menopause or pelvic floor weakness after childbirth

Common urinary symptoms that people with Scleroderma may experience include frequency, urgency and waking at night to pass urine (nocturia) more than 2 times per night. These symptoms could indicate an overactive bladder. Constipation may affect urinary incontinence due to extra pressure on the bladder.

Concentrated urine (due to not enough fluid in the diet) can also cause bladder irritation.

Better bladder control can be achieved by increasing muscle strength. Continence physiotherapists can teach simple exercises to improve pelvic floor muscle strength.

Adequate intake of fluid is essential. Drinking 6-8 glasses of fluid per day, unless you have been advised to restrict your fluid intake by your doctor, is suggested. Water is the best. Reduce intake of tea, coffee, chocolate drinks and carbonated drinks including caffeinated sports drinks.

Exercise as appropriate for the individual helps to improve muscle strength and keep bowel movements regular.

If you have problems with controlling your bladder you should talk to your doctor about your symptoms so the problem can be investigated, sometimes it could be as simple as a bladder infection that can be easily treated.

However if the problem cannot be resolved and the incontinence continues, you may want to consider continence aids (such as pads)

to support your day to day activities. Continence aids are available through specialist suppliers and some supermarkets and pharmacies. Financial subsidies may be available to help offset the costs associated with continence aids.

## Possible effects of scleroderma on the bowel

People with scleroderma may develop abnormalities of the digestive and gastrointestinal tract, including the mouth, oesophagus, stomach, small bowel, large bowel, rectum and anus. However it is important to note that not everyone with scleroderma will experience these problems.

Some problems that may occur as a result of Scleroderma involving the bowel are constipation, diarrhoea, difficult evacuation of faeces, faecal urgency and faecal incontinence.

### Faecal Incontinence

This may result from damage to muscles in the small bowel causing weakness. They become less effective in pushing food through. The slow movement may cause an overgrowth of bacteria causing diarrhoea, and malabsorption of nutrients. There may also be bloating and pain. Antibiotics may need to be prescribed.

### Constipation

Constipation or difficult evacuation may be caused by weak or scarred muscles in the large bowel, which results in less efficient movement of faecal matter. Special X rays and colonoscopy may be ordered to exclude other causes. There may be rectal and anal involvement.

Some patients may develop a rectal prolapse where the lining of the bowel is extruded through the anus. This can be treated surgically. Procedures to treat faecal incontinence may occur at the same time.

## Seeking help

Many people feel embarrassed or ashamed about bladder or bowel control problems. They also don't realise that their problems may be linked to Scleroderma.

Despite the best efforts in self care, urinary or faecal incontinence or constipation may occur in some people with Scleroderma.

It is important to discuss your problems with your bowel or bladder with your doctor as there may be something that can be done about the problem.

Remember, it is not your fault, you do not need to be ashamed, and you are not alone. Help is available.

## Who can you speak to?

There is a range of health professionals who can help people with scleroderma and bladder or bowel problems. These include continence nurse advisors, continence physiotherapists, a scleroderma nurse or your doctor.

Health professionals may discuss a range of treatment and management options with you. This may include changing your diet to include more fibre, drinking 6-8 glasses of fluid a day (preferably water), exercising as appropriate or using laxatives if constipation is a problem.

They may also recommend continence aids such as pads, pull-ups, liners and charcoal lined pads (which reduce the smell associated with faecal incontinence).

