

# Sex and incontinence

**i** Information for patients  
Urology



**PROUD TO MAKE A DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



## Why is sex important?

We may choose to be sexual, regardless of our age, physical status or stage of life. Those with health problems or a disability still have sexual needs. The presence of a sexual illness may change the way we address sexual issues with our partner. However it is important to remember that sex can improve quality of life and it is even thought to improve people's survival rates.

## What is incontinence?

Urinary incontinence is when you pass water when you do not choose to (an involuntary process). This may vary from a "dribble" to a large amount of urine. Faecal incontinence is when you pass stool or loose faeces without choosing to.

## What types of urinary incontinence are there?

There are a few different types of urinary incontinence:

- **Stress incontinence** - this happens because the muscles that surround your bladder become weak and you can no longer hold your urine. You are more likely to leak when you cough, laugh or exercise (strain). In women, changes to the bladder from childbirth, pregnancy and the menopause may contribute to this kind of incontinence. In men, this type of incontinence may arise after surgery such as removal of the prostate. Stress incontinence is the commonest type.
- **Urge incontinence** - this is due to an overactive or unstable bladder. It occurs for no apparent reason and you feel the sudden urge to urinate. It is the second commonest form of incontinence.
- **Mixed incontinence** - combination of the above two.
- **Overflow incontinence** - this is when you may find your bladder is constantly dribbling, or that it continues to dribble even when

you have finished passing water. Sometimes this is caused by an obstruction in either your bladder or waterpipe.

- **Bedwetting**

## **What causes incontinence?**

**There are many causes of urinary incontinence, including:**

- Excessive urine production - due to uncontrolled diabetes or heart disease
- Caffeine in drinks such as coffee, tea or energy drinks
- Enlarged prostate
- Damage during childbirth or pregnancy
- Brain disorders which affect the nerves that supply the bladder e.g. multiple sclerosis (MS), Parkinson's disease, stroke, spinal cord injury
- Menopause

**There are different causes of faecal incontinence including:**

- Constipation
- Muscle damage e.g. during childbirth, haemorrhoid surgery, anal sex
- Nerve damage e.g. during childbirth, stroke, multiple sclerosis
- Loss of storage capacity e.g. due to rectal surgery or radiotherapy
- Diarrhoea
- Pelvic floor problems
- Seizures

## **How can incontinence impact on my sex life?**

### **Incontinence may make you feel some of the following things:**

- Helplessness
- Low self esteem
- Vulnerable
- Embarrassment and shame
- Anger and resentment
- Fear and anxiety
- Guilt and self blame
- Loss of desire for sex
- Depressed
- Dirty and unclean

### **Physically, it can cause problems during sex due to the following:**

- Urinary leakage during sex due to the position you may be in, bypassing a catheter or a bladder spasm
- Odour from leaking urine or a water infection
- Irritation to the genital area
- Presence of drainage bag and/or catheter
- Sexual dysfunction, such as erection problems, premature ejaculation, vaginal dryness, loss of sensation or loss of desire
- Pain or tiredness associated with underlying cause of incontinence
- Worries and concerns in managing catheters during sex

## **What options are available to treat incontinence?**

**The following occasionally help treat or improve urinary incontinence, depending on the cause of incontinence:**

- Pelvic floor exercises (these can be shown to you by your therapist, doctor or nurse)
- Bladder training e.g. urinating on a schedule; drinking less before bed time
- Bladder neck surgery
- Drug treatment which stop the bladder from contracting uncontrollably

### **Faecal treatments**

Again, depending on the cause:

- Pelvic floor exercises
- Enemas or laxatives to reduce constipation
- Surgery

If treatments don't provide a cure, you may want to consider trying absorbent pads or underwear, or possibly even a catheter. You should talk to the incontinence nurse for the best advice.

## **What can I do to manage my incontinence during sex?**

**These are a few different ideas and tips you can try to improve sexual activity:**

### **Setting the mood**

- Looking and feeling sexual will help you get in the "mood".
- Soft lights, music, wine, nice clothes.
- Bathing beforehand will make you feel cleaner and relax you.

## **Reduce odour problems by:**

- Careful washing / showering prior to sexual contact
- Use geranium essential oil on adjacent clothing (not directly to skin!)
- Empty your bladder just before any sexual activity.
- Put bed protective sheets on the bed, have baby wipes and extra towels close by.
- Reduce fluid intake a few hours before sexual activity.
- Men could wear a condom if you dribble small amounts of urine.
- Women could try kegel exercises and put a towel or pad under your buttocks if you dribble small amounts of urine.
- Sexual positions may need to be altered to minimise potential problems, for example remaining on the bottom if you fear you may leak on your partner.

## **Can I have sex if I have a catheter?**

Yes you can! There are methods to reduce the inconvenience of having a catheter. It need not 'get in the way'.

## **How do I have sex if I have a catheter?**

### **Men:**

- Double up the catheter down the side of the penis and put a condom on.
- You may need to use tape for security reasons.
- Use plenty of water based lubricants.

## **Women:**

- Tape catheter to abdomen (rear entry position may be more practical).
- Use plenty of water based lubricants.
- Catheter may be removed from the bag and reconnected afterwards.

Intermittent self catheterisation can be done prior to intercourse. It is a good idea to limit fluid intake for a few hours before.

## **Who do I go to for advice?**

See your doctor if you feel you would like to try some treatment, or ask to see an incontinence nurse if it is just practical advice you require.

Written by Marie Backhouse and Daisy Wiley  
(With help from Kevan Wylie and Patricia Allen)



To help support your local hospitals visit  
[sheffieldhospitalscharity.org.uk](https://sheffieldhospitalscharity.org.uk)

Registered Charity No. 1165762



**Alternative formats can be available on request.  
Please email: [sth.alternativeformats@nhs.net](mailto:sth.alternativeformats@nhs.net)**

**© Sheffield Teaching Hospitals NHS Foundation Trust 2020**

Re-use of all or any part of this document is governed by copyright and the "Re-use of Public Sector Information Regulations 2005" SI 2005 No. 1515. Information on re-use can be obtained from the Information Governance Department, Sheffield Teaching Hospitals. Email [sth.infogov@nhs.net](mailto:sth.infogov@nhs.net)