It's Summer, which of course means sun, beaches, getting outdoors and perhaps taking off for a leisurely road trip.

For those of us not completely comfortable with the idea of leaving the comfort of home (and our own toilets) this edition of Bridge Magazine tries to make that prospect a less daunting one with information about the fabulous and holiday-friendly National Public Toilet Map, which will enable you to plan your vacation with the comfort of knowing where every public toilet is along your way.

Also this quarter, we celebrate the 2017 Continence Carer of the Year, Anna Culcasi, who was announced at the 2017 National Conference on Incontinence held in Sydney in November. Find Anna's story of an enduring family bond and all the photos from the Conference on pages 4 and 5.

As always, this year’s Conference explored the latest in incontinence research and practice, and in this edition of Bridge, Continence Foundation Board Member and urogolgist Dr Ian Tucker talks about Sacral Nerve Stimulation. Dr Tucker has been at the forefront of this treatment in Australia and is touched by the benefits his patients have received.

The Foundation is always working to better support Australians of all ages to overcome their bladder and bowel health issues, and has recently updated two key resources to support primary school kids and women who have had babies. Find out more about these resources on pages 12.

And a personal story from outgoing Consumer Advisory Committee member and former Senior Australian of the Year, Phil Herreen. Thank you for your 10 years of service to the continence community.

I hope you enjoy this edition of Bridge as much as we have enjoyed bringing it to you. If you have an interesting story or idea, please drop us a line at bridge@continence.org.au

Until next year, enjoy Summer.

Jodie Harrison
Editor

Contents

4  Carer of the Year
6  National Conference wrap-up
10  Sacral Nerve Stimulation
13  Thank you Phil Herreen
14  Q&A Helpline

References

Email bridge@continence.org.au for a list of references for any articles appearing in Bridge.
Why did you choose to dedicate your career to women's incontinence pelvic health?

I love working with women and watching them succeed with their bodies and lives. Women seem to be more attentive, appreciative and responsive to help in this area of pelvic health. It is so rewarding!

I came from North Queensland and pursued nursing when I left school, loving its challenges and rewards. I worked predominantly with women at the hospital where I trained. When I moved to Melbourne my horizons and education possibilities opened up with the emergence in women's and pelvic health needs and post graduate studies.

An increase in knowledge, research and education became available at just the right time for me. I was lucky to be able to pursue the field I was already passionate about.

I joined the public education and physiotherapy committees at the Continence Foundation of Australia. It was an exciting time, developing public education resources and establishing post-graduate education for physiotherapists with interests in continence and pelvic health.

What are the most common issues clients come to you for assistance with?

Most women who come to me for assistance may not necessarily identify as having a bowel or bladder problem, but more general pelvic pain and discomfort related to pregnancy or pain during intimacy. Others experience pelvic muscle, lumbar and spine discomfort, stress incontinence and prolapse.

I then work to give patients the tools to overcome their problems with management strategies for their specific problems and ensure they get as much as possible from life.

What are the key steps to helping women lead healthy, continent lives?

- Deal with problems as they arise! The earlier you seek help, the fewer the problems and the sooner you will improve.
- Have a pelvic assessment with a physiotherapist following birth to ensure you learn the correct technique in pelvic floor contractions, and ask your physio to set an exercise program for you. Continence and Women's Health Physios are experts in this.
- See a physiotherapist before considering pelvic surgery and after it if you proceed.
- AVOID CONSTIPATION! Drink well, eat lots of lovely fresh fruit, vegetables, salad and other fibre. And plan for a daily bowel action.
- Take care with your exercise choices if you have a pelvic problem. Exercise is essential for health; cardiac, bone, muscle and mental health. But be mindful of the impact of your chosen exercises on your pelvic floor.

What do you say to women who know they experience continence issues but put their experiences down to “just part of being a woman”?

Pelvic problems are common, but absolutely not normal. There is almost always a conservative approach that will help when supervised by an expert: therapy, exercise and strategies can be helpful to address your specific continence issues.

What is the most important thing you tell your clients?

Pelvic health, in fact all health, is about the whole person. The correct treatment for one particular issue or problem is vital and can have a massive impact on a person’s overall health and wellbeing.

Annette began her career as registered nurse, working in gynaecology, general medicine, surgery and aged care before becoming a physiotherapist. She graduated physiotherapy at La Trobe University in 1994, worked in public hospitals in general physiotherapy with women and children, then later in continence and pelvic health clinics. Annette completed post-graduate studies in continence and pelvic rehabilitation. She is a member of the Australian Physiotherapy Association, Continence and Women’s Health Special Interest Group, Continence Foundation of Australia, Australasian Menopause Society and Rheumatology Health Professionals Association. She practices physiotherapy and pilates in Middle Park, Melbourne.
Melbourne mother of three, Anna Culcasi, has been named 2017 Continence Carer of the Year for her 24 hour care of her elderly mother Dina. 

Family means everything to Anna. Every week they gather around Anna’s dining table in the home she and husband Phillip share with her mother Dina in Reservoir, in Melbourne’s north. 

Daughter Sonia, who with her two sisters nominated their mother for the Award, said Anna is a wonderful cook, testimony to the culinary traditions handed down to her by her ninety year old grandmother who moved to Australia from northern Italy in the 1950s.

During her working life, Anna worked with intellectually disabled adults as a carer and house supervisor at a Department of Human Services facility for intellectually disabled adults.

“She has always looked out for other people. It’s always part of her nature to be caring and encouraging to others. She loved helping the residents, especially when she could take them out on field trips and provide them support and care so they could enjoy some independence and dignity,” said Sonia. 

For more than 25 years, Anna provided care to her intellectually disabled clients. And while many would head home for rest when they clocked off at the end of each day, this was when Anna would clock on for her labour of love.

For all of her life, Anna has lived with her mother, Dina. 

Dina and her loving husband Ampelio built a home for their two young children, Anna and her brother Santo. When Anna married Phillip in 1972, in traditional Italian style, the newlyweds lived at home with Anna’s parents until they could afford to go out on their own. But suddenly in 1974, Ampelio died.

The intergenerational living arrangements initially intended to help the newlyweds, now took on a life of their own and an unbreakable family bond was formed. 

Anna’s family soon grew with the addition of daughters Maria-Louise, Sonia and Dina (named for her grandmother), and the three generations lived happily together under one roof. A team, through thick and thin.

“It was wonderful growing up in the house with all of us together,” said Sonia.

Ten years ago, Dina was diagnosed with dementia. In true ‘team’ style, Anna, Phillip and their girls all pulled together to provide care for Dina as dementia worked its way through its various debilitating stages and more recently, a diagnosis of Parkinson’s
dignity

disease continued to provide more obstacles.

Naturally, it was Anna who took on the bulk of the burden, adapting her lifestyle to meet the crippling effects of her mother’s condition.

Without so much as a second thought, Anna became Dina’s full-time carer, steadfast in her commitment to provide care and dignity to others, she was ready to meet the ‘high-care’ needs her mother reached in recent years.

Dina is now totally dependent on Anna for everything. She can no longer walk, has limited language skills, needs help with feeding, requires assistance going to the toilet and is incontinent.

“Mum has a very special relationship with her mother. Caring for someone is very hard, but caring for your mother and being powerless to stop the ravages of her condition as your roles reverse must be incredibly hard for Mum. But you would never know. She has never been anything but positive, supportive and nurturing. Making sure all our needs are met with dignity and love,” she said.

The 2017 Continence Carer of the Year is generously sponsored by:
Health professionals, academics, researchers and industry contributed to an outstanding four-day symposium on the latest in incontinence research and practice.

The 26th National Conference on Incontinence was officially opened by the Hon. Ken Wyatt AM MP, Minister for Aged Care and Minister for Indigenous Health.

Professionals across all disciplines gathered to learn about new treatments, technologies, management and breakthroughs in bladder and bowel health from Australian and international experts and key international speakers; continence expert Dr Adrian Wagg from Canada, reconstructive urologist Professor Anthony Stone from the USA, health services researcher Professor Suzanne Hagen from the UK and, urogynaecologist Dr Sylvia Botros from the USA.

Congratulations to the winner of the Best Poster, Patrina Caldwell, about Experience and knowledge on managing childhood urinary incontinence among Australian Community Health Practitioners. The Best Paper was awarded to Naomi Gill for her presentation on The prevalence of urinary incontinence in adult netball players in South Australia. Naomi received the inaugural Barry Cahill Travel Scholarship sponsored by the Continence Foundation of Australia to present findings at an international scientific meeting.

If you attended this year, we hope you enjoyed yourself and look forward to seeing you all in Hobart 24-27 October, 2018.
Leading practice

November for the 26th annual National Conference on Incontinence.
Conference wrap-up

26th National Conference on Incontinence
The latest in incontinence research and practice

15–18 November 2017
International Convention Centre Sydney
#CFAConference17 continence.org.au
What is Sacral Nerve Stimulation?

For many people living with incontinence, Sacral Nerve Stimulation (SNS) has delivered life-changing results where all other treatments failed. Urogynaecologist and Continence Foundation Board Vice-President, Dr Ian Tucker explains.

For more than two decades, medical science has seen a revolution in the management of severe urinary and bowel urgency and incontinence with the development of sacral nerve stimulation (SNS).

The treatment has given sufferers genuine hope for the improvement of these debilitating conditions.

Neuromodulation is a treatment that delivers either electricity, drugs or magnetic impulses to nerves in an effort to change their activity.

Sacral nerve stimulation is a means of directly stimulating the third sacral nerve with an electrical current to alter/improve bladder and bowel function, and modulate pelvic pain.

Over the past 23 years, there have been many improvements with the technique of SNS.

Symptoms SNS can treat:

- Refractory urgency, urge incontinence
- Voiding difficulty
- Pelvic pain [surprisingly not covered directly by Medicare]
- Faecal incontinence
- Constipation

Urinary urgency, urge incontinence, enuresis and the closely related problem of faecal urgency and incontinence are the two most common reasons for considering SNS. The cause of these conditions may be undetermined, familial, associated with various neurological injuries or disease states while bladder tumours, polypos or stones must be excluded before considering this treatment.

Almost all patients considering SNS will have had, and for various reasons failed, standard medical therapy such as attention to pelvic floor function and various medications, and as these conditions are often life-long, no treatment can guarantee a cure, but the improvements gained are often life-changing.

Both women and men can be candidates for SNS, however at this stage the SNS system is more commonly used to treat women. Clearly all patients must be medically fit for surgery and anticoagulants/blood thinning agents must be ceased well prior to surgery.

Since its inception, approximately 4500 patients have received this treatment in Australia with the number expected to increase as awareness and confidence in the procedure grows.

How is it performed?

SNS is carried out in two stages.

- Stage 1: insertion of the SNS lead through a 1cm incision in the buttock and with x-ray assistance Electrical stimulation through a small hole in the sacrum called the ‘third sacral foramen’ along the path of the third sacral nerve. This is the nerve that mediates the control of bladder and bowel function from the brain and spinal cord. Oncepositioned, the lead is then tunnelled to the flank or buttock, and connected to an external lead passing through the skin to a temporary nerve stimulator.
- Stage 2: If the patient experiences a significant improvement in the first 1-2 weeks after surgery, stage 2 involves removal of the external lead and insertion of the pulse generator.

Success rates

The recently published INSITE* trial has confirmed an overall success rate of 70 per cent. When successful, the procedure is usually life changing with patients reporting a 3-5 times improvement in quality of life over standard medical treatments, with 45% reporting complete continence.

How long does SNS last?

The INSITE trial has confirmed what those of us with very long experience (more than 20 years) with SNS have observed, a long-term success rate of more than 80% at 5 years.

Current pulse generators have a battery life of up to 5 years and soon rechargeable IPG’s will be available with projected battery life of more than 10 years.

Cost of SNS

The SNS system costs around $18,000. Although this may seem substantial, it is considerably less than the cost of a knee joint replacement and the procedure is Pharmaceutical Benefits Scheme (PBS) funded.

What is the recovery time following SNS?

An important factor in recovery is to minimise the risk of the lead moving. Because the greatest risk for this is in the first few weeks after surgery, patients are advised to avoid strenuous exercise, especially twisting and bending movements for at least two weeks after surgery. The surgery itself is relatively minor and often not associated with much pain.

Risks and complications of SNS

Every surgical procedure and medical treatment has potential issues and adverse events. The INSITE trial reported no unanticipated adverse events, with typical adverse experiences including, lead movement, infection - 3% [mostly in diabetics], lead fracture – 1%, high impedance in the lead, electrical ‘shorting’ of the lead and pain at IPG site – 5%. These adverse events are easily corrected.

Where is SNS available?

in most major Australian cities there are urogynaecologists, urologists and colorectal surgeons with the appropriate training in the procedure of SNS.

Do you think you may benefit from SNS?

There is so much that can be done to help patients with the debilitating problems associated with incontinence.

Firstly, thorough investigation to accurately assess the problem[s] is fundamental and conservative treatment is always
recommended as a first step. Only after conservative options have failed, should SNS be considered.

There are many patients whose lives have been transformed with SNS and all specialists will be able to put you in touch with patients who are willing to talk about their SNS experience to ensure you are fully aware of the every aspect of this treatment.

For clinicians such as myself, SNS is arguably the most exciting and satisfying treatment of any. It is immensely gratifying to see the successes but we are always trying to make progress to further improve the results and primarily the quality of life for the patient.

*INSITE trial results reproduced with permission from Medtronic*
Help for ‘one in three’ women

Knowing that one in three women who have had a baby will experience incontinence, the Continence Foundation of Australia has recently released an updated booklet to help women dealing with this common condition that often follows childbirth.

Developed by the Foundation on behalf of the Australian Government, the One in Three Women Who Have Ever Had a Baby Wet Themselves booklet outlines information and advice to mums on how to manage and in many cases, cure incontinence after pregnancy.

Incontinence is a surprisingly common condition but most cases can be better managed, and even cured. Thirty percent of women experience incontinence and more than half the women living with incontinence are under 50 years of age.

“For many mums, exercising, sneezing or laughing can trigger leakage, which can in turn cause anxiety, stress and embarrassment. Yet, many choose to simply avoid it. Those who ignore the issue are often unaware of the impact incontinence has on their lifestyle, whether it be avoiding exercise or limiting social engagements for fear of an embarrassing accident,” said CEO Rowan Cockerell.

“Treatment usually involves simple lifestyle changes and pelvic floor muscle exercises, which everyone should be doing anyway to prevent incontinence. Speak to your doctor or visit a pelvic physiotherapist for help.”

Toilet Tactics: healthy habits for life

Ghastly primary school toilets can have a negative impact on a child’s learning as well as physical and psychological health, which is why Australia’s peak body for bowel and bladder health is challenging schools across Australia to help eliminate the bad childhood experiences that start in the toilet block.

The Continence Foundation of Australia said more than two million children, at more than 7,000 Australian primary schools, are impacted by their school toilets. The Foundation has released an updated 2017 Toilet Tactics Kit to promote healthy toilet habits and improve standards of toilets in Australian schools.

Already 1,594 health professionals have registered their support of the Continence Foundation’s Toilet Tactics Kit and 1,817 Australian primary schools have taken up the challenge.

Principals, teachers, parents, school committees or health professionals interested in joining the Toilet Tactics challenge can request a free kit at https://www.continence.org.au/pages/healthy-bladder-and-bowel-habits-in-schools.html or call the National Continence Helpline on 1800 33 00 66.

Get a copy of the One in Three Women brochure by calling the free National Continence Helpline 1800 33 00 66 or order it online at continence.org.au
Phil Herreen’s speedway life came to a sudden end on 2 April 1993 in a horrific crash at Speedway Park, Virginia in South Australia. The accident resulted in the 1992 National Speedcar Champion suffering severe spinal injuries which left him a paraplegic.

After four months in the Hampstead spinal injury rehabilitation unit, Phil became a member of the Paraplegic and Quadriplegic Association or ParaQuad (SA) and act as a peer support advocate and mentor at the rehabilitation centre. A position he held for the next 15 years.

During this period, Phil produced a number of magazines, videos and DVDs on the golden years (1949 – 1979) of Rowley Park Speedway in Brompton, South Australia to help raise funds for ParaQuad SA’s member support programs and build transitional accommodation in SA and regional areas to give rehabilitation patients short-term leave or temporary accommodation away from the Hampstead Rehabilitation Centre.

In 2007, Phil received the Senior Australian Of The Year Award for his volunteer work, support of projects for the disability sector and as a member of Para-Quad Association of SA. He was also honoured with an Ambassadorship of the Australia Day Council.

In May 2017, he was inducted into the Speedway Australia Hall of Fame in recognition of his commitment and success as a racing competitor for 31 years (1962 – 1993). He had started racing at Rowley Park Speedway until it closed in 1979 and then raced at Speedway Park, Virginia, South Australia until 2 April 1993.

Phil was also a member of the SA Police and Transport SA as a facilitator in their Driver Intervention Program (DIP). This is a small group interactive workshop aimed at addressing the potential risks of the consequences of road trauma. The program is based on young offenders, 25 years of age and under, who have breached the conditions of their South Australian Learner’s Permit or Provisional License and been disqualified from driving.

He became a member of the State Department of Planning, Transport and Infrastructure (DPTI) Advisory Group on public transport accessibility for people with a disability or confined to a wheelchair for mobility and independence.

Following a number of admissions to the Flinders Medical Centre, Phil became a member of the Hospital Consumer Group.

It is now 25 years since that fateful night on 2 April 1993, and at 75 years of age and with a number of personal health issues, Phil decided the time has come for him to relinquish his duties with the Continence Foundation. We thank him for his tireless and invaluable contribution and wish him the best of health and happiness as he provides his wisdom and insight to those closer to his home.

A PERSONAL MESSAGE FROM PHIL HERREEN:

I wish to thank the Board and all the Members of the Consumer Advisory Group for the honour of being a part of such a professional and committed group, and I take this opportunity to wish you all the very best for the future.

Yours sincerely,
Phil Herreen
Q My suprapubic catheter (SPC) keeps leaking at the insertion site. I have tried larger catheters, is there anything that can be done to stop this?

A There are a number of factors that could be causing your catheter to leak, but it is best to not increase your catheter size. Using size 14-16 FG with small balloon (maximum, 10mls) is best. You could trial a silicone catheter with a short tip and large side holes, and see if that helps the problem. Do make sure you that you do not have a urinary tract infection and are not constipated as constipation can cause SPCs to leak at insertion site.

Sometimes SPCs leak at the insertion site when they need to be changed. It is helpful to keep a record of when leakage occurs to identify a trend so your catheter change can be organised before leakage occurs. People’s catheter changes vary significantly between anything from 1-2 weekly to weekly 12 times a week. Talk to your GP, nurse or specialist if you continue to have problems.

Q I have to self-catheterise can I reuse the catheters?

A The Therapeutic Goods Administration in Australia (TGA) advises single catheters only be used once and not reused.

Funding for catheters is available through the Federal Government’s Continence Aids Payment Scheme (CAPs) and most states also have schemes to help pay for continence products. To find out more phone the National Continence Hotline on 1800 330 066

Q My nine year old son still wets the bed. We have tried everything from reducing fluid intake, waking him and used a bedwetting alarm 2 years ago. We’ve even spoken to our GP, but nothing works. Can you help?

A It sounds like you have tried a lot, though it would be a good idea to go back to the basics and re-try an alarm with the help of a Continence Nurse Advisor.

Discover our new easy-to-use catheter

Introducing SpeediCath® Flex

SpeediCath Flex has a dry-sleeve so it can be gripped and handled cleanly and hygienically. The 44cm catheter is flexible, making it easier to handle, and enabling safe and gentle passage through the urethra. SpeediCath Flex has non-medical packaging that is re-closable allowing for discrete and hygienic disposal.

Request a free sample today

1800 653 317 www.coloplast.com.au/Flex

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It is important that your son maintains a good fluid intake during the day (not just grabbing a quick drink at the bubbler then running off). Being well hydrated during the day will help stop over-drinking in the evening. If your son is thirsty at night then he needs to be allowed to have a drink, preferably water. Make sure he is not constipated and encourage a regular bowel routine. We know that waking your child to urinate doesn’t usually work because you are waking your son on your terms and not on his bladder’s terms. The best way to do this is by using an alarm again though I would recommend you do this under the guidance of a continence health professional who will be able to help trouble shoot with you if not progressing as well as hoped. Call the National Continence Helpline for a referral to your nearest continence professional.

Q: I think I might have a prolapse. What should I do?

A: Speak with your GP who will be able to examine you and provide informed advice.

It is also a good idea to see a pelvic floor physiotherapist or a continence nurse advisor to learn exactly how to do your pelvic floor exercises correctly, as we know pelvic floor exercises can reduce the size of some prolapses and stop others from getting worse. And we should all know how to do our pelvic floor exercises correctly! Other general health tips include preventing constipation, eating and drinking well, treating coughs, asthma, bronchitis and avoiding heavy lifting or being overweight.

The degree of prolapse can vary from mild to severe, and this depends on the type of prolapse you may have and how much pelvic organ support has been lost. Some women may not even be aware that they have a prolapse until a doctor or nurse mentions it during a regular Pap Smear test.

Symptoms of prolapse include heavy or dragging feeling in vagina, a lump in vagina, visible protrusion when you shower, sexual problems, problems emptying your bladder properly, a weak urine stream, urinary tract infections or difficulty emptying your bowel.

A Continence Nurse or Continence Physiotherapist can suggest conservative management which includes pelvic muscle exercises to strengthen the pelvic floor muscle and could even include a pessary which is inserted into your vagina to support the prolapse. If conservative management does not work then your doctor will refer you to a specialist to discuss your surgical options.

Prevention is an important part of management.
We all create plans to help make sure our holidays, excursions or daytrips are enjoyable and relaxing activities. However, for over 5 million Australians, the appeal of getting away from home during holidays is trumped by the imperative of needing to find the next public toilet.

But thanks to the National Public Toilet Map, Australians can breathe a sigh of relief with the location of more than 16,000 public toilets around the country easily at hand. Download the smartphone app or visit toiletmap.gov.au, enter your destination or location and you will be provided with details of all the nearby toilets, opening hours, baby change facilities and disability access.

The online tool is a great way to help plan your trip, by providing the start and finish points, you will be given locations of all the toilets along the way.

The National Public Toilet Map is supported by funding from the Australian Government under the National Continence Program.