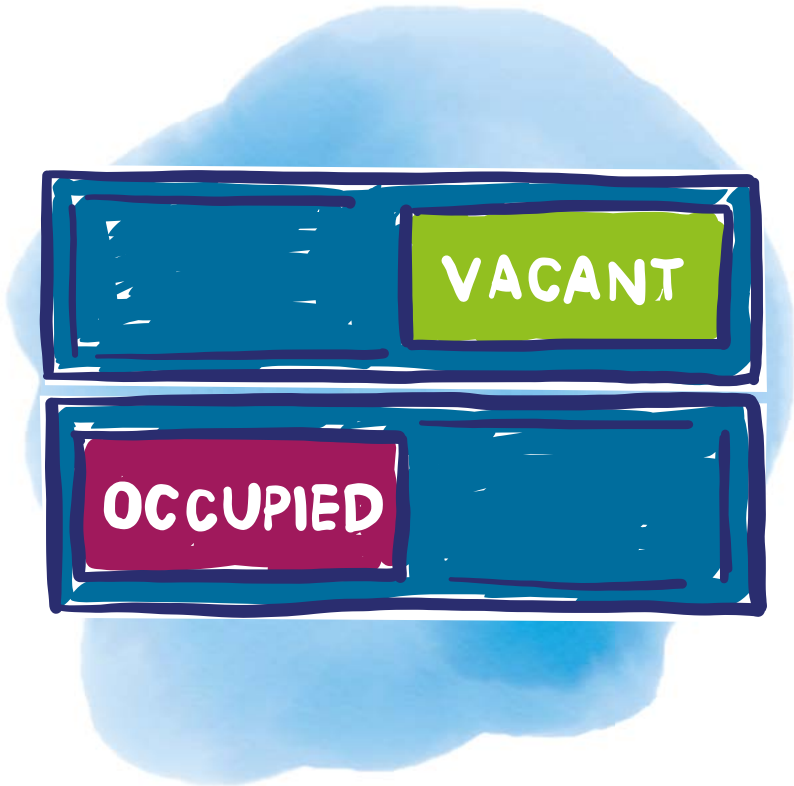


# Bladder and bowel problems



Common problems and  
how to manage them

# Information written with you in mind.

This information guide has been produced with the help of older people, carers and expert peer reviewers.

Published: **December 2023**

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## What this guide is about

**People can experience problems with their bladder or bowel at any age. But as we get older, these problems can become more of an issue in day-to-day life.**

It can feel tricky to address bladder or bowel problems. Lots of us don't talk about what we're going through or seek help, perhaps because we don't think anything can be done or because we find it uncomfortable to discuss. But bladder and bowel problems aren't anything to be embarrassed about – and it's important to speak to your doctor if you're at all worried.

**“Talking to my GP was the first step towards sorting the problem.”**

**Brian, 82**



This guide outlines common bladder and bowel problems and some of the things that can be done to cure, treat or manage them so they don't interfere with your everyday life.

Throughout the guide we use the terms 'pee' and 'poo'. We understand everyone uses their own language for this kind of thing and these terms might not be for everyone – but we've done some research and these were preferred overall.



Where possible, the information given in this guide is applicable across the UK. This symbol indicates where information differs for Wales and Northern Ireland.

## **Good to know**



Throughout this guide you'll find organisations that can offer further information and advice. Their contact details are in the 'Useful organisations' section at the back (pages 37-40).

Contact details for more organisations near you can usually be found online or in the local phone book. If you have difficulty finding them, your local Age UK should be able to help (page 37). In Wales, contact Age Cymru Advice (page 37).

# The bladder and the bowel

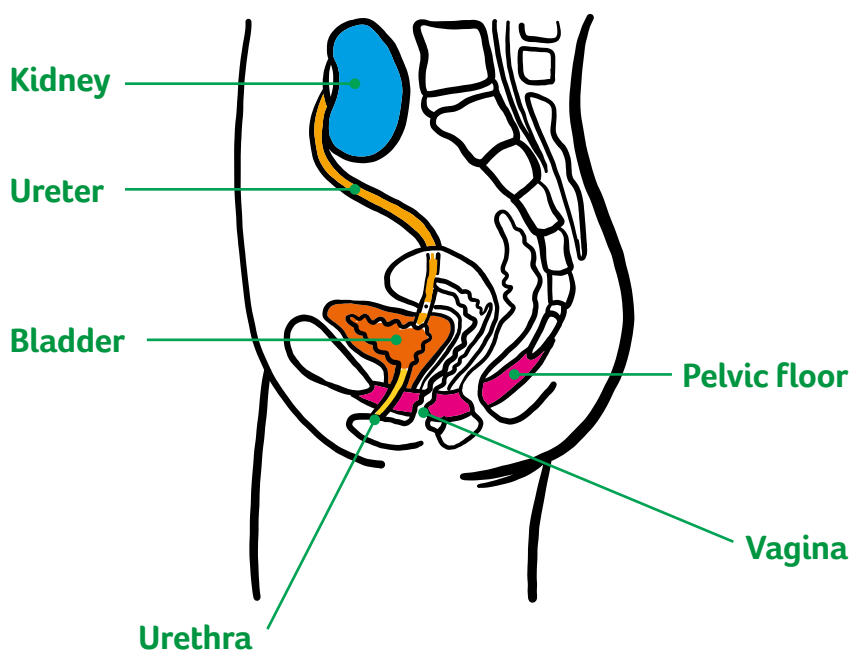
This section outlines how the bladder and the bowel work, some of the key terms we'll be using in this guide, and some of the more common problems older people experience.

## How the bladder works

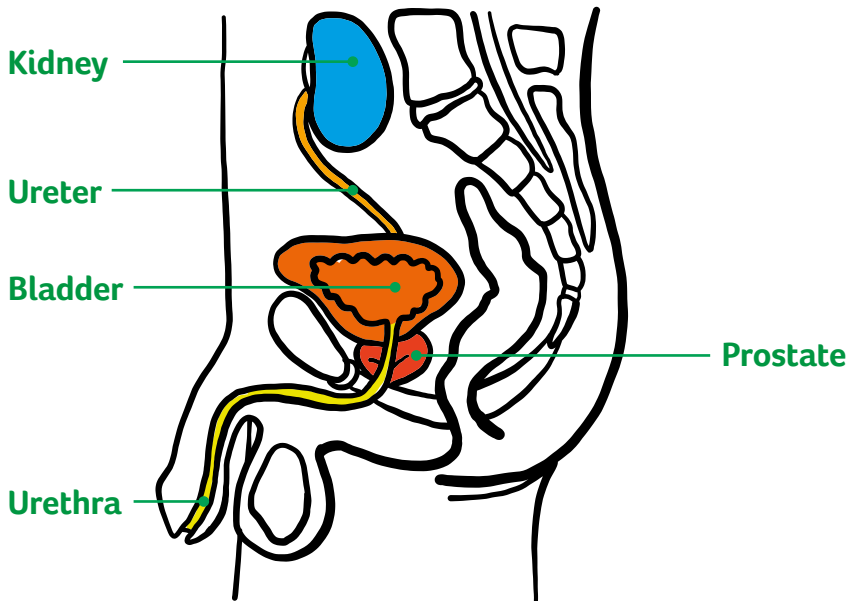
The bladder is a muscular, balloon-shaped bag in the lower part of your body. It's supported by your pelvic floor muscles. Pee is made in your kidneys, passes down the ureter and gets stored in the bladder until it needs to be emptied.

When you pee, the bladder contracts and the urethra relaxes. Your brain controls your bladder, automatically telling it when to hold on and when to empty.

## The female urinary system



## The male urinary system



### A normal bladder:

- empties 4 to 7 times each day (every 3 or 4 hours)
- may wake you up once at night to pee
- can hold up to a pint of urine (between 500ml and 600ml), but usually feels quite full at about half this amount
- tells you when it's full but gives you time to find a toilet
- empties completely each time you pee
- doesn't accidentally leak.



## Types of bladder problem

Urinary incontinence is a loss of bladder control, which means you sometimes pee unintentionally. It's estimated that more than 3 million people in the UK experience urinary incontinence. It can be caused by different types of bladder problem.

### Urinary tract infections (UTIs)

If you have a UTI, such as cystitis, you're likely to experience sudden urges to pee, need to pee more often, and feel a burning sensation when you do go. UTIs can be painful and inconvenient but symptoms should clear up by themselves after a few days. If they don't, see your doctor.



## Nocturia

Nocturia is the need to get up to pee a lot during the night. If you're frequently up more than twice a night and it's disrupting your sleep or making you tired in the daytime, speak to your doctor, district nurse or practice nurse.

## Stress incontinence

Stress incontinence is when you pee a bit when you cough, sneeze, laugh or exercise – including more gentle exercise such as walking. It's caused by a weak bladder outlet and weakness of the pelvic floor muscles that support it.

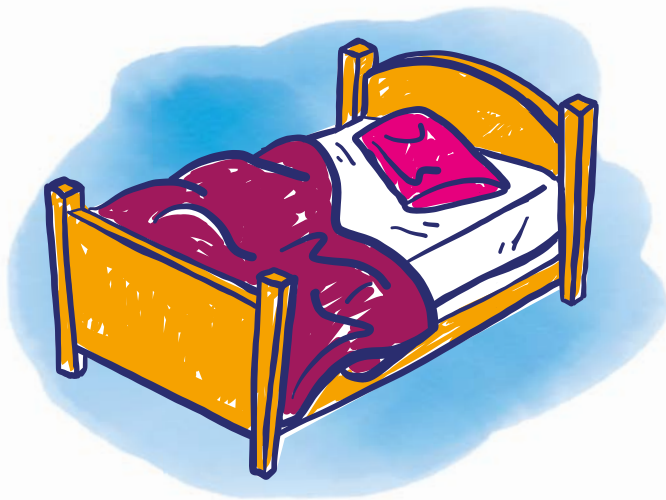
Men may develop stress incontinence after a prostate operation. However, stress incontinence is more common in women because the pelvic floor muscles, which support the bladder, uterus and large bowel, can be stretched and weakened during childbirth. This can lead to a prolapse (when these organs slip). After menopause, the body stops producing the hormones that help keep the vagina and bladder outlet healthy too.

Pelvic floor muscles can also be strained if you're overweight. Our **Healthy living** guide has information about maintaining a weight that's right for you.

**“I was getting up so often in the night – I knew it was time to talk to the doctor.”**

Anne, 78





## Urge incontinence

Urge incontinence is when you need to pee so suddenly and urgently that it's difficult to get to the toilet in time. You might also need to go more often than usual (known as 'increased frequency'), which might wake you several times at night.

Urge incontinence is often caused by an overactive bladder. As you get older, it's common to find that your bladder needs emptying more often and gives you less warning. This is normal – until it affects your everyday life or starts to cause incontinence. Then it's time to talk to a healthcare professional.

The reason for an overactive bladder is often unknown. Sometimes it happens after a stroke. You can also be prone to urge incontinence if you have a condition that affects the nerves linked to the bladder, such as Parkinson's.

It's possible to experience symptoms of both stress and urge incontinence – this is called mixed incontinence.

## Urinary retention

Urinary retention is when the bladder doesn't empty completely. Pee builds up and may overflow as a frequent, dribbling leak. You might feel like your stream is weaker than before, have difficulty starting to pee, or feel like you're not peeing out everything that's there.

There are a number of reasons your bladder might not empty completely:

- There may be a blockage or obstruction – such as an enlarged prostate gland in men.
- The muscles that empty the bladder may be weakened.
- If you're severely constipated, your bowel can become overfull and press on your bladder, reducing the amount it can hold.
- Surgery to part of your bowel or an injury to your spine may have damaged nerves to your bladder.
- Side effects of some medications.

**“I started to worry about going out after my operation, because I couldn't always control my bladder properly.”**

Michael, 69



# Bladder problems in men

1 in 3 men over the age of 65 in the UK have a bladder problem – and in men over 50, bladder problems can be a sign of an underlying prostate problem. So if you notice changes, such as a weaker flow of pee, see your doctor as soon as you can. If you're worried about your risk of prostate cancer, it's important to mention your concerns.

If you notice any blood in your pee, or feel pain when you pee, you should also see your doctor as soon as possible.

**“I spoke with my doctor.  
It's better to be safe  
than sorry.”**

John, 61



## Next steps



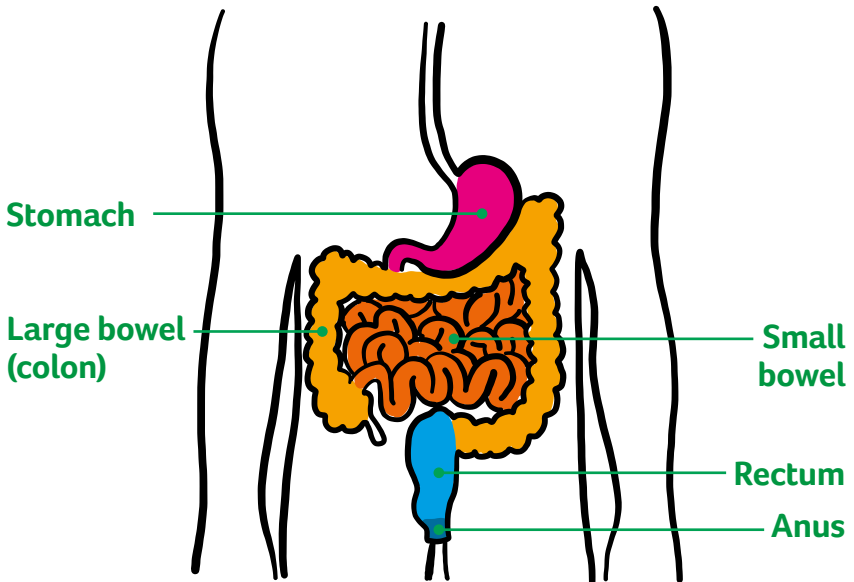
It's very important to see your doctor if you experience any of the problems explained above. They can find out the cause and discuss with you how to manage your symptoms.

Visit the NHS website (page 39) for more information about spotting bladder problems.

## How the bowel works

Food passes from the stomach into the small bowel. It then passes along the large bowel (also known as the colon), where fluid is absorbed and the remains of undigested food becomes poo. When poo arrives in the rectum it creates the feeling we experience when we need to go to the toilet.

A normal poo is soft, easy to pass, and doesn't make you strain. You might need to poo several times a day or only once every 2 to 3 days (either can be normal).



# Types of bowel problem

Many of us get constipated or have an upset stomach once in a while. However, if you're experiencing problems regularly or they're starting to affect your daily life, make an appointment to see your doctor.

## Constipation

This is a common bowel problem and happens when particularly hard poo becomes difficult to pass.

Constipation can be caused by:

- not eating enough fibre or 'roughage' (found in foods such as wholemeal bread and cereals, fruit and vegetables)
- not drinking enough (you should drink at least 6 to 8 cups of liquid a day)
- not moving around much
- certain medicines (such as some painkillers)
- not being able to get to a toilet or putting off going (so the feeling that you need to empty your bowel goes away)
- some neurological diseases, such as Parkinson's
- bowel conditions such as irritable bowel syndrome (IBS).

## Diarrhoea

Diarrhoea is passing frequent, urgent, watery poos that can cause you to have an accident if you can't get to a toilet in time. Diarrhoea has many causes, including the overuse of laxatives, bacterial or viral infections, or conditions such as IBS or Crohn's disease.

## Bowel incontinence

Bowel incontinence is when you can't control when you poo and you have accidents. Some people may experience this every day, while others may only experience it occasionally. It's usually a symptom of an underlying medical condition that affects the bowel – such as constipation, diarrhoea, multiple sclerosis, or stroke.

Bowel incontinence can also be caused by muscle weakness or damage to the muscles that control the anus. Some women who experience muscle damage in childbirth can develop control problems later in life.

**“I started to worry about going to the toilet after I had a fall. Sometimes I just couldn't get there quickly enough.”**

Rob, 83



## Next steps



Constipation or changes in bowel habits that continue for more than 3 weeks or diarrhoea that lasts for more than a few days should always be reported to your doctor. Any bleeding should be reported immediately.

Visit the NHS website (page 39) for more information about bowel problems.



## Checking for bowel cancer

Bowel problems can occur in people of all ages and aren't usually a sign of a serious problem. However, bowel cancer is more common in older people and it's important to talk to your doctor if problems continue for more than 3 weeks. Bowel cancer symptoms can include blood in your poo, changes in your bowel habits, and lower abdominal pain, bloating or discomfort.

The NHS offers free bowel screenings between certain ages, based on where you live in the UK:

- In England, they're offered every 2 years to people aged between 56 and 74 – although you may be invited before you turn 56, as the programme is gradually expanding to include people from the age of 50.
- In Wales, they're offered every 2 years to people aged between 51 and 74.
- In Northern Ireland, they're offered every 2 years to people aged between 60 and 74.



Once you're eligible, you should automatically receive a letter with a leaflet explaining the process, then a test kit in the post a week later. This screening test can pick up signs of cancer before you experience any symptoms. Spotting cancer early means it's more likely to be treated successfully.

If you notice anything unusual in your bowel habits before you reach this age, or between screenings, don't ignore it – make an appointment with your doctor.

If you haven't received a kit, or you're 75 or over and would like a screening test, call the NHS Bowel Cancer Screening helpline (see page 40).



In Wales, call Bowel Screening Wales (page 40). In Northern Ireland, call the Northern Ireland Cancer Screening Programmes (page 40).

## Next steps



Visit the NHS website (page 39) to find out more about bowel cancer screening, what the tests involve, and the benefits and risks. In Wales, visit the NHS 111 Wales website and in Northern Ireland, visit the NI Direct website.

For more information about bowel cancer and early warning signs, visit Bowel Cancer UK's website (page 38).

## **Audrey assumed urinary incontinence was something she had to put up with.**

**When Audrey started needing to pee without enough warning, she thought it was just an inevitable part of ageing.**

‘In my early 60s I started finding it difficult to get to the toilet in time, and I’d pee unexpectedly when I coughed or laughed.

‘I always loved going out for walks with my friends but I had to stop because I never knew when I’d need to get to the ladies’ quickly. I bought some incontinence pads so that I could still go out to the shops but I became very self-conscious.

‘I felt too embarrassed to talk to my friends about it and just assumed it was something that you have to put up with when you get to my age. Eventually I plucked up the courage to go to my doctor.

‘She examined me and said that I had stress incontinence, and that a lot of people my age have the same problem – especially women.

**“I only wish I’d known sooner that there was something simple I could do to resolve the problem.”**





‘She told me that I should try pelvic floor exercises and showed me how to do them. It was tricky at first as you have to make sure you’re exercising the right muscles, but I soon got the hang of it. I did them several times a day, as I was told to, and noticed an improvement after only a few weeks.

‘Now I’m much more confident and I can go out for walks again. I only wish I’d known sooner that there was something simple I could do to resolve the problem.’



## Getting medical help

**You might not feel entirely comfortable talking about your bladder or bowel problem. But it's nothing to be embarrassed about. Telling someone – especially a health professional – is the best way to get help.**

### Talking to a health professional

Bladder and bowel problems aren't an inevitable part of getting older. You don't simply have to put up with them – and you certainly shouldn't have to face them alone.

Talk about what you're experiencing with your doctor or the person discharging you from hospital. They'll ask questions about your symptoms, possibly examine you, and then suggest treatment, exercises to tackle the problem, or other ways to minimise its effect on your everyday life. If you live in a care home, ask the manager to arrange an appointment with your doctor or the district nurse.

Alternatively, ask your GP surgery about your local NHS continence service. In some areas you can refer yourself to this service – in others you must be referred by a health professional.

Your doctor or continence service may also suggest a referral to a hospital specialist, who might want to carry out tests to help diagnose your problem.

## What will a health professional need to know?

A health professional may ask you questions to help them understand how your bladder or bowel is working. We've left space for you to make notes here. It can also be a good idea to keep a diary of your bladder or bowel problems so you can provide some detail (see page 22).

You might also be asked for a sample of your pee or poo, or have your bladder tested to see how full it gets before the urge to go to the toilet begins.

**When did your bladder or bowel problems start?**

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**How often does leaking happen? How much is lost?**

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**How are you dealing with it?**

---

**How much, what and when are you drinking?**

---

**Can you feel when your bladder or bowel is full?**

---

**Have you noticed any other symptoms, such as discomfort?**

---

**What medications (including over the counter and herbal) are you taking?**

---

# Bladder or bowel diary

When preparing for an appointment, it can be helpful to keep a bladder or bowel diary for 3 days so you can give more detail. Use the space below to record:

- how much, what and when you're eating and drinking
- how many times you use the toilet each day and night
- when you go to bed and get up in the morning
- how urgent the need to pee or poo is
- instances of bladder or bowel leaking and what led to them
- any other difficulties or symptoms
- any continence products used.

## Day 1

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## Day 2

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## Day 3

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# Treatments for bladder and bowel problems

The solutions your doctor or other health professional suggests will depend on the type of problem you're experiencing. What works will vary from person to person, and sometimes more than one treatment will be needed. Here are some common types of available treatment, in addition to the self-help described on pages 25-32.

## Pelvic floor exercises

Pelvic floor exercises could help with stress incontinence and urge incontinence by strengthening the muscles around the bladder or bowel.

A specialist nurse or continence physiotherapist can help you get the hang of these exercises but there's equipment that can help you if you find them difficult.

## Bladder or bowel training

Bladder training involves learning techniques to hold pee for longer so that you need to use the toilet less often and gain control of your bladder. These are best for people with urge incontinence.

Bowel training involves establishing a regular time to poo, and stimulating your bowels to empty themselves.

**“My doctor gave me training techniques to use which really helped.”**

Diane, 73



## Medication

Medication is available for different types of incontinence. Talk to your doctor or pharmacist about what medication might help your problem and what side effects there might be, if any. You can find more information on the NHS website (page 39).

Often, medication is prescribed alongside recommended diet or lifestyle changes.

## Surgery

For some people, surgery may be an option if other treatments haven't worked. Your consultant or doctor should talk to you about the benefits and possible risks associated with surgery.

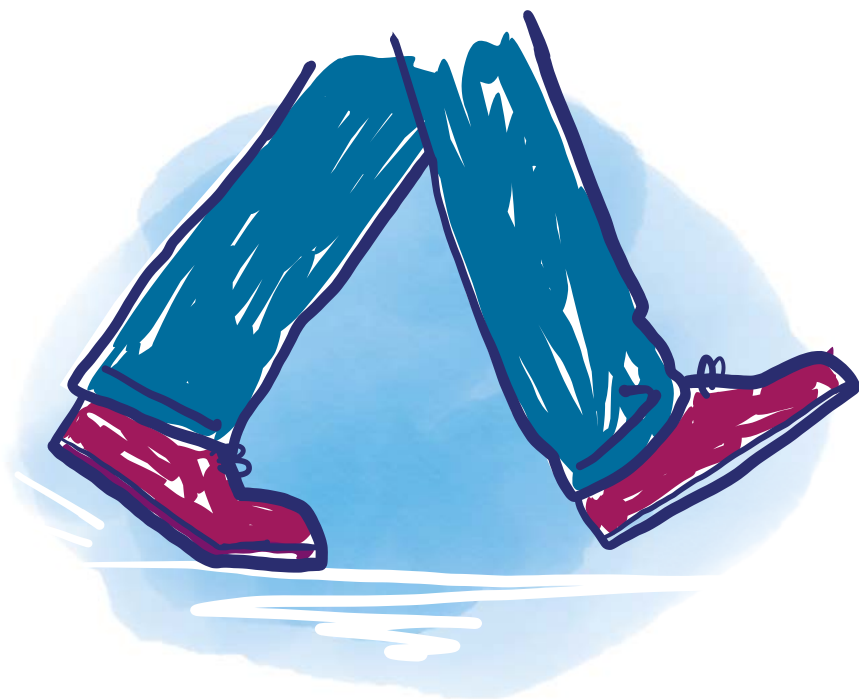
## Next steps



Visit the NHS website (page 39) for more information about incontinence, including treatments. In Wales, visit the NHS 111 Wales website or call the helpline. In Northern Ireland, visit the NI Direct website.

NICE (the National Institute for Health and Care Excellence) (page 40) produces separate guidance for women and men about what to expect from the NHS if you have bladder problems, as well as guidance for people with bowel incontinence. The guidance explains what various tests and procedures involve, and what treatments can be offered.





## Things that might help

**While it's always worth talking about any bladder or bowel problems with your doctor, there are certain things you can do yourself to reduce their impact on your daily life.**

Some of these changes are lifestyle changes, while some are things you can do to help yourself when you're out and about.

It's OK if it takes a few tries to find out which changes are helpful to you. There's no one-size-fits-all approach and what suits one person might not suit another – what matters is to do what works best for you.

## What can I do to help myself?

- If you're struggling with nocturia – the need to get up to pee more than twice during the night – try drinking less in the few hours before you go to sleep.
- Tea, coffee and fizzy drinks can make bladder symptoms worse. Cut down on these drinks or try decaffeinated versions. Alcoholic drinks or drinks with artificial sweeteners can also cause problems.
- Stopping smoking decreases your risk of bladder cancer, and also reduces coughing, which can put pressure on your pelvic floor muscles.
- Maintain a healthy weight. Being overweight puts pressure on your pelvic floor muscles and can weaken them.
- Eat plenty of fibre-rich foods and drink plenty of liquid to help avoid constipation.
- Staying active helps keep your bowel healthy. For tips on keeping fit and mobile in a way that works for you, see our guide **Healthy living**. Get in touch with your local council or Age UK to find out what activities are available in your area. In Wales, contact your local Age Cymru.
- Ask your pharmacist or doctor whether any medications that you're taking could be disturbing the bladder. For example, water tablets (diuretics) make the bladder fill more often.

### Next steps



There's more information about treatments for particular types of bladder and bowel problems on pages 23-24.



## Making life easier

You might find your bladder or bowel problems stem from practical issues rather than medical ones. For example, you might find it hard to reach the toilet in time if you have difficulty walking. Or if your fingers are stiff, it can be tricky to get fastenings, such as zips or buttons, undone. In these circumstances, incontinence can be a problem if you need the toilet urgently. This is sometimes called functional incontinence.

If you're experiencing these sorts of problems, there are some practical measures you can take to make things easier.

### Improving access to the toilet

If your incontinence is caused by difficulty getting around, a walking aid or stairlift might help you to get to the toilet in time. Freestanding or wall-mounted grab rails can make it easier to get on and off the toilet too. Adding a raised seat to the toilet can make it easier to sit down if you have joint problems.

## Alternatives to the toilet

If you can't reach the toilet easily, a commode might be useful. Many have a lid and look like an ordinary chair. You can also get handheld urinals (both for men and women) which can be used in bed or in a chair.

## Toilet queues

The Bladder and Bowel Community offers a free 'Just Can't Wait' toilet card so you don't have to queue if you're out and need to use a toilet quickly. You can order one by calling the Bladder and Bowel Community or visiting their website (page 38). The card states clearly that the holder has a medical condition which means they need to use the toilet urgently.

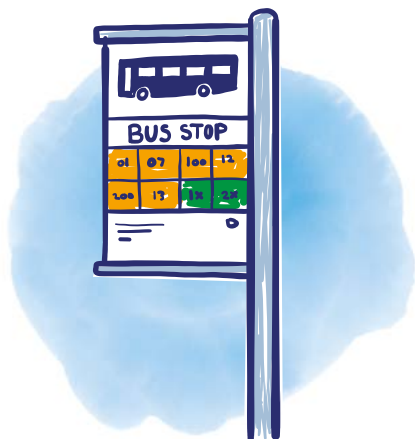
You can also get a Radar key to unlock public disabled toilets that have been fitted with a National Key Scheme (NKS) lock. These toilets are often found in shopping centres, pubs, cafés and railway stations. Contact Disability Rights UK for more information about Radar keys (page 39).

## Out and about

Try not to let having a bladder or bowel problem stop you from getting out and about. There are practical solutions to problems that might arise and you can take spare pads and underwear out with you. Scented bags for soiled items are useful.

## Next steps

For more advice on equipment, speak to your district nurse or continence adviser, or contact Living Made Easy (page 39).



## Clothing

Stockings might be easier to manage than tights, and full skirts can be easier to get out of the way than tight ones. Similarly, loose boxer shorts might be more manageable than Y-fronts. Try clothing with elasticated waists, or adapt clothes so that they fasten with Velcro instead of zips and buttons.

## Travel

If you're going on a long journey with family or friends and know you'll need to use the toilet frequently, let them know beforehand. That way, you can plan extra stops so you won't have to worry.

## Next steps



For more ideas to help you, see the '10 ways to stop leaks' section on the NHS website (page 39). In Wales, look up 'incontinence' in the Health A-Z section of the NHS 111 Wales website (page 39).

## Continence products

Treatment doesn't always stop incontinence completely – but the right products can help you manage the problem and reduce its impact on your day-to-day life.

To get continence products provided by the NHS, you're likely to need to meet criteria set out by your local NHS continence service. If you're assessed as eligible, you should receive a supply of continence products free of charge. Your local doctor or health professional will explain what type of products and devices are available.

You can buy many continence products in pharmacies and supermarkets – but you should seek professional advice before using them permanently. It's important to identify the cause of your problem as there may be treatment that can help.

Shop around before you buy as prices vary. Supermarkets and pharmacies won't charge you VAT on continence products – but if you're buying online or by mail order, you might need to fill out a VAT exemption form.

**“Now I've been assessed,  
I get my pads paid for.  
They used to cost me £20  
a week!”**

**Carol, 83**



There are a variety of pads, pants and other products but not all are available through the NHS. The following are unisex:

- Washable products such as re-usable pads, which often come as part of a pair of pants.
- Disposable pads held in place by close-fitting pants.
- Disposable pants, or all-in-one pads with plastic backing and adhesive patches to seal the sides. They're generally more suitable for heavy incontinence.
- A bed or chair protector in the form of disposable or washable pads.

For men there's also a range of products that fit over the penis and collect pee into a bag strapped to the leg. A penile sheath is the most popular version of this and is available on prescription. Men can also wear dribble pouches.

If you're having problems with managing extra laundry, speak to your local social services to see if there's any help available in your area.

## Next steps



Continence Product Advisor's online tool (page 38) can help you find out more about the range of products available and decide which type would best suit you.

# Personal hygiene and comfort

## Avoiding smell

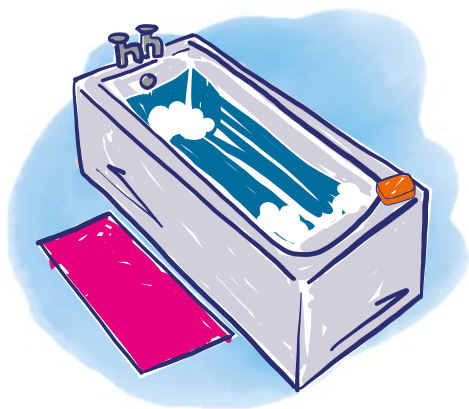
Fresh pee shouldn't smell unpleasant unless there's an infection. But it might start to smell if it's left for long periods. Good-quality pads help absorb some smell. Keep wet clothes or sheets in a bucket with a lid until washed, and mop up any spills quickly.

While the smell from bowel incontinence can be more difficult to hide, changing soiled pads as soon as possible or putting them into an airtight container or sealed bag can help.

## Skin care

Washing regularly and drying yourself carefully with a soft towel helps to keep skin healthy. A balanced diet and plenty of fluids can help too. A health professional might also recommend you use a barrier product to protect your skin.

Change pads regularly. If your skin becomes red or sore, make sure that any pad or appliance fits properly and isn't rubbing. You could also check whether you've developed an allergy to something – for example, a washing powder or cream or part of a pad. If your skin becomes raw, consult your district nurse or doctor immediately, as this can lead to a skin infection or further skin breakdown.







## Additional support and benefits

While there are things you can do to help look after yourself, there's also additional support available if you need it.

### Social care and NHS services

If you're having difficulty getting to or using the toilet at home, speak with your local council's social services department. They'll carry out a needs assessment. If you meet eligibility criteria, they can provide things like handrails in the bathroom or a commode. These products are also available to purchase. For further information, contact *Living Made Easy* (page 39).

If problems develop while you're in a care home, raise them with your doctor or district nurse, and ask that any long-term treatment (including eligibility for continence products) is added to your care plan.

If you have continence needs or develop problems while you're in hospital, they should be identified during your discharge assessment. The staff should make sure these are addressed in the care plan and discharge plan they send to your doctor.

If you're found to be eligible for continence products, you shouldn't have to pay for them. The NHS should arrange for a supply to be delivered to you regularly.

If you're unhappy with the way your continence needs are met by carers or by staff at your care home or hospital, you have the right to complain. Start by having an informal discussion with staff or the managers of the organisation providing your care. A family member or friend can support you – or talk to staff on your behalf if you prefer.

If you feel your concerns haven't been addressed, you might want to raise a formal complaint. The organisation must provide you with a copy of its complaints procedure on request.

For more information on the procedures for making complaints about a hospital or health service, see our factsheet **Resolving problems and making a complaint about NHS care**. In Wales, see Age Cymru's factsheet **Resolving problems and making a complaint about NHS care in Wales**.

For more information on making a complaint about care provided or arranged by social services, see our factsheet **How to resolve problems and complain about social care**. In Wales, see Age Cymru's factsheet **How to resolve problems and make a complaint about social care in Wales**.

## Next steps



If you'd like support with making a complaint about the NHS in England, contact your local Healthwatch (page 39) who can put you in contact with your local NHS Complaints Advocacy service. In Wales, contact Llais (page 39). In Northern Ireland, contact the Patient Client Council by calling **0800 917 0222**.

## Claiming benefits

If you have a physical or mental disability and you have difficulty getting about or need supervision or help when carrying out personal care, you might be eligible for Attendance Allowance (AA) if you're over State Pension age, or for Personal Independence Payment (PIP) if you're under it. These benefits aren't means-tested, so you can claim them regardless of your income or savings.

Having continence issues won't necessarily mean you can get AA or PIP – but you might be eligible if you need help with things like getting to and from the toilet, using the toilet, remembering to go, or changing your continence pads.

For more information about who qualifies for disability benefits, see our guide **More money in your pocket**. There are separate versions of this guide in Wales and Northern Ireland.



Work out what you may be entitled to by going to [www.ageuk.org.uk/benefitscalculator](http://www.ageuk.org.uk/benefitscalculator) and using our benefits calculator. Alternatively, contact your local Age UK for a benefits check or help with making a claim. In Wales, contact your local Age Cymru.

## Next steps

For information on claiming AA, call the Attendance Allowance helpline (page 38). In Northern Ireland, call the Disability and Carers Service (page 38). For information on claiming PIP, call the Personal Independence Payment helpline (page 40). In Northern Ireland, call the Personal Independence Payment Centre (page 40).

# Dementia and incontinence

If someone has dementia, they may forget to go to the toilet or be unable to tell people when they need to go. They may not recognise the signs that mean they need the toilet, remember the way to the toilet, or recognise it when they get there.

If you care for someone with dementia, they might need regular, gentle reminders about using the toilet. If they forget where it is, a notice or picture on the door might help. A regular routine can also help. You might need to learn to recognise signs they need the toilet and encourage them to go at these times especially.

If this doesn't help or you're having difficulties, talk to your doctor or district nurse.

**“My mum started having trouble remembering where the loo was, so I popped a sign up on the door.”**

Rita, 52



## Next steps



See our guides **Caring for someone with dementia** and **At home with dementia** for tips on making the bathroom safer for someone living with dementia. Alzheimer's Society offers advice for carers or people with dementia in England, Wales and Northern Ireland (page 38).

# Useful organisations

## Age UK

We provide information and advice for people in later life through our Age UK Advice Line, publications and website.

### **Age UK Advice: 0800 169 65 65**

Lines are open seven days a week from 8am to 7pm.

**[www.ageuk.org.uk](http://www.ageuk.org.uk)**

In Wales, contact Age Cymru Advice: **0300 303 44 98**

**[www.agecymru.org.uk](http://www.agecymru.org.uk)**

In Northern Ireland, contact Age NI: **0808 808 7575**

**[www.ageni.org](http://www.ageni.org)**

In Scotland, contact Age Scotland: **0800 124 4222**

**[www.agescotland.org.uk](http://www.agescotland.org.uk)**

## **Alzheimer's Society**

Offers advice, information and support in England and Wales to people with dementia, their families and carers.

Helpline: **0333 150 3456**

**[www.alzheimers.org.uk](http://www.alzheimers.org.uk)**

## **Attendance Allowance helpline**

Information about how to claim Attendance Allowance.

Tel: **0800 731 0122**

Textphone: **0800 731 0317**

## **Bowel Cancer UK**

Provides support to everyone affected by bowel cancer.

Tel: **020 7940 1760**

Email: **[admin@bowelcanceruk.org.uk](mailto:admin@bowelcanceruk.org.uk)**

**[www.bowelcanceruk.org.uk](http://www.bowelcanceruk.org.uk)**

## **Bladder and Bowel Community**

Provides a range of information and resources for people with bladder and bowel problems.

Email: **[help@bladderandbowel.org](mailto:help@bladderandbowel.org)**

**[www.bladderandbowel.org](http://www.bladderandbowel.org)**

## **Continence Product Advisor**

Website offering independent advice about continence products.

**[www.continenceproductadvisor.org](http://www.continenceproductadvisor.org)**

## **Disability and Carers Service**

Information about how to claim Attendance Allowance in Northern Ireland.

Tel: **0800 587 0912**

Textphone: **0800 012 1574**

## Disability Rights UK

Operates a National Key Scheme that offers people with disabilities independent access to locked public toilets.

**[www.disabilityrightsuk.org](http://www.disabilityrightsuk.org)**

## Healthwatch

In England, local Healthwatches provide information, advice and support to users of health services in the area.

Tel: **03000 683 000**

Email: **[enquiries@healthwatch.co.uk](mailto:enquiries@healthwatch.co.uk)**

**[www.healthwatch.co.uk](http://www.healthwatch.co.uk)**

## Living Made Easy

Helps older and disabled people live independently at home.

Provides advice on equipment such as commodes and urinals.

Email: **[info@dlf.org.uk](mailto:info@dlf.org.uk)**

**[www.livingmadeeasy.org.uk](http://www.livingmadeeasy.org.uk)**

## Llais

Provides advice and support in Wales for people who have concerns about NHS or social care services in their area.

Complaints advocacy staff can support you to make a claim.

Tel: **02920 235 558**

**[www.llaiswales.org](http://www.llaiswales.org)**

## NHS

Provides information about health conditions, treatments and services in England.

**[www.nhs.uk](http://www.nhs.uk)**

In Wales, visit **[NHS 111 Wales](http://www.111.wales.nhs.uk)**

**[www.111.wales.nhs.uk](http://www.111.wales.nhs.uk)**

In Northern Ireland, visit **[NI Direct](http://www.nidirect.gov.uk)**

**[www.nidirect.gov.uk](http://www.nidirect.gov.uk)**

## **NHS Bowel Cancer Screening helpline**

Call the screening helpline for more information about bowel screening in England.

Tel: **0800 707 60 60**

In Wales, call **Bowel Screening Wales**

Tel: **0800 294 3370**

In Northern Ireland, call the **Northern Ireland Cancer Screening Programmes**

Tel: **0800 015 2514**

## **NICE (National Institute for Health and Care Excellence)**

Provides guidance on being healthy and treating conditions.

You can download:

- Urinary incontinence and pelvic organ prolapse in women: management  
[www.nice.org.uk/guidance/ng123](http://www.nice.org.uk/guidance/ng123)
- Lower urinary tract symptoms in men: management  
[www.nice.org.uk/guidance/CG97](http://www.nice.org.uk/guidance/CG97)
- Faecal incontinence in adults: management  
[www.nice.org.uk/guidance/CG49](http://www.nice.org.uk/guidance/CG49)

The information in these documents about treatment available on the NHS only applies in England and Wales.

## **Personal Independence Payment helpline**

Information about how to claim Personal Independence Payment.

Tel: **0800 917 2222**

Textphone: **0800 917 7777**

In Northern Ireland, contact the **Personal Independence Payment Centre**

Tel: **0800 012 1573**

Textphone: **0800 587 0937**





<sup>†</sup> The Age UK network includes the charity, its trading companies and national partners (Cymru, Scotland and NI). We also work closely with local Age UKs. Age UK is a charitable company limited by guarantee and registered in England (registered charity number 1128267 and registered company number 6825798). The registered address is Age UK, 7th Floor, One America Square, 17 Crosswall, London EC3N 2LB.



# Help us be there for someone else

We hope you found this guide helpful. When times are tough, it's so important to get some support. Did you know you could help us reach someone else who needs a little help? Here's how:

1

## Give your views on guides like this

Our Readers' Panel helps make sure the information we produce is right for older people and their families. We'd love you to join. Go to [www.ageuk.org.uk/readers-panel](http://www.ageuk.org.uk/readers-panel).

2

## Donate to us

Every donation we receive helps us be there for someone when they need us. To make a donation, call us on **0800 169 8787** or go to [www.ageuk.org.uk/donate](http://www.ageuk.org.uk/donate).

3

## Volunteer with us

Our volunteers make an incredible difference to people's lives. Get involved by contacting your local Age UK or at [www.ageuk.org.uk/volunteer](http://www.ageuk.org.uk/volunteer).

4

## Campaign with us

We campaign to make life better for older people, and rely on the help of our strong network of campaigners. Add your voice to our latest campaigns at [www.ageuk.org.uk/campaigns](http://www.ageuk.org.uk/campaigns).

5

## Remember us in your will

A gift to Age UK in your will is a very special way of helping older people get expert support in the years to come. Find out more by calling **020 3033 1421** or visit [www.ageuk.org.uk/legacy](http://www.ageuk.org.uk/legacy).

# What should I do now?

You may want to read some of our relevant information guides and factsheets, such as:

- **Healthy living**
- **Adapting your home**
- **Advice for carers**

You can order any of our guides or factsheets by giving our Advice Line a ring for free on **0800 169 65 65** (8am-7pm, 365 days a year).

Our friendly advisers are there to help answer any questions.

All of our publications are available in large print and audio formats.

There's plenty of really useful information on our website, too. Visit **[www.ageuk.org.uk/incontinence](http://www.ageuk.org.uk/incontinence)** to get started.



**0800 169 65 65**  
**[www.ageuk.org.uk](http://www.ageuk.org.uk)**

If contact details for your local Age UK are not in the below box, call Age UK Advice free on **0800 169 65 65**.



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