

How may menopause affect my bladder & bowel

What is menopause?

Menopause is a normal part of ageing. It happens when female sex hormone levels naturally reduce. Menopause usually happens at about 45–55 years old, but gradual changes may be noticeable before then.

Why does menopause sometimes cause bladder and bowel changes?

The female sex hormones have an effect on the bladder and bowel. Oestrogen has the most effect.

During the menopause, the ovaries produce less oestrogen. This can lead to a thinning of the tissues around the bladder, urethra, vulva and vagina. The lower levels of hormones may also cause weakening of the pelvic floor muscles, loss of elasticity (stretchiness) in the bladder and weight gain. They can also slow down the muscle movements in the bowel (guts). These changes may start during peri-menopause (the years leading up to the menopause) and remain after menopause.

How common are these problems during menopause?

It is thought that about 6 million people in the UK suffer from urinary incontinence (bladder leakage). More than half of those who have been through menopause have some urinary incontinence. This is often because there is not enough oestrogen in the vulva, vagina or bladder.

What changes may I notice?

There are a range of bladder and bowel problems that can happen during or after menopause.

Bladder:

- **Increased frequency:** a feeling of needing to urinate more often than is usual.
- **Urgency:** a sudden and urgent need to urinate. Leakage may happen if you cannot get to the toilet quickly enough.
- **Urinary Incontinence (bladder leakage):** This may be due to stress incontinence, which is leakage when coughing, sneezing, or exercising. This may be caused by weakened pelvic floor muscles or changes in the urethra.
- **Urinary Tract Infections (UTIs):** an infection that causes discomfort, stinging or burning sensations during urination, and/ or a frequent urge to urinate.
- **Nocturia:** waking up more than once during the night to pass urine.

Bowel:

- **Constipation:** this can happen if digestion and movement of the bowel muscles slow down.
- **Bloating & wind:** can happen because of changes in the amount of hormones in the body.
- **Pelvic floor weakness:** can happen during menopause, and cause problems with bladder or bowel leakage and difficulty with bowel movements.

It is important to speak to your health care professional if you experience changes in your bowel habit. This may include having constipation, diarrhoea, blood in your stools or any other changes in your bowels that you have not noticed before.

What can I do that might help?

- Pelvic floor exercises strengthen the pelvic floor muscles and help to improve bladder and bowel function as well as make leakage less likely. There is information about pelvic floor exercises on the [NHS website](#) and there is the [Squeezy app](#) and the [CONfidence app](#)
- Bladder Retraining, by gradually increasing the time between toilet visits you can help to retrain your bladder and hold on for longer.
- Drinking plenty of water and keeping well hydrated helps the bladder to work well and helps prevent constipation. Try to avoid drinking or limit the amount of caffeine, fizzy drinks, green tea and alcohol that you have as these can all irritate the bladder.

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- Try to eat plenty of fruit, vegetables and wholegrains to help prevent constipation. The Bladder & Bowel UK leaflet [Constipation in Adults](#) has more information.
- Regular exercise and trying to keep a healthy weight helps to prevent too much pressure on the pelvic floor and helps keep the bladder and bowels working well.

If the problem does not get better, or if you are worried, or having difficulty managing, speak to your healthcare professional. There are other treatments including medications that may help.

Vaginal and Vulval problems

The vagina can become shorter, less elastic and dry because of menopause. It may look slightly different to how it looked before the menopause. There may also be itchiness in the vagina and vulva, chronic vaginal infections and soreness or pain during intercourse.

You may hear the words vulvovaginal atrophy. This is a medical term. It is used to describe changes that may cause symptoms in the vulva, vagina or bladder.

What can I do that might help?

It is important to ask your nurse or doctor for help. There is treatment available.

Some treatments can be applied straight onto the body such as vaginal moisturisers, lubricating gels, skin patches or oestrogen that is put into the vagina.

Non-hormonal preparations should be tried first. These include vaginal moisturisers and lubricants such as Replens, Sylk, Hyalofemme, ActiGYN and YES. They are available to buy and on prescription. These are designed to treat vaginal atrophy and are more effective than water-based lubricants such as KY jelly.

Some treatments need to be prescribed by a doctor or nurse, such as many hormone replacement therapies (HRT). Treatments that you can buy for vaginal itching and dryness include that contain oestrogen include Gina (pessaries) and Ovesse (vaginal cream).

Recent research has shown there is no increased risk of breast cancer with low dose oestrogen creams, gels or pessaries, that are used for vaginal or bladder symptoms. It is important to speak to your health care professional for further information and guidance.

There is more information about [Low-dose Vaginal Oestrogen Therapy](#) from the International Urogynaecological Association.

Further information

Find more information about bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the [Bladder & Bowel UK confidential helpline \(0161 214 4591\)](#).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional.

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