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Ask your pharmacist
Your community pharmacy – for quality advice and information

It’s every body’s business

Bladder and bowel function can be misunderstood or hidden. Get the basics in this issue!

SHARE YOUR STORY! People can now talk openly yet anonymously about their experiences of poor bladder and bowel control. And you can comment on any of our Bridge topics – we’d love to hear from you. You can see the past and current editions of Bridge and share your story on the Continence Support Forum at www.continence.org.au
A Word from the CEO

Welcome to the summer edition of Bridge magazine. With the successful completion of the CFA's 20th National Conference on Incontinence (see page 5), it is timely to reflect on how far the issue of bladder and bowel health has come since the Foundation was formed 22 years ago. Our annual conference is now the largest multidisciplinary event of its kind in Australia, featuring international and national experts discussing the latest in research and treatment. Given 4.8 million Australians experience some form of incontinence – a number predicted to rise to 6.2 million by 2030 – it is a topic that deserves serious attention.

Although we have come a long way in identifying and addressing the needs of people living with incontinence, it is still helpful to revisit the basics of bladders and bowels, which we do in this edition of Bridge.

View from the Bridge

Looking at the health issue of bladder and bowel control over the past two decades

In re-visiting the basics of bladder and bowel function and its surrounding social attitudes, it’s clear that government support has been a key factor that has placed Australia among the world leaders in incontinence treatments, community awareness and support.

Awareness of the importance of bladder and bowel health has come a long way since the 1990s. Back then, a group of health professionals and government and corporate representatives got together to improve continence management and community awareness. The result was the formation of the Continence Foundation of Australia. Under the federal government’s National Continence Program, there’s ongoing support for a range of continence research studies, resources and health promotion activities.

A key service is the National Continence Helpline, launched in 1998. Staffed by continence nurses, it continues to develop as a source of support and information for consumers and carers, parents of bed-wetters, doctors and other health professionals. This free service and its associated awareness and educational focus has helped our community become much better informed about bladder and bowel management options – and far more comfortable talking about them.

Help us spread the word

Would you like copies of this Bridge edition for your community health centre, clinic, support group, fitness centre, a sporting group or library?

Bridge magazine is free!

Order copies by phoning the National Continence Helpline (see back page) or via the Continence Foundation of Australia website www.continence.org.au
What is incontinence?

Some people think incontinence means having no bladder or bowel control, but this isn’t the case – any unwanted leakage from the bladder (urine) or bowel (faeces) is called incontinence.

Incontinence is very individual because there can be a number of factors causing the incontinence or making it worse. A person’s incontinence is not just about “how often” or “how severe”, it’s also the “whys”. Incontinence is a symptom of something not working and is often linked to many other health conditions.

It’s never too early and it’s never too late. If you have any concerns at all, discuss it with your doctor or phone the National Continence Helpline (Freecall™ 1800 33 00 66). It’s good to take early action because incontinence may not get better on its own and will usually worsen if ignored.

Types of incontinence and their causes

**Stress incontinence**

Stress incontinence is linked to activities that increase pressure inside the abdomen and push down on the bladder, resulting in urinary incontinence. Coughing, sneezing, laughing, walking, lifting or exercise can be causes. Stress incontinence mainly affects women but sometimes men (most often after prostate surgery). Diabetes, constipation, obesity and a chronic cough (such as with asthma, smoking or bronchitis) can also be triggers.

Importantly for women, the main causes are pregnancy and childbirth, which stretch and weaken the pelvic floor muscles, and menopause’s loss of oestrogen, which causes muscle tone changes. Being overweight or obese are major culprits too.

**Urge incontinence**

Urge incontinence (also called unstable or overactive bladder) is a sudden and strong need to pass urine. This can occur with little warning and some people may wet themselves because they are unable to make it to the toilet on time. You might also be waking up several times a night for toilet visits (nocturia).

Urge incontinence can be experienced at any age, although it becomes more common as we get older. Other factors that can make the symptoms worse include alcohol, drinks containing caffeine and some fizzy drinks. Urge incontinence can be linked to constipation, an enlarged prostate in men, diabetes, stroke, and any condition where the brain-to-bladder messaging is affected (see page 4).

**Overflow incontinence**

This occurs when the bladder is unable to empty properly and results in frequent, small urine leaks. Symptoms can include straining to pass urine, a weak or slow urine stream, feeling as if your bladder is not empty immediately after a toilet visit, little or no warning when you need to urinate, or wetting the bed.

Causes can include: an overfull bladder that presses on the urethra, blocking it so that it’s difficult to urinate; a prolapse (sagging) of pelvic organs (common in women who have had a baby, especially a difficult birth); an enlarged prostate (common in older men); urinary tract infections; diabetes; and damage to the nerves that control the bladder, the urethral sphincter (like a tap-washer) or the pelvic floor muscles.

**Functional incontinence**

This describes bladder and/or bowel problems impacted by a physical, mental or housing issue. Causes include dementia, poor eyesight (unable to see the toilet), poor mobility (not making it to the toilet in time), poor dexterity (difficulties with clothing removal), unwillingness to go to the toilet because of depression, anxiety or anger, or communication difficulties.
The basics of bowel function

There’s a lot of misunderstanding around bowel function and faecal incontinence, perhaps because they’re even more personal (or considered embarrassing) topics than bladder function or urinary incontinence. But none of these should be taboo topics. They all deserve expert attention and better understanding as they are important parts of our whole health picture.

What does “being regular” mean?
Bowel motions need consistency to help stimulate the gut’s (digestive) contractions to move material through the digestive tract. A normal bowel habit can be anything from 1–3 times a day to 3 times a week, depending on established lifelong bowel habits. A good pattern is once a day, but it’s not the same for everyone and some people will use their bowels at various times of the day.

Constipated?
Symptoms such as straining or passing bowel motions with pain, feeling full when eating, or feeling bloated or sick are possible signs of being constipated. Straining can weaken pelvic floor muscles that are important for good bladder and bowel control. Constipation and straining can even affect bladder function.

Don’t “hang on”
You should go to the toilet to empty your bowel when you need to. Hanging on can overload your bowel and lead to other bowel problems.

Laxatives
If you are taking a laxative regularly, you should have talked to your doctor or a continence nurse. Unless laxatives are taken as part of a bowel-management program worked out for you, you could develop a lazy or sluggish bowel, or diarrhoea. Seek help to make sure the medication you are taking is right for the problem you are experiencing.

Faecal incontinence (soiling)
This is a condition that can keep a person confined to the home. Many people won’t mention it to their doctors, but so much can be done to improve the situation. Phone the National Continence Helpline (1800 33 00 66) if you’re nervous talking about it face-to-face.

Health conditions linked to incontinence

Incontinence can be linked to other health conditions, and can change along with the changes in the primary health condition.

Digestive conditions such as Crohn’s disease, coeliac disease, colitis, diverticulitis, chronic diarrhoea or constipation affect good bowel function.

Urinary Tract Infections (most commonly cystitis) can become chronic problems for some people. They are associated with toilet urgency and frequency and possibly incontinence.

Being overweight is related to stress urinary incontinence because fatty tissue pressures on the pelvic floor, straining and weakening the muscles involved with bladder and bowel control. Research shows that women who lose as little as 5kg can improve or cure their stress urinary incontinence.

Neurological-related conditions include Multiple Sclerosis (MS), Parkinson’s disease, spinal injury, brain trauma and epilepsy and can damage nerve pathways affecting the responses between the brain and the bladder or bowel. It should also be noted that some medications used to treat medical conditions can affect bladder and bowel function, such as diuretic medicines prescribed to treat heart conditions.

If you, or the person you are caring for, experience continence issues related to another condition, speak with your specialist, doctor or continence advisors to better manage the problem. Continence nurses on the National Continence Helpline (1800 33 00 66) can provide free advice and resources. See the back page for where else you can get help.
Men’s health

• 4.8 million Australians have incontinence, a number predicted to rise to 6.2 million by 2030
• The economic cost of incontinence in 2010 was estimated to be $66.7 billion

With these startling figures in mind, experts in the field of bladder and bowel health converged in Melbourne to attend the Continence Foundation of Australia’s 20th National Conference on Incontinence, November 16–19.

More than 700 people attended the conference, making it the Foundation’s most successful event in its 22-year history.

CFA chief executive Barry Cahill said the annual conference was one of the most important aspects in combating a serious – yet often overlooked – health issue.

Attendees included continence nurses, medical specialists and allied health professionals such as physiotherapists and aged care workers. The 34 guest speakers included four leading international experts.

“The conference is a unique opportunity to gather together the best clinical minds and expertise in the area of incontinence,” Mr Cahill said. “The speakers are leaders in the area of their field, so it’s a great chance to share in their knowledge, particularly international speakers that you would not normally have the chance to hear or ask questions of.

“It’s also a great opportunity for the speakers, not only to share their knowledge with the audience, but also to learn from each other, network about possible future collaboration or inspire each other in areas of new research.”

Mr Cahill said all the attendees would now be better informed and more confident about managing their clients’ continence needs.

“At the end of the day it’s all about improving the general publics’ bladder and bowel health by preventing incontinence or improving outcomes,” he said.

Highlights from the four-day conference included talks by Norway’s Professor Kari Bo, who presented research to show the importance of pelvic floor muscle training in preventing and treating incontinence, and Christine Norton, a leading UK continence nurse, who spoke of the way forward in treating people with faecal incontinence as a result of bowel procedures or radiation therapy for lower-abdominal cancers.

Psychiatric geriatrician Ian Presnell also presented an interesting discussion about the relationship between incontinence and mental illness, posing the notion that one can be an indicator of the other.

The association between incontinence and mental health was also a topic picked up on by psychologist Heather Siddons, who counsels prostate cancer patients in the Department of Urology at the Royal Melbourne Hospital.

Ms Siddons spoke about the depression and drop in self-esteem that often occurs in men suffering incontinence and erectile dysfunction after the operation to remove the cancer.

“Interestingly, incontinence was seen as a bigger issue than erectile dysfunction, particularly initially,” Ms Siddons said.

Feeling dirty, out of control, depressed, anxious and lacking in masculinity, were the most common feelings expressed by patients.

“The idea is that men are supposed to be physically strong, in control, sexually functioning, and not talk about the need for help. These myths strengthen the feeling of inadequacy,” Ms Siddons said.

Another highlight of the conference was the presentation of the 2011 Carer of the Year award, presented to Mulgrave father-of-three Tony Saffigna. Many of those attending the presentation dinner were moved to tears after hearing of Mr Saffigna’s struggles as the sole carer of his twin daughters, who have a “smorgasbord of disabilities”. (Read Tony’s inspiring story on page 6.)
Thirteen-year-old twins Tegan and Glenys Saffigna can’t talk, dress themselves or eat most foods. But in the eyes of their proud father, Tony, they are no different from any other children – they love to be cuddled, play games and read.

The girls were born 14 weeks premature, after an ultrasound diagnosed twin-to-twin syndrome, where blood passes from a single placenta disproportionately from one identical twin to the other. As a result, both were born with mental and physical disabilities. Tegan, who weighed just 601g at birth, suffered a brain injury in utero and is legally blind. Glenys had a cerebral bleed, lost a kidney and then both feet. Mobility, eating, communicating and continence are daily issues, and the girls will need full-time care for the rest of their lives.

Tony, of Mulgrave, Victoria, left his job in 2009 to care for his daughters and his wife Judith, who was battling ovarian cancer. Sadly, Judith died in August 2009, leaving Tony as the sole carer for Tegan and Glenys, and the couple’s 16-year-old son, Dylan.

Tony ensures the girls have adequate continence aids, as well as managing medications, feeding, toileting, bathing, clothing, and managing all the general household tasks, such as cooking, cleaning and washing. He also finds time to help out with general maintenance at the girls’ school.

And although he was “honoured” to be named Carer of the Year at CFA’s 20th National Conference on Incontinence (see page 5), Tony said he did not believe he deserved special attention.

“I’m not going to wave the white flag,” Tony said. “People say, ‘you do an amazing job’, but it’s just in me. It’s something I would never think about not doing, and if that means sacrificing my life to a degree, and I guess I have, then so be it.”

Tony paid tribute to his wife, who shouldered the responsibility of primary carer for many years before her death.

“People say, ‘you do an amazing job’, but it’s just in me. It’s something I would never think about not doing …”

Judy was a one-in-a-million,” he said. “She not only looked after the girls and Dylan, she was the president of this and the president of that, and volunteered to do all sorts of things and helped all sorts of people.”

Before her death, Judith spoke of her hopes for Tegan and Glenys.

“She always said she wanted them to walk, talk and eat sandwiches,” Tony said. “And they both nearly do ... They are getting there and achieving milestones.”

He said both girls could now walk, Glenys with the aid of prosthetic feet, and although neither could speak, they communicated through the gestures and sounds, and even the odd word.

“When Tegan first said dad, it was an unbelievable feeling,” Tony said. “And all the hugs and stuff, that’s pretty special.

“Their determination and willpower to achieve things amazes me every single day. We all do things every day that we take for granted, but for them to do the smallest things, it’s like having to climb Everest not once, but twice.”

Tony said his children were affected by the loss of their mother, particularly Dylan, who had a very close bond with his mum.

“He is very special. As much as you try to keep things normal and give him the same amount of time and support as you can, it is hard on him,” Tony said. “Dylan had a very special relationship with Judith, more so than the normal mother and son bond, so to lose his mother at 13 has been very hard.”

And while Dylan helps around the house where he can, Tony said he was determined that his son should enjoy the same opportunities as other boys his age.

“He is not their carer. He is their brother and it’s his job to play with them, and he does a great job of doing that,” Tony said.

Tony was nominated for the award by Queensland nurse Leonie Mulheran, who met the family on a flight six years ago and has maintained a long-distance friendship through phone calls and occasional visits.

“Tony is just amazing,” Leonie said. “I don’t know any other story that is quite as sad but at the same time, also quite as happy.”

CFA wishes to thank Tena for sponsoring the award, and all the very worthy award nominees.
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Need help for bladder or bowel control?

Talk about it with:

- **Your GP** – Your family doctor will know your health history and can advise you on treatment options.
- **National Continence Helpline (1800 33 00 66)** – Perhaps you’ve already spoken to your GP? Maybe you were too nervous to mention your incontinence? You can talk confidentially to one of the continence nurse advisors on this Helpline, from the comfort and convenience of home. They can also refer you to other continence experts, such as a:
  - **Continence Nurse Advisor (CNA)** – Nurses with specialist training in incontinence (the National Continence Helpline’s advisors are continence nurses). See note below* about continence clinics.
  - **Continence Physiotherapist** – These physiotherapists have completed a postgraduate course in pelvic floor rehabilitation. In many cases, doing pelvic floor exercises correctly is the mainstay of improving stress urinary incontinence in women. (See page 3)
  - **Dietitian** – Specialises in foods and nutrition and can help with diet and fluid intake advice to improve digestive function, bladder and bowel control and weight.
  - **Pharmacist** – Can advise on reducing your weight (being overweight is a high risk factor for incontinence) and can advise on medicines taken for other health conditions that might be linked to incontinence.

The Helpline can supply contact details for your local continence clinic. **Continence clinics** are usually self-referring so you won’t need a GP’s referral before making an appointment with a continence nurse advisor. However, it can be helpful if you’ve spoken to your doctor first, e.g. you can take along to the continence clinic appointment your health history and any medicines you take for these.

More information on the internet …

- [www.continence.org.au](http://www.continence.org.au) (Continence Foundation of Australia) – for information about bladder and bowel information
- [www.pelvicfloorfirst.com.au](http://www.pelvicfloorfirst.com.au) – for advice about exercising while protecting your pelvic floor and exercises to strengthen your pelvic floor muscles
- [www.healthinsite.gov.au](http://www.healthinsite.gov.au) – a government accredited website providing access to information about a range of health topics and organisations
- [www.toiletmap.gov.au](http://www.toiletmap.gov.au) – find out about this map listing details of public toilets across Australia

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**National Continence Helpline**

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The Helpline is staffed by continence nurse advisors who are always sensitive to the confidentiality and anonymity of callers. They provide confidential information and free brochures about bladder and bowel control problems.

The Helpline is an Australian Government initiative managed by the Continence Foundation of Australia.