In my first edition as Bridge Magazine’s Editor, I was deeply moved by the inspirational people who have shared their stories with us this Spring.

I spoke to a resilient South Australian woman, with Multiple Sclerosis, who revealed her challenges with self-catheterisation and how Botox has changed her life (page 4).

We also meet 95-year-old Jean Croxton who imparts some pearls of wisdom and humorous prose. Jean suffered serious facial burns as a child, found out she had bowel cancer just after WWII, had one of the first successful colostomy operations at the age of 21 and “despite the odds” went on to live a long and happy life as a wife, mother and fitness instructor (page 8).

And then there is the colourful Alan White of Melbourne. The author, Men’s health advocate, Hawaiian shirt devotee and prostate cancer survivor talks with irrepressible laughter about managing his incontinence post surgery. (page 7).

In November, the team at the Continence Foundation of Australia are looking forward to returning to Sydney for the National Conference on continence, where we will announce the 2017 Carer of the Year. There is still time for you to ‘make your carer count’ by nominating them for special recognition.

I wish you happy reading and good health.

Jodie Harrison
Editor

We’d love to hear your story
How did the idea of the mobile clinic come about?

We are all aware urinary incontinence remains a taboo topic for many women and men, despite being a common problem experienced at all ages. Encouraging people to attend for assessment and management of their incontinence remains challenging perhaps due to embarrassment or feeling like nothing can be done. For those living outside South East Queensland, a further barrier to care can be due to their geographical position. This limits accessibility and increases time taken away from work, families and other commitments to undergo assessments and suggested managements for improved continence control. One of our main aims in setting up the Incontinence Clinic and Mobile Urodynamic Service was to take away this barrier so that an increased number of people have access to contemporary care with less time commitments for travel.

What are the benefits to women and men living remotely?

We hope our new clinic has helped raise awareness in the community of both the commonality of incontinence and importance of seeking help rather than continuing in silence. Being a mobile service, we aim to improve access for patients with incontinence seeking quality care. Several women attending have commented that they are pleased to have been able to attend during school hours, without the need for afterschool care for their children. Similarly, elderly patients are relieved to no longer need to travel to Brisbane, as may have been the case previously.

How does it work?

On the day of the appointment, patients talk through their incontinence and medical history, discuss any previous strategies and therapies tried, before moving onto examination and urodynamics testing. Once this is completed, we talk about the cause of the incontinence and what management options that are available tailored to the individual patient and circumstances.

Our clinic incorporates the use of mobile urodynamic equipment, which can be simply brought along in carry-on luggage. A urodynamic assessment is a scientific way to assess how the bladder is functioning and can provide an accurate diagnosis of the cause of the leakage.

How does someone arrange access to this service?

A great way for those with incontinence to seek help initially is an appointment with their GP, pelvic floor physio or continence nurse. Often some simple strategies and adjustments can lead to big improvements. If positive changes are not achieved, then referral by a GP to the Mobile Incontinence Clinic could be considered as the next step.

Dr Gray has a MBBS from University of Qld; FRACS (Urol), did her fellowship training at the Churchill Hospital Oxford UK as well as Christchurch Hospital and Burwood Spinal Unit NZ. She is a Fellow of the Royal Australasian College of Surgeons and her specialty areas are renal laparoscopy (benign and malignant diseases), renal stones, male and female voiding dysfunction, bladder cancer and incontinence. Dr Gray was the first urologist in Australia to offer in-rooms bladder Botox under local anaesthetic.
BOTOX: a life-changing treatment

After ten years of sleepless nights and embarrassing bladder accidents, Michelle who lives with Multiple Sclerosis found a life changing treatment – Botox. She speaks to JODIE HARRISON.

Botox, the paralysing drug, more commonly associated with ironing out facial wrinkles, has become a “life-changer” for tens of thousands of Australians who suffer from overactive bladder conditions.

Since 2014, Botox has been available on the Pharmaceutical Benefits Scheme up to twice a year for people who have more than 14 incontinence episodes per week and have failed more conventional treatments.

“Botox has changed my life.” – Michelle.

After more than a decade of embarrassing accidents, Michelle, a 47-year-old South Australian woman, told Bridge that Botox has changed her life.

Michelle has struggled with severe bladder incontinence since being diagnosed with Multiple Sclerosis (MS) 14 years ago.

“I was fed up with going to the toilet all the time and wetting my pants and feeling dirty. I would change my heavy duty incontinence pants five to six times a day. I needed to get up around six times during the night,” said Michelle who was advised to stop drinking fluids after 6pm.

“I had always avoided caffeinated coffee and tea as it has a diuretic effect. It was also suggested that I avoid drinking fruit juice before leaving home as acidic juices are thought to aggravate the bladder.”

The fluid intake change helped Michelle’s nocturnal toilet nightmare but she found she was still leaking and wetting her pants during the day. Her problem’s escalated when a change of medication caused reoccurring urinary tract infections (UTI).

“I needed to get up around six times during the night.” – Michelle.

Not only did I feel awful when I wet my pants but I would get quite anxious. Fortunately, I have a very patient husband with a wonderful sense of humour.”

“I would have to plan my whole day around what I drank and ate, if I wanted to go out and enjoy myself. I had to remember to always carry a change of clothes in case of a bladder oops. It was also time consuming and expensive having to use a catheter each time I went to the toilet and having to change my incontinence pants.”

Michelle found she needed to self-catherised about three times a day. She tried disposable catheters but found them too flexible.

“And by changing sanitising regime’s from boiling the glass catheters, to soaking them in antibacterial solution and storing them in Glycerine, Michelle’s UTI rate dropped significantly.

Michelle’s big breakthrough happened three years ago, when she met with a friend, who also lives with MS, and had similarly struggled with urge incontinence.

“What a life changer Botox has turned out to be for me.” - Michelle.

“She looked amazing, so relaxed and simply wonderful,” said Michelle.

“My friend had just returned from an ocean cruise. She was looking so happy and well. I remember thinking that she looked like she had Botox in her face. I was partially right. She did have Botox … on her bladder.”

Botox is a protein derived from the bacteria that cause botulism and can be injected in small doses into a muscle to cause partial muscle paralysis. Botox is one option used to treat urge urinary incontinence in people, such as Michelle, who do not respond to conservative measures and anticholinergic medications.

Besides causing partial paralysis of the bladder muscle, Botox also targets the nerves that control the sensation of urgency.

“The effects of Botox are temporary and last between six to 12 months. The main
potential risk of Botox is that it can worsen bladder emptying.

Early case studies indicate Botox can improve all symptoms of an overactive bladder. In general, a person can expect a 60 per cent reduction in leak rate, a 50 per cent reduction in urgency, and a 70 per cent improvement or success rate.

Michelle’s first Botox procedure did not produce the result she was hoping for. She switched urologists and gave it a second attempt.

“The urologist injected 200ml of Botox into my bladder which instantly stopped the leaking. It was then that my life changed!” she said.

“It was a huge relief. Now I can’t go to the toilet if I tried. I must still use a catheter of course, but at last I feel clean and relaxed when we go out. What a life changer Botox has turned out to be for me.”

Botox has been approved for usage by the Therapeutic Goods Administration (TGA) in Australia in patients with urinary incontinence associated with urge incontinence due to a spinal injury or neurological illness.
The 2017 National Conference on Incontinence will be held at the iconic International Convention Centre Sydney. The event will run from 15 to 18 November.

Scientific Chair Jenny King said that the National Conference will showcase the latest research and practice reflecting the continued diversity within the field of incontinence management.

“We will be hosting key international speakers including Dr Adrian Wagg from Canada, Dr Anthony Stone from the USA, Professor Suzanne Hagen from the UK and Dr Sylvia Botros from the USA. This truly multidisciplinary event will attract Australian clinicians from a wide variety of specialties, as well as companies seeking to showcase their products and services,” said Ms King.

The four-day program for health professionals will include a broad range of workshops, symposiums and presentations on a range of topics from paediatrics to women’s health, male incontinence, overactive bladders, the National Disability Insurance Scheme, pelvic floor support, urinary tract infections, transvaginal mesh and slings.

“This is an opportunity for clinicians in the sector to learn about new treatments, technologies, research and breakthroughs in bladder and bowel health from experts both in Australia and overseas.”

For more information, or to register phone (07) 3851 4298 or go to continence.org.au/national-conference. Early bird discounts apply until 5 October.

Register now
26th National Conference on Incontinence
The latest in incontinence research and practice
15–18 November 2017
International Convention Centre Sydney

Learn more at continence.org.au/national-conference
Being diagnosed with prostate cancer once in a lifetime is bad enough. In 2011, after my yearly check-up, it was discovered that I was facing a second round with this life-threatening disease.

With my many years of experience as a natural health practitioner and counsellor, these skills helped me and my wife, Fiona, to make the choice that no man really wants to make – surgical removal of the prostate gland – and then recover, physically and emotionally.

Following surgery in February 2011, I realised that I had to recover some level of fitness, albeit slowly at first, starting with walks. That also meant dealing with wearing pull-up pads to handle the incontinence; I felt like a baby wearing them! Later, moving on to smaller pads that inserted in my jocks, I eventually got back to swimming, running and bike riding.

I was seeing the incontinence physiotherapist regularly to keep track of my pelvic floor exercises, and I was experiencing gradual improvement.

This included keeping track with a measuring glass of how much I was voiding over 24 hours, as well as noting how much fluid I was drinking, and weighing my pads to gauge how much I was leaking. Over the following months, I was able to reduce my use of the pads, eventually doing without them, and that was a great feeling (especially not having to wear them to bed).

During the first 12 months following the operation, my bladder and bowel movements were taking their own time to heal. Some days I could go for a few hours before having to take a leak, but then there would be days where I was going every half an hour. I found this emotionally draining, to the point of one day sitting on the toilet and crying. I had enough of this incontinence and leaking. I could handle injecting my penis to have sex, but this apparent lack of control over my incontinence was getting to me.

After talking to the incontinence physio about the problem during one of my visits, she mentioned that the bowel, due to its proximity to the bladder, may be putting pressure on the bladder.

Also, my bowel movements were not back to what I considered normal, even with plenty of water, fibre and exercise. After a colonoscopy in late 2011, just to make sure there were no problems, my bowel was given the all-clear (except for a couple of small polyps which were removed). Eventually my bowel returned to its previous one to two movements a day.

Interestingly, when the physio examined my pelvic floor muscles, she found they were too tight-toned; which meant that I had to focus on “letting go” when doing my pelvic floor exercises. Consequently, at the end of the day, if I hadn’t practised

this enough, I would start to leak again because the muscles surrounding the urethra had become tired from holding on so tightly.

The good news is that six years on from my surgery, my continence is good. I still have an occasional leak, but it is important to remember that every man will recover from surgery or radiotherapy differently.

I believe that it is vital to visit an incontinence physio to get your pelvic floor checked, both pre- and post-treatment, so you can get those muscles working effectively. This has the bonus effect of increasing your enjoyment of being intimate – trust me, I know!

Alan White is the author of We’ve lost my prostate, mate!…and life goes on.

For a copy of the Continence Foundation of Australia’s booklet Continence and prostate, phone 1800 33 00 66.
A colostomy at the age of 21 was not the end of the world but the beginning of a new one. Now at 95 years of age, Jean Croxton shares some of her inspirational wisdom with granddaughter Kellie Matalone.

When my grandmother Jean Croxton was 12 years old, a horrific accident left her with third degree burns. Her love of dancing became a thing of the past as she fought for survival. She’d learnt her trade as a seamstress and during World War II worked for the Red Cross, helping the returned soldiers.

“It’s not what happens to you in life, but how you deal with it.” - Jean

In late 1942, she noticed the symptoms that would change her life. The diagnosis was cancer of the bowel. The following year, she had a colostomy with little hope of survival because she was only the second young person to have this procedure in Adelaide. The first had not lived.

Jean did survive and after three months in hospital was discharged with some cotton wool and an eight-by-four-inch piece of plastic to cover her stoma. At that time, stoma bags hadn’t even been introduced to Adelaide. Jean also had the help of a district nurse, but still was not given any hope of survival past the next eighteen months.

At 21 years of age, Jean would be the first to admit that she thought her life was over. “Who would ever want me again? Who could love me as I was? Would I smell? Maybe it would have been better if I hadn’t survived?” Jean recalls.

She didn’t have long to feel sorry for herself. Jean could not believe it when a friend of her brother took an interest in her. Ron was kind and caring and did not care about her tummy or the fact that she may not have a long life to live.

Soon after, Jean’s only sister passed away during childbirth. Jean and Ron reared the baby girl, Frances, as their own.

Jean had learnt to irrigate her colostomy with a piece of tube and an enamel deuce can. These pieces of equipment she used three times a week for the next seventy plus years. For her, they’ve been her saviour, along with her diligence, belief and perseverance.

From 1943 until 1971, Jean had never used a stoma bag. When she was finally introduced to one, she enjoyed the freedom they provided so she could travel. These travels have included the Great Wall of China, Europe, America, all over Australia and she has “walked the path of Jesus”.

One of Jean’s exploits included catching the ‘Red Eye’ flight from Adelaide to Melbourne, train to Bendigo, visiting the Grace Kelly exhibit, and then returning by train and plane to Adelaide all in one day. At the time, she was 92 years of age.

In her daily life, she rarely uses stoma bags preferring to do as she’s always done, irrigate. The bags, however, do give her added confidence when she is travelling.

So how has she done it? Hygiene, healthy diet, exercise and, setting small goals. Plus a very positive attitude. Jean said...

“Always remember, what you put into your mouth has to come out.” - Jean

women’s health

Jean’s journey...
that hygiene is the most important thing to be aware of. This helps to eliminate infection.

She has learnt by trial and error what foods are best for her and when she should eat them. She chose not to eat meat after a blockage caused a hospitalisation. She does make a broth from fresh meat to get the goodness from it. Chicken and fish also feature on her diet as well as fresh vegetables. No greasy take away. Plenty of fresh fruit in season, or stewed fruit and fruit drinks. Before any food in the morning, she likes to drink a warm glass of water to start the digestive process. She also drinks plenty of water throughout her day. She doesn’t drink alcohol or soft drink (“too much gas”) and has never smoked.

“Always remember, what you put into your mouth has to come out,” said Jean.

Exercise has always been a big part of her life. Jean still walks up and down the stairs at her granddaughter’s home daily and does strength exercises. For many years, she was a fitness instructor at the War Widow’s Guild. That community service earned her a spot on the 2000 Sydney Olympic torch relay, handing the torch over to the former Australian wicket keeper, Rodney Marsh.

“During the past 73 years I’ve definitely had my ups and downs; I used to worry so much about how much time I had left because I had so much to look forward to. I began to plan my years by what I wanted to achieve. I loved my family, my job. When I retired, I gave my time to the Colostomy Club helping others in the same boat as me.”

“Make lemonade when life gives you lemons.” – Jean

“The clouds will lift, the sun will shine, the quality of life can still be fine. You can wear a grin, keeping up your chin. Try to be strong, never giving in.”

Jean Croxton
My bladder incontinence has recently started. What should I do?

We often receive callers with this issue and our advice is to visit your GP first. The incontinence may be related to a bladder infection – the only symptom may be the recent incontinence. Ask your GP to complete a simple urine dip stick test. Other factors which can cause recent onset of incontinence are the development of prostate disease in men and development of pelvic organ prolapse in women. Your GP will be able to assess you for this and your pelvic floor muscle strength. If these muscles are weak, we recommend pelvic floor muscle exercises. It is very important to correctly identify your pelvic floor muscles before moving into a regular pelvic floor muscle exercise program. If you are unsure of how to do your pelvic floor muscle exercises, please see your nearest continence physiotherapist, continence nurse advisor or phone the National Continence Helpline.

Why am I experiencing bowel leakage?

Faecal incontinence is a term used to describe leakage from the bowel. You may also find you have uncontrolled wind or experience staining of your underwear. It is important to make sure that the incontinence isn’t actually constipation. It is difficult for a person to remain continent with a liquid bowel motion and constipation can sometimes present as such. This is known as constipation with overflow. Poor bowel control can be caused, or made worse, by a number of things including certain health conditions or medication. If you are experiencing poor bowel control, please see your nearest continence nurse advisor for assessment and management.

What is a continence nurse advisor (CNA)?

A continence nurse advisor is a registered nurse with specialised training in continence care of both...
Q & A

the bladder and bowel. They are able to assess incontinence and advise on its treatment and management. Continence nurse advisors may visit the person being cared for at home or see them at a continence service.

They may be found in:

- Public and private hospital outpatient departments
- Specialist hospital departments
- Community nursing services
- Aged care facilities
- Doctor surgeries

The Helpline can assist you in locating your nearest continence nurse advisor.

Q Yes I have constipation, but how does constipation affect my bladder?

A An over full bowel can press on the bladder and reduce its ability to hold urine. This may result in the need to pass urine more frequently and have a greater urgency to pass urine. Prevention is the best management for constipation. Good fluid and fiber intake, regular meals and exercise. Good toilet habits are all important and other tips are:

- Sit on the toilet following a meal to help stimulate the gastro colic reflex
- Do not delay the urge to poo
- Use correct toilet position

No matter what your age and stage of life, Abena’s products are designed with a focus on your needs. Abena’s continence products, nappies, skin care and wound care provides solutions to everyday challenges. Visit www.abena.com.au

Knees higher than hips. Lean forward and put elbows on your knees. Bulge out your abdomen. Straighten your spine.
“I laughed so hard I wet myself”

Incontinence is no laughing matter

Get Help. Phone 1800 33 00 66
National Continence Helpline
continence.org.au