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Published by:
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Bridge is published quarterly by the Continence Foundation of Australia. It is supported by the Australian Government Department of Social Services under the National Continence Program. The information in Bridge is for general guidance only and does not replace the expert and individual advice of a doctor, continence nurse or continence physiotherapist. Bridge cannot be reprinted, copied or distributed unless permission is obtained from the Continence Foundation of Australia. No information taken from Bridge can be placed on any website without prior permission from the Continence Foundation of Australia.

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Social media
Keep up to date with the latest news and events through Facebook or Twitter.
We have two Facebook pages:
• facebook.com/AusContinence
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We also have two twitter channels:
• twitter.com/AusContinence
• twitter.com/PelvicFloor1st

About us
The Continence Foundation of Australia is the peak national body representing the interests of nearly one in four Australians affected by incontinence, their carers, families and health professionals. The Foundation, established in 1989, is a not-for-profit organisation dedicated to improving the quality of life of all Australians affected by incontinence. The Foundation manages the National Continence Helpline (1800 33 00 66) on behalf of the Australian Government, a free service staffed by continence nurse advisors who can provide information, referrals and resources. The Helpline is staffed 8am–8pm AEST Monday to Friday.

BECOME A MEMBER
Become an individual, student or professional member of the Continence Foundation of Australia and receive many benefits including discounted registration to the annual National Conference on Incontinence, free publications and timely information about events and courses. Email membership@continence.org.au or phone 03 9347 2522 for more information.
Applying good exercise habits

The Continence Foundation’s Pelvic Floor First app is proving popular, already registering 2500 downloads. The free app, which was launched in December last year, has shown international appeal, with more than half the downloads originating from other countries.

The app features pelvic floor safe exercises that the user can save to create personalised routines, as well as video workouts customised for varying levels of fitness and pelvic floor function. There is also information on pelvic floor anatomy, how to perform pelvic floor muscle exercises and where to get help.

Best of all, the Pelvic Floor First app is free, without the need for in-app purchases to access different levels.

The app, based on the Foundation’s Pelvic Floor First website, pelvicfloorfirst.org.au, is suitable for smartphones and tablets and available from iTunes and Google Play. Remember, if you are downloading the app to an iPad, select “iPhone only” from the top menu, as it is not an iPad-only app.

NEW-LOOK WEBSITE

The Continence Foundation has just launched its new-look website continence.org.au enabling consumers and health professionals to more easily navigate the website and find the information they’re after.

The clean, new design is much more dynamic and features an informative slideshow, video and helpful links that will increase traffic and provide much better outcomes for users.

The website looks fabulous on your smartphone too, from which you can directly phone the National Continence Helpline or find all the information you need in your language.

View the new website online and let your friends and colleagues know that the new-look continence.org.au is surely even better placed to promote good bladder and bowel health and overcome the stigma of incontinence.

WORLD CONTINENCE WEEK 2014

World Continence Week will be held from June 23–29. This year’s theme will focus on expectant mothers and women who have had children.

Given the large numbers of women affected by incontinence, including one in three women who have ever had a baby, better education and access to resources promoting good bladder and bowel health is vital in reducing these numbers.

The theme also supports the Continence Foundation’s maternity project, Pelvic floor awareness in pregnancy, childbirth and beyond. The project, to be launched during World Continence Week, will see the development of educational resources for health professionals and pre and postnatal women, including a phone app.

More details about the international awareness week and the maternity project will be announced in the June edition of Bridge. Should you wish to help promote the event, the Continence Foundation can assist with guest speakers or free resources.

Please phone the National Continence Helpline on 1800 33 00 66 for more details.

5 minutes with Tracey Sparks

Tracey Sparks has been the Continence Foundation’s health promotion officer in Queensland since July, 2011.

Briefly outline your role.

My role is to design, deliver and evaluate bladder and bowel health promotion programs and to engage consumer groups with, or at increased risk of, bladder and bowel control problems. We aim to increase education and awareness of bladder and bowel health in order to improve the continence outcomes of people with, or at risk of, incontinence. Another part of my role is to upskill and educate health professionals and fitness professionals. This is achieved by holding education forums specifically for them.

What aspects of the job do you love?

I love helping people. After a presentation, hearing people say, “I am so glad to know I am not the only one with this” or “It is so good to know there is help out there”, I feel a great satisfaction that I have been able to help someone. Even if I only help one person, I feel it is a job well done. I believe the work we do is slowly opening up those channels of communication and destigmatising incontinence, pelvic floor dysfunction and prolapse. The people who won’t attend our presentations/forums leave with a greater awareness and are more likely to talk openly about the condition and/or seek help. At a recent forum for fitness professionals, the learning that took place was astounding. The fitness professionals left this forum with a greater understanding of, not only how to determine if their client is at risk of pelvic floor dysfunction, but also how to modify their exercises to protect their pelvic floor from further damage. They also learnt when, how and who to refer to. Imagining how many people can be helped through these education forums is incredible. These are some of the aspects of the job I love.

What challenges does the job present?

Queensland is such a large state, reaching all the places I would love to go to is difficult. I have visited Roma, Toowoomba, Goondiwindi, Moranbah, Mackay, Longreach just to name a few, but I would love to be able to reach more communities. Reaching men in the community is another challenge. It is great to see some men coming along to our forums but I would love even more to attend.

How do you keep yourself healthy and practise what you preach?

I eat reasonably clean, fresh foods and preferably no processed foods at all. I have recently started a gluten-free diet and I have this fabulous gluten-free, dairy-free banana bread recipe that is delicious! I attend gym at least five days a week. My gym program consists of weights and cardio. I incorporate my pelvic floor muscle exercises into my gym routine so I never forget. I carry a water bottle around with me to sip on throughout the day. These are just small ways I practise what I preach.

>> Tracey can be contacted at QLD.HPO@continence.org.au or by phoning 07 3723 5012.
Research suggests incontinence and osteoporosis are closely linked, which has significant lifestyle implications for women approaching middle age and beyond, reports Maria Whitmore.

While there are some conditions where the link to incontinence is logical, such as pregnancy, childbirth or weak pelvic floor muscles, there are some where the connection seems less obvious. One of these is the link between osteoporosis and urinary incontinence. A 2009 study found that middle-aged and older women suffering from osteoporosis had a much higher incidence of incontinence than women without osteoporosis.

Osteoporosis is a common disease occurring predominantly in women aged 55 and over, with 1.2 million Australians estimated to have the condition. According to Osteoporosis Australia, the disease occurs when bones lose minerals such as calcium more quickly than the body can replace them, leading to a loss of bone thickness (bone density or mass) and a higher risk of fractures.

Professor Pauline Chiarelli, a physiotherapist and University of Newcastle researcher with a special interest in women’s incontinence, is a research associate assisting in a 15-year Australian longitudinal women’s health study of more than 30,000 women, undertaken by the University of Queensland and the University of Newcastle. Dr Chiarelli presented the study’s findings at the 2013 Continence Foundation’s National Conference on Incontinence and provided further
After the age of 50, adequate calcium and vitamin D intake, along with specific weight-bearing exercises, are recommended to prevent osteoporosis, which is associated with urinary incontinence and pelvic organ prolapse.

Evidence that middle-aged and older women diagnosed with osteoporosis are at increased risk of developing urinary incontinence. While the science behind the connection is still the subject of research, certain physical correlations between the two conditions are being examined.

One is height loss associated with curvature of the spine. It is well understood that women with osteoporosis lose height because of the spinal deformity associated with vertebral fractures — the most common osteopathic female fracture.

There is also a body of research suggesting that curvature of the spine increases the risk of pelvic organ prolapse as the result of the subsequent altered positioning of the organs, muscles and bones within the abdominal cavity.

This, Dr Chiarelli said, lends support to the hypothesis that the altered forces pushing down from the abdomen onto the bladder as a result of the spinal deformity may be implicated in incontinence.

In Dr Chiarelli’s view, women who are diagnosed with osteoporosis need to be screened for, and informed about, their increased risk of urinary incontinence and pelvic organ prolapse.

But even getting the diagnosis is fraught, she said, with doctors often overlooking the disease even when a woman presents with a fracture.

“Osteoporosis is life changing, debilitating, painful and associated with high morbidity and some mortality, but it’s very common and very preventable,” Dr Chiarelli said.

“Currently, an average of one osteopathic fracture takes place in Australia every eight minutes, and this is expected to more than double in seven years’ time if the trend continues.”

Preventative measures

Osteoporosis Australia advocates three main measures for the promotion of healthy bones and the prevention of osteoporosis: adequate calcium intake; normal vitamin D levels (to help absorb calcium); and specific exercises.

After the age of 50, however, when reduced oestrogen levels cause bones to lose calcium and other minerals much faster, women’s dietary and exercise requirements change.

Dietitian-nutritionist and Dietitians’ Association of Australia spokeswoman Dr Kellie Bilinski said the recommended intake of calcium for women after the age of 50 increased significantly — from 1000mg a day to 1300mg (go to nrvgov.au/index for Australian Government dietary recommendations).

Dr Bilinski said the need for vitamin D, critical for the bones’ absorption of calcium, also increased beyond the age of 50, and then again beyond the age of 70.

The main source of vitamin D is exposure to sunlight, which made the recommended intake more complicated and dependent on variables such as skin colour, geographical latitude and the seasons, she said.

Australian Government recommendations for vitamin D are broad and the subject of much debate among the medical community. They range from as low as 400 international units (IU) a day to up to 3000IU a day.

“My health professionals would say that 400IU is not adequate for women over 50. In my view women over 50 years of age need 1000 to 2000IU of vitamin D per day,” Dr Bilinski said.

(A vitamin D consumer guide with sunshine map and recommended sun exposure times based on Australian geographic location can be downloaded from osteoporosis.org.au)

Dr Chiarelli and Dr Bilinski also acknowledge the growing body of evidence that suggests vitamin D plays a role in building muscle as well as bone strength, which has implications for the strength of the pelvic floor.

The third component of osteoporosis prevention — exercise, and in particular weight-bearing and resistance exercise — has health benefits that extend far beyond that of strengthening bones, Dr Bilinski said. She said a certain percentage of women experienced weight gain after menopause. These women needed to either reduce their calorie intake or increase their exercise levels, or both, to stay within their healthy weight range.

“And it’s well known that exercise is really important for increasing bone density and muscle mass, so it’s important for preventing osteoporosis,” Dr Bilinski said.

Osteoporosis Australia recommends weight-bearing and progressive resistance exercises to improve bone density and strengthen muscles.

And hormonal changes after menopause also required women to make dietary adjustments, Dr Bilinski said.

“After menopause, the lower levels of oestrogen mean that women have an increased risk of heart disease, so they should eat less saturated fats and more polyunsaturated fats.”

Dr Bilinski said it was preferable people obtained their vitamin and mineral requirements through food, not supplements, “although they are useful for some things like omega 3s”.

Finding a balance

Both women agree that the maintenance of bladder and bowel control becomes even more critical as women age, providing a greater imperative for a healthy diet and active lifestyle.

Dr Chiarelli believes that once women reach 50, they face a delicate dietary and exercise balance.

“We need to reduce our calorie intake but we need more of certain nutrients, so that means our food needs to be specifically targeted as well as nutrient-rich,” she said.

Dr Chiarelli said weight-bearing exercises were necessary to improve muscle and bone strength, but acknowledged that some women might be reluctant to exercise if they found they leaked during physical activity.

The Continence Foundation of Australia advises women to ensure they protect their pelvic floor when undertaking any exercise program and directs them to pelvicfloorfirst.org.au to learn about pelvic floor safe exercises to reduce the risk of urinary incontinence.

In Dr Chiarelli’s view, preventing osteoporosis in the post childbearing years incorporates a wide spectrum of health, age and lifestyle issues and, as such, needs a more holistic approach.

“Physiotherapists are in a unique position to help women who present with conditions that are often early manifestations of osteoporosis, such as minimal trauma fractures of the wrist,” she said.

“I suggest there is substantial need to widen our embrace of holistic practice to ensure it includes fall prevention and counselling women about osteoporosis.”

>> Email bridge@continence.org.au for a list of references.
Walk, talk and eat sandwiches

Maria Whitmore speaks with Tony Saffigna two years after he was named the Continence Foundation’s 2011 Carer of the Year.

Tony Saffigna’s wife, Judith, died of ovarian cancer in August, 2009, leaving him with severely disabled twin teenage daughters Tegan and Glenys, and 14-year-old son Dylan. Tegan, who is legally blind, and Glenys, a double foot amputee, require full-time care for the rest of their lives. The twins are about to turn 16, and Dylan, now 18, recently attained his driver’s licence and is about to start a teaching degree at university.

Tony says that as the children grow up, fresh challenges present themselves along with new and unexpected rewards. Unexpected rewards such as Glenys’ remarkable progress last year, inspire and buoy him, just as they would any proud father. “Glenys has really come along in the last 12 months. She’s incredible. She can follow simple instructions, choose her own clothes, put on her prosthetics by herself and walk to the fridge on her own,” Tony says. His voice breaks and he hesitates a moment before continuing.

“It’s been a very tough year for Dylan. He got his licence, he’s graduated, and Judith was not there to share that with him. It’s been really tough for him – for all of us.”

Tegan hasn’t had as good a year as Glenys, suffering from stomach ulcers and losing 2kg as a result. “She’s on medication now, and she’s eating again,” Tony says.

If you are caring for someone with bladder or bowel control problems, the first step is to see a continence nurse or physiotherapist for a continence assessment. This will form the basis of an individual continence treatment and management plan, and will usually incorporate some or all of the following:

- Adequate fluid intake (1500–2000ml a day)
- Adequate diet (fibre-rich diet to prevent constipation)
- A pelvic floor muscle exercise program
- A bladder retraining program
- A toileting program
- Medication
- Incontinence aids (e.g. pads, condom drainage or catheters)

FOR BLADDER PROBLEMS:

- Find a pad that will keep clothing or bedding dry for three to six hours.
- If the symptom appears or changes suddenly, check with the GP that it’s not due to an infection.
- If the person suddenly cannot pass urine, see the GP immediately as this could be a medical emergency.
- Ensure the person drinks between 1500–2000ml of fluid a day.
- Constipation can impact bladder control, so consult a GP if the person is constipated.

FOR BOWEL PROBLEMS:

- Use a continence pad for comfort and security.
- Cleanse the skin carefully and pat dry after each leakage episode.

Tips for carers

In two years’ time, the twins will graduate from Monash Special Needs School, and a decision will need to be made about their adult care.

“It’s very difficult to think ahead,” Tony says. “Ideally I’d love them to stay with me, but I know one day I’ll be physically unable to look after them.”

A personal carer helps with the twins each morning and evening, and they attend a respite home two nights a week, allowing Tony to “recharge my batteries and spend time with Dylan”.

Tony is confident he will handle the next challenge, albeit with the same mix of despair and determination that has accompanied most of his decisions in the past five years.

“It felt like hell for the first 10 months after Judith died. In time though, you grieve. You have bad and good days. You can’t stay in the dark place too long,” he says.

Tony now works part-time as a groundskeeper at the girls’ school, having been made redundant from his previous role as a printer. He has also re-partnered and is now in a relationship with a long-time friend of Judith’s who lives interstate and visits the family each month.

“Cheryl’s great with the kids because she’s known them so long,” he says. I remind Tony of Judith’s dying wish for the girls – to one day be able to walk, talk and eat sandwiches. He tells me they can do all those things except talk, something he is confident Glenys will achieve eventually.

“The bottom line is I just want them to be happy. They laugh, they giggle, they smile and, as a parent, that’s all you want. That’s all you ever want for your children.”

>> Nominations are open for the 2014 Carer of the Year award, sponsored by Hartmann. Go to continence.org.au or phone 1800 33 00 66 for details.
Tightening the plumbing

Men are, by nature, impatient and visually motivated creatures, according to physiotherapist Stuart Baptist, which is one of the reasons he is researching new techniques for strengthening men’s pelvic floor muscles. He speaks with Maria Whitmore.

Thanks to earlier detection rates and advances in surgical techniques, the odds of surviving prostate cancer have never been better, with mortality rates in Australia dropping from 34 deaths per 100,000 males to 31 in the past 30 years. However, the quality of life for men post-surgery hasn’t shown the same comparable improvement, with only modest advances made in the management of incontinence, which affects the majority of men who have had prostate surgery.

The Continence Foundation of Australia and the Prostate Cancer Foundation of Australia recommend that men undertake pelvic floor training, preferably before surgery, and always after surgery. But despite the generally good adherence to the regime, there is a clear discrepancy in outcomes, with only some men reporting improvements in urinary control.

While there has been considerable research confirming the benefits of pelvic floor training for women, there has been little for men, which prompted University of Sydney researcher and men’s continence physiotherapist Stuart Baptist to investigate the issue.

“There is no research being done on the quality of exercises for men. The literature shows that some men benefit and some men don’t, whereas for women, the results are impressive,” Baptist said.

According to Baptist, these men appeared to be focussing on the easy-to-locate muscle around the anus instead of the muscle in the urethral area – the anterior puboperineal muscle.

“Some of the men were working really hard, but predominantly in the anal area, which is great for holding in farts but not for holding in wee,” Baptist said.

“So then we gave them different cues for isolating independent muscles, and got them to slow down and feel subtle changes in the feel of the muscles, and work them gently. This can be seen on the ultrasound monitor.

“Before, they were focussing on strength, but now they were learning to experience these new sensations, and improving motor control.”

Baptist said there was promising research about the value of ultrasound to assess pelvic floor muscle function in men. His view is that men require more specific, guided cues, principally as a result of their physiology as well as their male psychology.

According to Baptist, the prescribed regimen of 10 repetitions of 10-second pelvic floor contractions also needed reviewing, he said.

“I feel that you have to get the right ‘feel’ before you continue, and aiming for 10 by 10-second holds makes little sense in terms of muscle hypertrophy (increasing the size of muscle cells).”

He said a recent study revealed that pelvic floor muscle function in men improved when resistance, in the form of intra-abdominal pressure, was increased.

“That’s where I hope to take the next level of research. To see if we can use increasing intra-abdominal pressure (by breath-holding) as a form of progressive resistance,” he said.

In the meantime, the full-time physiotherapist and father of four young children acknowledged his need for patience as a researcher in a relatively new field.

Similarly, the restoration of continence in men post-surgery required patience, he said.

“My take-home message to men is that learning anything new takes time, practice and patience, just like any motor training – like your golf swing,” Baptist said.

He encouraged men to seek specialist training from a continence physiotherapist with a special interest in men.

“In my experience, men are naturally impatient and visually driven, and want to see evidence that what they’re doing is working. Using ultrasound biofeedback is a better way of keying in the cues,” he said.

Baptist’s next step will be to work on developing more effective pelvic floor muscle strength training techniques for the treatment of incontinence in men.

“We got them to slow down and feel subtle changes in the feel of the muscles and work them gently.” – Stuart Baptist

“We should be encouraging our health professionals to perhaps think a little bit more about the nature of the motor control of the pelvic floor muscles.” – Stuart Baptist

“I feel that you have to get the right ‘feel’ before you continue, and aiming for 10 by 10-second holds makes little sense in terms of muscle hypertrophy (increasing the size of muscle cells).” – Stuart Baptist

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“My take-home message to men is that learning anything new takes time, practice and patience, just like any motor training – like your golf swing,” Baptist said.

He encouraged men to seek specialist training from a continence physiotherapist with a special interest in men.

“And if they can’t find one, the National Continence Helpline (1800 33 00 66) can refer them to one, or they’re welcome to contact me at Sydney Men’s Health and Physiotherapy.”

>> Stuart Baptist may be contacted by emailing stuartbaptist@ssop.com.au
Speaking confidentially

The Continence Foundation’s online Incontinence Support Forum means people don’t have to keep their problems to themselves anymore.

Even though incontinence affects more Australians than asthma (2 million), anxiety disorders (2.3 million) and arthritis (3.1 million), it is still a condition few are comfortable discussing openly. There are 4.8 million Australians affected by urinary or faecal incontinence, or both (equivalent to 26 per cent of the population aged 15 and over), yet 70 per cent of those with urinary leakage won’t seek advice and treatment for their condition.

This is why the Continence Foundation established the online Incontinence Support Forum. Here, people affected by urinary or faecal incontinence can discuss their experiences openly and anonymously, offer support to others and seek solace from those similarly affected.

Three moderators with expertise in different areas offer advice, information and support to the many contributors.

There are nine main subject areas under which people can start or contribute to discussions, ranging from Living with Incontinence to Children with Bowel Problems, and Catheter Usage to Parkinson’s disease and Constipation. Continence nurse, researcher and forum moderator Jenny Verbeeck said the forum offered some extraordinary stories, many as enlightening for her, a clinician with 20 years’ experience, as they were for other forum readers.

Entries such as New mum, 31, large baby, desperate, incontinent by Anon16966, Enuresis associated with ADHD and Autism by Anon26485 and Spinal injury by Anon940490 give some indication of the variety and scope of issues covered.

Ms Verbeeck said parents made particularly good use of the forum, with two main subject areas – Children with Bowels Problems and Children with Incontinence – dedicated entirely to children.

Entries such as Four year old son with soiling problems by Anon 60676, Bedwetting in teenagers by Kiambu or Son who just can’t seem to toilet train by Anon120808 are typical of the issues concerned parents are sharing with others.

The forum had much potential to be a useful resource for carers dealing with family members’ or patients’ continence issues, Ms Verbeeck said.

“We are aware that many of those affected are not in that age group who use computers as a tool, but the forum is something staff and carers can make good use of,” she said.

Men, too, she said, could take better advantage of the forum, particularly around issues of incontinence after prostate surgery. People are encouraged to visit continence.org.au/forum to read some of the conversation threads, and possibly submit their own entry.

Computer novices or those new to online forums can contact the National Helpline (1800 33 00 66) to speak to one of the continence nurse advisors who will be able to guide them through the process.

>> continence.org.au/forum

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My journey started with the birth of my first son 13 years ago. During my pregnancy I was religious about doing my pelvic floor exercises. His birth was long and traumatic but I was fortunate to not require forceps or suction or stitches. Toileting was painful early on, and after six months I developed an anal fissure (tear), which required surgery. During a quick physical examination, no testing was done prior to or after the surgery.

Most of the pain seemed to have disappeared after I recovered from surgery, and although I had some problems with urinary leakage, my doctors were unconcerned. I continued doing my pelvic floor exercises believing there was nothing else I could do.

More problems started after the birth of my second son four years later. It also went smoothly, but afterwards, I had a horrendous time toileting, particularly when evacuating my bowels. Half the time I couldn’t pass anything and half the time I had uncontrollable urgency with burning pain and bleeding.

I began to continually discharge clear mucus and blood from my bowels to the point that I had to wear continence pads all the time. My GP referred me to a private gastroenterologist who gave me a routine colonoscopy and told me I had no discernible problems; I did not have cancer, I was too young to have any problem of note and I should go and live life.

I felt very upset and misunderstood but I honestly had nowhere else to turn. My GP diagnosed me with irritable bowel syndrome so I began trialling every irritable bowel syndrome remedy known to man, with no success.

One year later, the constant mucus and blood loss was taking its toll and I had become anaemic, despite an iron-rich diet. My GP sent me to a different private gastroenterologist. This turned out to be a repeat of the first experience — a colonoscopy followed by: “there is nothing wrong with you”.

Not knowing what else to do, I just continued to get on with my life as best I could, but my constant pain, bleeding, discharge and bloating were a daily problem no one seemed able to help me manage.

I went back to my GP to be referred through the public system. It took a year to be seen, and I felt like the past 13 years of problems were finally validated and that perhaps there was some help for me.

The defecation test was an emotionally pivotal moment. Normally I would consider myself to be a strong, resilient person, but I barely kept it together during the test and I broke down emotionally afterwards.

The poor doctor tried to be encouraging but I couldn’t do a single thing he asked me to. I couldn’t tell when I was full, I couldn’t hold on and I couldn’t evacuate. I think I had been so used to managing all of that in private that when I had to admit it to another person, the reality of my state hit me.

My journey is not ended. I am booked in to have surgery to fix my prolapse later this year. My continence physio has been life-changing, as I now have a range of strategies to manage my issues and minimise my pain.

The good news is that with physiotherapy, I am already getting back some control over my muscles. Although it has taken me so long — too long — to get the right help, I hope that in sharing my story I will give women out there encouragement to take charge of their health and find answers when they know something is not right.

What the physio says…

Seek help early following childbirth, even if you have had a Caesarean section, recommends Brisbane physiotherapist Sue Croft.

Women should have a pelvic floor assessment and comprehensive education about good bladder and bowel habits.

SIGNS YOU NEED HELP:

- Urinary leakage, urgency or frequency (more than 5–7 times a day, or once overnight when drinking up to two litres of fluid); the need to strain to pass urine; or a deviated stream.
- Bowel evacuation has changed (incomplete emptying, a need to go back a number of times to empty the bowels or needing to use a large amount of toilet paper to clean yourself); there is a need to give perineal support or digitate to evacuate; or there is any gas or faecal incontinence.
- There is any bulge, lump, dragging sensation or ache in the vagina or rectum, as this may mean there is vaginal or rectal prolapse. Early intervention can prevent mild to moderate prolapse from getting worse.
- There is any pain in the bladder, urethra, rectum or vagina, especially if it is causing sexual dysfunction.

Sue Croft is Kathryn Smith’s treating continence physiotherapist.

Misdiagnosed and misunderstood

It seems extraordinary that over a period of 13 years a young mother’s debilitating rectal prolapse can go undiagnosed not once, but four times, by a series of specialists. Kathryn Smith, a teacher and mother of two boys, tells her story.

“I literally begged my GP to do something — anything — that could fix me.”
Toilet Tactics Kit reaches 1000 schools

More children are adopting healthier bladder and bowel habits, with 1000 Australian primary schools signing up for the Continence Foundation of Australia’s Toilet Tactics Kit. Just as importantly, increasing numbers of teachers and parents are acquiring the knowledge and skills to handle sensitive situations around children’s toileting and incontinence issues.

The Toilet Tactics Kit is part of the Continence Foundation’s successful Healthy Bladder and Bowel Habits in Schools project, which was launched in 2012 in response to the high incidence of urinary incontinence in primary school students.

A 2001 Australian survey of 2856 children found that nearly 20 per cent had experienced daytime incontinence in the previous six months. Further to this, a 2005 study revealed that constipation (one of the main causes of faecal and urinary incontinence) was found to affect up to 30 per cent of children.

While it is understood there are many causes of incontinence and constipation in children, it is also understood that lifelong behaviours and attitudes begin early, which is why children, their parents and teachers were the focus of this project.

The Toilet Tactics Kit is a user-friendly, interactive resource that involves teachers, parents and students working towards the promotion of healthy bladder and bowel habits in schools and the improvement of the standard of school toilets.

Sydney’s Currans Hill Public School is one of the most recent schools to register for the Toilet Tactics Kit. Principal Lyn Flegg, who implemented the program at her previous school, Warwick Farm Public School, is a strong advocate for the program and plans to introduce it at Currans Hill.

Mrs Flegg said the program’s versatility meant it could be incorporated into the curriculum at any stage and level of involvement.

“At Warwick Farm it is well embedded in the school and utilised by classroom teachers, particularly at the start of the year for children coming into kindergarten,” Mrs Flegg said.

She said the program’s strength was that it entrenched an attitude of normalcy around toileting.

“Just as we help children with reading or literacy, we help with their bodies, their health and their toileting. It’s not a big deal for children and it’s not embarrassing,” she said.

The impact on teachers was just as important. “I noticed an increase in confidence in teachers,” Mrs Flegg said. “The program provided them with the tools to be able to address these sensitive situations, and it definitely gave us strategies to support the increasing needs of parents.”

Continence Foundation project officer Samantha Scoble said schools were finding out about the Toilet Tactics Kit through teachers, parents and health professionals who had witnessed the outcomes in other schools.

“We’re really pleased with the take-up and the individual feedback we’ve received has been fantastic. Comments from schools highlight the user-friendliness of the kit and the successful outcomes of the Toilet Tactics initiative,” Ms Scoble said.

>> For more information or to register, go to continence.org.au or phone the National Continence Helpline on 1800 33 00 66.

One in Three Women

A new online video teaches mums how to maintain good bladder and bowel health and a strong pelvic floor to prevent or overcome incontinence.

Produced by the Continence Foundation of Australia in association with Jean Hailes for Women’s Health, the eight-minute video is narrated by Associate Professor Pauline Chiarelli, an internationally renowned expert in the field.

Dr Chiarelli explains in simple, easy-to-understand language why women’s risk of having urinary incontinence increases after childbirth, how it can be prevented, its treatment and where women can go for help.

Dr Chiarelli also explains the correct way to do pelvic floor exercises and outlines the steps women can take to maintain good bladder and bowel health for life.

The video is based on the booklet, One in three women who ever had a baby wet themselves, an Australian Government initiative developed by the National Continence Program.

Spreading the message that women with incontinence are not alone, that help is available, and that the majority affected can be cured or better managed, is one of the Continence Foundation’s key educational objectives.

This video was produced as part of the Continence Foundation’s online education strategy and can be viewed at continence.org.au/pregnancy.
Q: My father was recently diagnosed with dementia. Does this mean he will lose control of his bladder and bowel?
A: Yes and no. In the early stages of dementia, most people can remain continent, particularly if they are in a familiar environment. Studies have shown that one of the most important factors to help people with dementia maintain bladder and bowel control is to ensure the toilet is visible and accessible.

However, as a person’s dementia progresses, they usually need increasing levels of assistance. Dementia, particularly Alzheimer’s-type dementia, affects the person’s ability to plan and carry out activities of daily living that most of us take for granted. They may need assistance to locate the toilet. They might also need increasing levels of help to recall the tasks associated with using the toilet, such as adjusting their clothing, lifting the toilet seat (for men), sitting on the toilet, using toilet paper, readjusting their clothing, flushing the toilet and washing their hands.

Q: My mother, who has early-stage dementia, sometimes loses control of her bladder. The main problem is she is a very private person and still thinks she is in control and won’t let me help her change her pads or clean her when she is incontinent. Why is she behaving like this?
A: Being incontinent and/or dependent on another person for help to manage bladder and bowel elimination has a powerful impact on a person’s psychological wellbeing, causing them to feel ashamed and embarrassed. This is because the capacity to control one’s bladder or bowel is a taken-for-granted and valued aspect of everyday life.

The emotional impact is just as significant for people with mild dementia who are still aware of the social rules about bladder and bowel control. However, as dementia progresses, a person’s insight diminishes. Your mother’s behaviour suggests that, like most people, she is attempting to maintain her independence with bladder and bowel control.

When people with dementia resist help with such highly personal matters, it can cause carers to feel powerless. Indeed, caring for a person with dementia involves a complex change in relationships, particularly if the person is finding it difficult to maintain control of their bladder or bowel.

Q: How can I respond to my mother’s episodes of incontinence in a way that maintains her sense of dignity?
A: Incontinence can have a devastating effect on a person’s self-esteem, and maintaining her sense of dignity involves emphasising her remaining abilities and minimising her “mistakes” or inabilities. There is nothing to be gained by making her aware of her incontinence.

When people with dementia resist attempts to help, many carers find it useful to back off and come back at a later stage, when they might be more accepting.

Distracting your mother and interacting with her in a humorous manner may also help. At a practical level, make sure the toilet is always visible and prompt your mother to go at regular intervals.

If your mother is refusing to wear absorbent pads, try inserting a pad into her usual underwear, or encourage her to wear a pull-up pant.

The physical presence of urine or faeces is not easy to ignore, and as your mother’s dementia progresses, you could find yourself increasingly pulled into a situation of having to intervene in order to optimise her continence and/or manage incontinence. For some carers, this involves a considerable change in relationships and roles.

> Professional support from the Continence Foundation about continence care issues in people with dementia is available from the National Continence Helpline (1800 33 00 66) and the Continence Foundation website (continence.org.au). The website also has an online support forum (continence.org.au/forum), where carers can find support by chatting to other carers.
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