This year, a major focus of the Continence Foundation has been on accessibility, in particular enabling people with disabilities greater access to our online and printed resources. While access to information is critical for promoting healthy bladders and bowels, access to medical resources is even more important. This appears not to have been the case for Moira Turnbull’s severely disabled son, Glenn, who suffers from regular acute episodes of impacted bowel and reflux. Moira was recently awarded the 2016 Carer of the Year, and her story appears on pages 8-9.

We also speak with Jack Tyrrell, who lost his vision five years ago at the age of 20. This set-back, which was and remains a traumatic loss for Jack, only served to make him more determined to forge a meaningful career for himself and others similarly disadvantaged. Read his story on pages 6-7.

This edition also features an article about Australian Paralympian team physical therapies manager, Keren Faulkner, who talks about her experience working with the Paralympic team in Rio. Shan Morrison and Patrician Neumann team up to offer expert clinical advice in our Q & A section on pelvic pain on page 11. We hear about inequitable public toilet accessibility around Australia from social scientist Dr Lisel O’Dwyer on page 3, and occupational therapist Debbie Atkins offers great tips on toilet training children and young adults with a disability on page 10.

I hope you find these articles informative and engaging, and look forward to your feedback at bridge@continence.org.au.

Maria
Editor

We’d love to hear your story

email: bridge@continence.org.au

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, on behalf of the Australian Government, manages the National Continence Helpline (1800 33 00 66), a free service staffed by continence nurse advisors who can provide information, referrals and resources 8am – 8pm AEST weekdays. The Foundation, established in 1989, is a not-for-profit organisation.

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.

Note from the editor
What prompted this research into public toilet accessibility?
It began with a research project investigating what it is that makes cities age-friendly. During a focus group discussion on how older Australians experience their local surroundings, I was struck by one of the participants’ stories. He was a carer for his wife with dementia and told of the indignant reactions from members of the public when he’d had to enter the women’s toilets in a shopping mall to look for his wife, who had exited through another entry. It made him worry about being able to take his wife out again in public.

I later discovered similar experiences were often reported by older people, but that there was still a glaring need for toilets to be given more attention in planning, public policy and public health research. At about this time I also saw a TV ad produced by Changing Places (fully accessible public toilets with change tables and hoists), and I was profoundly moved by its message about how most of us take the use of public toilets for granted.

Which key areas did you research and how did you go about it?
I have been investigating socioeconomic patterns in the number and location of public toilets. Using data from the National Toilet Map, I found outer suburbs of lower socioeconomic status tend to have fewer public toilets than more well-heeled areas. This leads to the second part of my research, which will compare the personal experiences of key user groups (older people, people with disabilities, people with certain medical conditions, carers and mothers with small children) in different parts of a large city. It will help local governments formulate a public toilet policy and help them facilitate social inclusion on a local basis among the communities they serve.

What’s next in this field of research?
Professor Lynne Parkinson of Central Queensland University and I have begun a systematic review of the health and social policy literature in order to summarise what is currently known about public toilet provision and what gaps remain. We will use this review, my previous mapping work and my current research into the experiences of key user groups as pilot studies for applying for funds for a larger national-scale project.

What are some of your other areas of study?
Another recent area of study has been the economic value of volunteering, especially the contributions of retired people and the value of the intangible aspects of volunteering, such as satisfaction, gratitude and purpose. Other areas of study have been the role of bonds between humans and animals in leveraging preparation for natural disasters, such as bushfires and floods, the impact of pets on human mental health and suicide risk, and positive reinforcement behavioural methods in animal training for veterinary and animal science students.

Dr Lisel O’Dwyer is based at the Adelaide campus of Central Queensland University. Her article, Caught short: we need to talk about public toilets, can be read online.

25TH NATIONAL CONFERENCE ON INCONTINENCE

Hundreds of continence health clinicians from around Australia have recently returned home from the 25th National Conference on Incontinence better equipped to treat their patients with incontinence issues. More than 600 delegates attended last month’s national conference in Adelaide to hear from five international leaders and several New Zealand and Australia-based experts about the most recent developments in the field of incontinence.

Program topics were wide-ranging, and included the role of the urinary microbiome in bladder dysfunction, new frontiers in anorectal surgery, the conservative management of post-prostatectomy incontinence, and the assessment and management of chronic pelvic pain. A recurring theme from many of those presenting was the complexity of the causes of bladder or bowel dysfunction and the increasingly evident value of a holistic approach.

The breadth of practice of delegates and presenters at this year’s conference reflected this shift in approach, with occupational therapy, dietetics, psychology and psychiatry represented among the more traditional disciplines of physiotherapy, urology, urogynaecology and continence nursing.

Each year the recipient of the Hartmann-sponsored Carer of the Year award is announced, and although this year’s winner, Moira Turnbull, was unable to attend, her story appears in this edition of Bridge.

Continence Foundation of Australia’s CEO Rowan Cockerell said the 2016 annual conference was strongly supported by the health industry. “The conference, delivered in association with UGSA, is the most significant scientific meeting in the southern hemisphere for health professionals with an interest in incontinence and bladder and bowel dysfunction.”

continence.org.au | Summer 2016 | bridge
Sports physiotherapist Keren Faulkner has spent a lot of time working with athletes at the highest level. She was a member of the physiotherapy team at the 2004 and 2008 Olympic Games, the three most recent Commonwealth Games, and the Australian Gymnastics team from 2003 to 2009. In 2012, Keren was appointed manager of Physical Therapies at the London Paralympic Games, a role she again held at the recent Rio Games.

Her vast experience with athletes, however, didn’t prepare her for what she witnessed in Rio.

“As sportspersons, they were the most focussed, the most positive, the most independent athletes I’ve known, with no complaining, no feeling sorry for themselves,” Keren said.

The Paralympians’ extraordinary drive, she said, was very likely borne of their determination to excel in the face of adversity.

The range of disabilities and ages was broad. “Our youngest was 16, and our oldest was 74, a shooter, Libby Cosmala, who has paraplegia,” she said.

Bladder and bowel management is an added complication for athletes with degenerative diseases and certain conditions such as spinal cord injuries, in particular cauda equine syndrome (a complication from the compression of nerves at the end of the spinal cord).

“Cases like spinal cord injury, MS, which often cause weakness in the pelvic floor muscles, and cerebral palsy - whether in a wheelchair or ambulant - can cause problems with the muscles that control the bladder, bowel and pelvic floor,” Keren said.

For athletes affected by continence management issues, their toileting challenges started even before they arrived in Rio, on the 15-hour flight across the Atlantic.

“They would have had all of this planned in advance, often aiming for just one visit to the toilet,” Keren said.

A toilet stop, she explained, could involve a transfer from a regular aeroplane seat to an aisle chair - a narrow chair that can be pushed up and down the aisle - and then an awkward transfer from the aisle chair to the regular toilet seat.

“You can imagine how difficult that would be,” she said.

“There’s this desire of really wanting to be independent” - Keren

Although the team of physiotherapists was briefed about the athletes’ various bladder and bowel control requirements before the Games, their primary focus was sport physiotherapy, not specifically continence or pelvic floor therapies.

“But by the time we got there, all the athletes had good toileting plans in place, and were mostly independent or in need of minimal help,” Keren said.

“In many ways the athletes are more independent than people with disabilities in the wider community,” she said. “There’s this desire of really wanting to be independent.”

Further to this, the athletes’ physical training regimes, dietary and lifestyle habits contributed to their ability to manage their incontinence.

“Their strength, because they have more muscle bulk, makes them more independent with transfers on and off the toilet, and their weight management means they’re often lighter, which helps with their continence,” she said.

Keren observed that Paralympians were also more proactive in the early detection of potential health issues compared with able-bodied athletes.

“There’s a culture of monitoring and checking for problems; for example checking their urine for UTIs, which are common, particularly for athletes with spinal cord injury,” she said.

Keren singled out the Australian wheelchair rugby team, which has a reputation as a fearless group of athletes, as exemplifying the Paralympic team culture.

“The 12 athletes in the wheelchair rugby team are either quadriplegics or four-limb amputees, which means some part of each limb is amputated.”

However, these 12 Paralympians only required one carer to help with the management of their day-to-day lives outside the sports arena, she said.

Each of the Paralympians with continence management issues would have had a disciplined regime in place, she said, the majority dealing with their toileting needs independently.

“They would have been using a range of things, like leg bags or intermittent catheterisation. They would have had a bowel care plan in place in the morning, which could take up to two hours of their day,” she said.

Drug testing caused some minor problems, most often due to language barriers and cultural differences.
“Some of the officials thought that washing their hands with soap before removing their catheters for a urine sample would contaminate the samples, for example. But when we asked them to address this, they were OK,” she said.

Paralympians who required medications that were on the list of performance-enhancing drugs, were able to apply for exemptions in advance of the Games.

“This is an area that needs to be looked at, because it takes some time for these exemptions to go through. An International Paralympic Committee medical review panel is working on it,” she said.

“There is this amazing culture of getting the most out of every moment” – Keren.

Keren said the Paralympian team’s attitude of positivity was contagious. She said it inspired her and she hoped it would similarly affect others.

“They are so focussed. There is this amazing culture of getting the most out of every moment,” she said.

“As a group they see no barriers. Many are living with continence issues and not letting it become a barrier to their sport. Hopefully they will encourage other people to be positive too. Perhaps others see that they can achieve things in sport too.”

Are your patients NDIS ready when it comes to their continence care?

Continence needs to be actively raised in your patients’ NDIS planning meeting

40% of participants want to make changes to continence funding in their next NDIS meeting.

Ask your patients to call our Continence and NDIS Support hotline on freecall 1800 880 427

“I didn’t even know I could have included continence products on the plan” and “I would have appreciated more information about the different products available before my planning meeting”
Jack Tyrrell: the blind leading …

Earlier this year the Continence Foundation launched new resources and website software to improve accessibility for people with a disability. Jack Tyrrell, who helped launch the new initiatives, tells Maria Whitmore how losing his sight five years ago made him an advocate for better access to information, and forged a new career path.

W ho among us hasn’t had that conversation hypothetical about which sense we’d rather lose? No-one ever chooses sight, right? Losing your sight seems far too debilitating.

But that’s what happened to Jack Tyrrell five years ago. It was November, 2011, and the then 20-year-old university student was completing the second year of his commerce degree at Melbourne’s Swinburne University.

His vision loss, the result of a rare genetic disorder, Leber’s Hereditary Optic Neuropathy, came swiftly and unexpectedly. One day the central vision in his left eye had gone. Two weeks later the same happened to his right eye.

Legally blind, Jack had to re-think his future. He could no longer drive or continue his sporty lifestyle. He could no longer recognise faces, read books or use any of his electronic devices.

Further compounding these losses, the sense of being cut off from the world of technology and all that had previously been at his fingertips, was extremely challenging.

“There were so many things I couldn’t do any more. Access to websites, all that information was lost to me,” Jack said.

A career and good job prospects suddenly became even more important to Jack, so giving up study was never an option. He applied for a Vision Australia’s Further Education Bursary, which would fund the adaptive technology he needed to use his computer and other devices, and enable him to continue his studies.

Before returning to study, Jack spent six months with Vision Australia, learning to use this complex new assistive technology.

“I’m still not 100 per cent using all of it. There’s so much involved; it’s all using key strokes and key commands. After about six months I felt confident,” he said.

“Only 10 per cent of people with disabilities at uni disclose they have a disability” – Jack

Screen readers and adaptive technology alone did not make available all the information available to other students, such as videos and graphs, so Jack raised the issue with his teachers.

“Some of them were supportive, some not so supportive. So I would go to the next level - management or a higher authority - and they were much more interested in helping.”

Jack was eventually able to effect change in the way many of the university’s teaching staff delivered their course material, an achievement that has been the source of much satisfaction to him.

“When people make moves to change things, you feel included – you feel that you matter,” he said.

Jack also became involved with the university’s Student Equity and Disability Service, where he was surprised to learn that most students with disability and access issues don’t tell anybody.

“Only 10 per cent of people with disabilities enrolled at uni disclose they have a disability. You can’t voice an opinion if you’re not disclosing. Information access is even more important if you have a disability.”

Jack’s readiness to open up about his access issues had other benefits. His natural communication skills, combined with his evident persuasive abilities, had not gone unnoticed, and he was offered a three-month contact with the Student Equity and Disability Service as a project officer.

“That’s how I got my job at Swinburne - by speaking up,” he said.

Vision Australia then picked him up in their graduate program, where he was employed for 12 months, and more recently, Sydney company Media Access head-hunted him for a sales and business development role, which he commenced earlier this year.

Leber’s Hereditary Optic Neuropathy is a genetic disorder, estimated to affect about one in 35,000 people. Males are four to five times more likely to contract the condition, which is passed down through the mother’s genes. The vision loss is most often due to the degeneration of the optic nerve, which results in loss of central vision. There is no cure.
Jack was an invited presenter at the Continence Foundation of Australia’s World Continence Week launch in June, where he spoke about the powerful impact of adaptive technologies on the lives of people with disabilities. He commended the Continence Foundation for its initiatives in providing greater access to its resources, such as making its website and online resources compatible for use with adaptive technologies such as screen readers, as well as the development of Easy English fact sheets for people with low literacy.

“It’s a great step for the Continence Foundation, and other organisations should be following their lead,” he said.

Jack encourages anyone with access issues to “be brave and open up”.

“Be open. State what you need and get the required support. People don’t know what you need until you tell them. No-one’s going to read your mind.”

Although Jack’s life will never be the same, some things remain unchanged. His passion for golf, for one, is as strong as it ever was, even though his game is much shabbier, he admits. Throughout his ordeal, Jack continued to play golf and work at his local golf club’s pro shop part-time, something he only relinquished two years ago, after having worked there for seven years.

Nor has his vision loss affected his drive to achieve whatever he needs in order to participate meaningfully in the world. Whether it’s initiating change in the way universities deliver their course work, encouraging people with access issues to speak up, or promoting adaptive technologies in large organisations such as the Continence Foundation, Jack is determined to effect change wherever he goes.

Jack’s address at the launch of World Continence Week, Don’t let disability hold you back, is available on the Continence Foundation’s You Tube channel.

“Don’t let disability hold you back” - Jack

Surfing at Bondi Beach earlier this year.
Moira Turnbull
CARER OF THE YEAR

Glenn Turnbull contracted encephalitis as a toddler, which left him severely disabled. His mother, Moira, who has been caring for him ever since, was recently awarded the Continence Foundation of Australia’s 2016 Carer of the Year. Moira shares her story with Maria Whitmore.

Moira Turnbull, 73, doesn’t seem the sort of person to get easily annoyed. When she speaks about caring for her 44 year-old son, Glenn, her voice is calm, steady and comforting. She gives the impression she can weather any storm, and make everyone in her reach feel safe while it’s raging outside.

“In the past 12 months I can count on one hand the number of nights I’ve slept through”. Moira.

But her calm demeanour belies the turmoil Moira has experienced in recent years, while managing her family and passionately advocating for her son’s health and wellbeing.

Glenn suffers from cerebral palsy, which he developed after contracting encephalitis at 19 months of age.

“He was a bouncing ball of muscle, running around, talking the way 19-month-olds talk,” Moira said. “And then he got a virus.”

The change in her toddler, when he came out of his coma, was dramatic. “He was like a newborn. The doctor’s didn’t expect him to live,” Moira said.

Glenn has no speech, is confined to a wheelchair, and is further incapacitated by strong muscle spasms in his body and jaw.

He cannot feed himself and needs help with his bladder and bowel control. Incontinence pads, uridomes, leg bags, laxatives and enemas are all part of his toileting regime.

Glenn’s intellect, however, is unaffected, and he communicates through gestures and a communication board.

But Moira said Glenn’s normally bright and happy disposition changed 18 months ago, after an upsetting incident during a period when he was living in a group home for disabled adults.

After suffering from intense chest and stomach pain, Glenn was taken to hospital in an ambulance, unaccompanied. His mother was not notified until the next morning.

“He had a chest X-ray, an ECG and a lumbar puncture, all on his own. He has no speech; they would have had no way of knowing what was wrong, and he would have had no way of telling them,” Moira said.

“Since then he’s anxious, miserable, depressed; he’s a different person.”

Moira said the decision to put Glenn into a group home in 2013 was supposed to make things easier for her. Glenn’s younger siblings, Gavin and Hayley, were concerned about their mother’s welfare, particularly as she was now also caring for her husband, Rob, who had been diagnosed with motor neurone disease three years earlier.

“Everyone was saying, ‘you can’t keep on looking after Glenn; you’re getting too old now’,” Moira said.

A vacancy in a highly-sought after group home became available and Moira reluctantly agreed to relinquish the day-to-day care of her son.

Moira said she has never experienced as much stress as she did during the next two years. According to Moira, while in the group home, Glenn developed bowel and mouth ulcers, severe headaches and was regularly hospitalised to treat reflux and an impacted bowel. The last straw, she said, was the life-threatening septicaemia resulting from an impacted bowel about a year ago, after which Glenn returned home to the full-time care of his mother.

Moira said Glenn had never been in hospital prior to his leaving home, with constipation about the only health issue he had experienced. “But we always managed it,” she said.

A colonoscopy and endoscopy performed earlier this year revealed a hiatus hernia (when the stomach protrudes through the oesophagus) and an inguinal hernia (when the intestine protrudes through the abdominal wall).

“The doctors said his colon is like a balloon, and they doubt it will ever come back to how it was. He also keeps getting pockets of air and gas in his
bowel, which they have to let out via a tube through his bottom,” she said.

This combination of symptoms, particularly the build-up of gas in his bowel, is the cause of much of Glenn’s acute pain.

“In the past 12 months I can count on one hand the number of nights I’ve slept through,” Moira said. “He has spasms in his legs, and the pain in his stomach sets off more spasms. His mouth spasms too, and the noise (from the spasms) is really getting bad.”

Glenn has had several hospital admissions in the last 18 months. Moira said her initial requests for a colonoscopy or endoscopy to investigate the cause of his pain was met with resistance.

“They seem to say, ‘oh, it’s just CP’ (cerebral palsy),” she said. “One doctor said, ‘if we found anything, would we do anything?’”

In frustration, Moira put photos of Glenn before he became unwell around his hospital room in the hope the medical staff would see him as she did; a much–loved young man with feelings, emotions, hopes and aspirations.

“He used to do drama, and had performed in the Opera House with his drama group Can You See Me. I wanted them to know,” she said.

It was a neurologist who insisted on the tests that revealed the extent of his bowel’s damage.

“The doctors said his colon is like a balloon, and they doubt it will ever come back” – Moira.

Even though Glenn is “still not himself”, he has recently returned to his day program, allowing Moira to spend more time with her husband, who moved to permanent residential care in March this year.

Moira said she still felt guilty about relinquishing her husband’s care. “I was managing; I could get Rob up and out of bed and he could turn to sit, but one day I couldn’t anymore.”

Asked if she ever felt she had been dealt a cruel hand, she admits to feeling sorry for herself on one occasion.

“I was going round and round in circles with the two of them, and I said, not ‘why me?’, but ‘give me a break!’” she said, laughing at the memory.

Rather than contemplate her lot, she compares it with those of others who are worse off - her husband for example.

“Motor neurone disease is a cruel, cruel disease. You just know you’re going to get worse. Every little change and ... that’s it ... that’s where it’s going next.”

“Rob can raise his head slightly, but now he is losing the use of his tongue,” Moira said, her voice faltering.

While resigned to the inevitable fate that awaits her husband, Moira said she intends to keep fighting for her son’s rights while she knows there is much that can be done to restore his health and, more importantly, his peace of mind.

All she wants, she says, is “the old Glenn back”, an often repeated lament during our conversation. And on that note, she says goodbye and leaves to check in on her son.

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Left: Moira placed this poster promoting a theatrical production in which Glenn performed next to his hospital bed for all the medical staff to see.
Below Left: Moira with Glenn carers

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When a Bigger Solution is Better.

The all-new Abena Bariatric Range aims to help larger users improve their everyday comfort and independence, Abena’s bariatric solution includes both absorbing products and fixation pants with a skincare range to enhance skin integrity.
Debbie Atkins

Learning to use the toilet is an important developmental skill for all children. For some children and young people with a developmental disability, there are often additional challenges, and toilet training can become a very long and frustrating process. However, with perseverance and consistency many of these children can become clean and dry. A developmental disability should not become a barrier to learning toileting skills.

Children with special needs may not show clear signs of readiness and it can be difficult to know where to begin. It can also be very difficult to incorporate toilet training into a busy family schedule.

The best approach for successful toilet training is to allow time, and use tailored teaching strategies alongside a consistent daily routine.

Seeking advice from health professionals who have experience with toilet training is highly recommended. These health professionals may include a doctor, continence nurse advisor, occupational therapist, psychologist and physiotherapist.

But why is toilet training important? There are clear benefits for your child being clean and dry, including improved skin hygiene and physical comfort, a sense of independence and personal responsibility, and a wider social acceptability.

There are also benefits for your family with the reduced burden of managing the continence needs of a growing child. But mostly, having a continent child will give your family greater opportunities to travel and engage in a wider variety of community activities.

Toilet training is not easy and can be very time consuming, but learning to use the toilet is a worthwhile developmental opportunity for your child that should not be delayed. So seek professional advice and collaborate with your child’s other care providers and educators. But most importantly, be positive and gradually follow realistic toilet training goals for your child.

A video offering practical toileting tips for children living with a disability is available on the Continence Foundation’s website (continence.org.au/carers), addressing the signs of bedwetting, recommendations on diet and fluids and setting up an individualised toileting routine for your child.

For additional information contact the free National Continence Helpline 1800 33 00 66, which is staffed by continence nurse advisors, providing information and advice on continence management, funding schemes, products and local services.

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Pelvic Pain

Physiotherapists Shan Morrison and Patricia Neumann answer these common questions about pelvic pain.

Q I am 31, have no children, and enjoy going to the gym, especially doing core exercises. Recently I started having trouble emptying my bladder, and sex is painful.

A These symptoms are often caused by overactive pelvic floor muscles. Every time you tighten your abs, the pelvic floor muscles inside your pelvis tighten too. They need to relax to wee and allow penetration for sex. While most of us know strengthening the pelvic floor helps with incontinence and prolapse, not many know you can have too much of a good thing. Tight muscles that don’t relax can cause pain and the pelvic floor muscles are no exception. If they don’t relax when you go to wee, your flow may not start straight away or it may be slow. But being unable to wee may be a sign of more serious things, so see your GP first.

The next step may be a pelvic floor physiotherapist to assess your pelvic floor and teach you how to relax your muscles. You can find your nearest pelvic floor physiotherapist by phoning the National Continence Helpline (1800 33 00 66).

Q I am a 40-year-old father of three in a senior management role. One year ago I started to have bladder urgency and frequency, and then pain in my pelvis when sitting. Recently I have had pain when passing a bowel motion and during sex. I have tried antibiotics, which didn’t help, and I am very distressed.

A It sounds like you are experiencing chronic pelvic pain syndrome, a disabling condition that affects 8 per cent of Australian men, commonly around your age and vocation, who often sit for long hours and are under stress.

Typically, pain can be anywhere in the pelvis. Men can also experience problems with bladder, bowel and sexual function. Not understanding what is going on causes anxiety. It is vital that you see your GP and be checked out by a urologist to rule out anything sinister. Often tight pelvic floor muscles are the cause of the pain, and no other cause or infection is found.

You will benefit most from a team approach to management - typically a pelvic floor physiotherapist, and psychologist as well as your GP. There are usually several factors involved, such as stress and lifestyle. There are excellent online resources for pelvic floor muscle relaxation for men with chronic pelvic pain. With the right team, there is hope.

Q I am 18 and have had painful periods ever since I started menstruating. I was diagnosed with endometriosis, which has responded to treatment, but now I have pain in my low abdominal area when my bladder fills up. What can I do?

A About 20 per cent of teenagers suffer from pelvic pain that interrupts their schooling. Endometriosis may be a cause of pain but in some cases the nerve endings in the pelvis become sensitive, and other organs in the pelvis become touchy too, even when the endometriosis has been treated. You should see your GP and a urologist, but often no explanation can be found for the pain. However, there are some simple things that help: avoiding some foods, drinking mostly water, exercising daily and knowing how to relax your pelvic floor muscles, which can get tense with the pain. A pelvic floor physiotherapist and a psychologist can also help and there is an excellent pelvic pain e-book from the Pelvic Pain Foundation of Australia at pelvicpain.org.au

Q I am 26 and have never been able to use tampons. Sex has always been painful; it feels like my vagina is too tight. I have seen lots of doctors and relationships have been hard.

A You may be surprised to hear yours is a common story, which sounds like vaginismus. With vaginismus, the pelvic floor muscles spasm involuntarily, making intercourse extremely painful or impossible. It may have started with that very first, uncomfortable, attempt to use tampons. Your brain has never forgotten that and is now protecting you by switching on your pelvic floor muscles.

No infection or other cause can be found and vaginismus is very treatable and best managed by a team of healthcare professionals, including a gynaecologist (to check for problems such as dermatitis or thrush) and a pelvic floor physiotherapist (to teach you how to relax the pelvic floor muscles). A psychologist or sexual therapist may also be helpful if you have a history of any kind of abuse or anxiety.

Treatment may involve vaginal trainers (also called dilators), small plastic tubes, which can teach you how to relax your vagina to touch. With practice and time, your pelvic floor muscles will learn to relax, and you will be able to have sex and use tampons without pain.

Phone the National Continence Helpline on 1800 33 00 66 for free help, information and advice.

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