

# Bridge

BLADDER & BOWEL CONTROL HEALTH

AUTUMN  
2023



Emily's story -  
self-managing  
IBS

Dr Kathryn Sloots -  
biofeedback therapy  
for bowel continence

Rhiannon's story -  
prioritise the things  
you love

Helpline  
Q&A -  
IBS & IBD

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The Continence Foundation of Australia greatly values the stories people share of living with or caring for someone with incontinence. Reading the experience and advice of others can make a huge difference to someone in a similar situation. If you would like to share your story with us, please register on our website.

**Go to** [www.continence.org.au/life-incontinence/personal-stories#sharestory](http://www.continence.org.au/life-incontinence/personal-stories#sharestory)

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## NOTE FROM THE CEO

Welcome to the Autumn edition of Bridge. In this issue we focus on inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS), clarifying the differences between them and acknowledging that loss of bowel continence can be experienced by many people with these conditions.



Our coverage comprises a couple of lived experience stories including Rhiannon's journey with Crohn's disease and Emily's challenges and achievements with self-managing IBS. Our Helpline Q&A provides some important guidelines on management and treatment options and the importance of a continence assessment for those who have concerns.

Since the launch of our [BINS4Blokes](#) campaign in June 2021, it has been wonderful to see the installation of more incontinence product disposal bins in male public toilets Australia wide. Recently, the City of Melbourne became the first Australian capital city to trial incontinence product disposal bins in male and all-gendered toilets in six council facilities, including libraries and recreation centres. This is a positive step forward and we hope to see many more councils join the campaign, which helps men in the community to get out and about with confidence knowing there is somewhere to dispose of their incontinence products.

We would like to acknowledge all our supporters for providing incontinence product disposal bins for men in their toilet facilities. Individuals can make a world of difference by approaching your local council to get incontinence product disposal bins in the public toilets in your community area. For more information visit [bins4blokes.org.au](http://bins4blokes.org.au)

Please share this edition of Bridge with everyone, especially those with bowel control concerns. Anyone looking for more advice and information about bladder, bowel and pelvic health can also phone the National Continence Helpline on **1800 33 00 66** or visit our website [continenence.org.au](http://continenence.org.au)

**Rowan Cockerell,**  
CEO, Continenence Foundation of Australia

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# INFLAMMATORY BOWEL DISEASE & IRRITABLE BOWEL SYNDROME



**Inflammatory bowel disease (IBD)** is a collective term for chronic inflammation in the digestive tract, namely Crohn's disease and ulcerative colitis. The main symptoms are pain, diarrhoea, fever, weight loss, fatigue and potentially anaemia. Symptoms may be different for each person and range in severity from mild to more serious, depending on the level of inflammation. Given the similarity to other digestive conditions, several tests usually need to be done to ensure accurate diagnosis. The treatment approach usually involves a combination of diet, medication, lifestyle change and sometimes surgery.

## IBS THE GUT-BRAIN CONNECTION

Irritable bowel syndrome (IBS) is referred to as a functional gut disorder characterised by persistent stomach pain or discomfort along with changes in bowel habits, mainly frequency and form. It is divided into three main subtypes, IBS-C (constipation), IBS-D (diarrhoea) and IBS-M (mixed, alternating between constipation and diarrhoea). Diagnosis is usually established once all other potential causes have been ruled out. These generally include IBD, gut infection, food allergies or sensitivities and side effects of medications such as antibiotics.

Those who experience IBS commonly report that flare ups can be painful and embarrassing with occasional or frequent loss of bowel control and involuntary passing of wind. Stress and anxiety may be significant triggers and further aggravate symptoms. Anxiety, stress and depression can cause gut symptoms, but the reverse is also true. Gut symptoms can in turn result in anxiety, stress and depression.

Not surprisingly, fatigue is also common with IBS, which can affect motivation and concentration. Fatigue is usually due to a number of factors including pain and inflammation, poor quality sleep and nutritional deficiencies. Those who suffer from loss of bowel control may avoid social functions and withdraw from activities and participation because of this. When they do go out, toilet finding anxiety is also common, with outings needing to be planned around locations of toilets and avoidance of situations where this may be compromised.

Unfortunately, some people with IBS are told "it's all in the mind," a statement that reflects an element of truth when it comes to understanding the connection between the gut and the brain. Anxiety, stress and depression can cause gut symptoms, but the reverse is also true. Gut symptoms can in turn result in anxiety, stress and depression.

If you've ever had a "gut feeling" or experienced the feeling of "butterflies in the stomach," then you may have felt the gut-brain connection. Our gut has its own nervous system, the enteric nervous system (ENS), which controls our digestive processes. The ENS is in constant connection with our central nervous system (CNS), which in simple terms means your gut affects your brain and your brain affects your gut.

If we feel nervous, anxious or stressed this can impact the motility in the gut, speeding it up for some people who may experience looseness and/or diarrhoea and for others slowing things down, leading to constipation. Similarly, if your gut is upset or irritated this can affect your mood and cause stress and anxiety.

The gut-brain connection helps us understand how mind body therapies such as meditation, cognitive behavioural therapy (CBT) and hypnotherapy can be effective in managing IBS flare ups and symptoms.

If you are experiencing some or all of the symptoms in this article, be assured you are not alone. Poor bowel control can be cured or better managed with the right treatment. Always seek the advice of a healthcare professional to ensure the correct diagnosis, treatment and management.

The Continence Foundation has several resources including [factsheets](#) which may be helpful for further information. You can also call the **National Continence Helpline** on **1800 33 00 66** for free, confidential advice from a Nurse Continence Specialist.

**May is Crohn's and Colitis Awareness Month and World IBD Day is 19 May. For more detailed information and support go to [Crohn's and Colitis Australia](#)**

## EMILY'S STORY

### SELF-MANAGING IBS

*Whilst travelling in Europe during a heat wave several years ago, Emily became extremely hot and thirsty. Heading to the nearest water fountain she had filled up her water bottle and drained its contents before realising the water wasn't suitable for drinking. "The next day I was standing in a queue for the Uffizi gallery in Florence when I realised I urgently needed to get to the toilet," she says. "I literally ran to the nearest one and sat there for quite a while before I was confident to leave."*

This became a daily pattern for Emily who found it impossible to continue her travels while trying to cope with both the constant heat and bowel urgency. She became more and more depleted, deciding to head back to her temporary home base in London. Once there, she was able to see her GP who diagnosed gastroenteritis and advised her to drink plenty of fluids, rest and recover.

Whilst Emily recovered and had no further issues for some time, about six months later when she was back in Australia, she noticed a new pattern emerging. Whenever she was stressed, upset or anxious the same feeling of bowel urgency would return and she would need to rush to the toilet, often experiencing loose and frequent bowel motions and sometimes diarrhoea. "It started to become my regular physical response to stress and I would dread it," she says. "I also had a couple of 'accidents' and I was so afraid people would smell it and see it."

So began a long journey of medical testing and investigations but nothing was found. When all the other potential causes had been ruled out, Emily was given a diagnosis of irritable bowel syndrome (IBS), but no real guidelines on how to manage it. She decided to keep a diet and symptom diary to see if





***"I still get flare ups and stress and anxiety are always the trigger"***

what to wear and whether it would show if I had an accident. It was very tiring and made me even more anxious."

Emily decided she needed to work on her stress and how she could manage it better. She downloaded a mindfulness meditation app and committed to a five-minute guided meditation every morning before getting out of bed. "I felt better almost immediately," says Emily. "It was a really nice way to start the day and I found I was calmer and more relaxed." She also sought the help of a counsellor to learn other techniques and strategies for stress management and started to practice yoga and breathing exercises.

Over time, Emily found all these strategies helpful but says her bowel is always where she holds and feels her stress. "I still get flare ups and stress and anxiety are always the trigger," says Emily, "but I am kinder to myself and try to prepare myself better, especially if I know a stressful event or time is coming up. Of course, that's not something you can always predict, but I try to be more mindful when I'm stressed and remember to breathe!"

Emily has learned to mostly self-manage her IBS, and like most people with her condition, she has her good and bad days. "Having IBS can be a real challenge, especially if you get caught out unexpectedly and I always need to plan my outings around where the toilets are," she reflects. "Sometimes I don't have any symptoms at all and then other times it can be almost daily. It can be hard to predict, but I decided I needed to be open about it with my family and close friends. It saves a lot of additional explanation!" Emily is also a member of the Facebook group [IBS Support Australia](#) where she can chat to and get support from those going through a similar experience and finds it useful for tips and strategies to self-manage IBS. "Sometimes it's just the little things that can make a real difference so I'm always willing to try new suggestions," she says.

she could establish any triggers and experimented with eliminating certain foods such as gluten and dairy to see if her symptoms improved. "Everything I did helped me initially, but if I was anxious or stressed it made no difference, and anything I ate would just go straight through me," she says. "I soon realised however that I needed to be careful with coffee and spicy foods, as these will set me off most of the time."

Anyone who has experienced IBS will be familiar with the sense of not having control over their bowels. Emily became even more stressed if she thought this might happen if she was out in public or worse, at a social function. "Sometimes I would avoid eating or drinking anything beforehand and I would be super careful when I was out not to eat anything too rich or spicy," she says. "I also had to think carefully about

## DR KATHRYN SLOOTS

### BIOFEEDBACK THERAPY FOR BOWEL CONTINENCE



Dr Kathryn Sloots

*Kathryn Sloots is a Registered Nurse with a science degree and PhD who has worked for 18 years in the areas of bowel and bladder continence (including anorectal biofeedback, urodynamics, research and education). She has published several papers on bowel continence and presented at continence conferences. Kathryn is passionate about promoting bowel and bladder continence, increasing awareness and information for health professionals and the public, and improving access to continence care. Here she discusses the holistic biofeedback program and its effectiveness as a treatment for a range of bowel conditions.*

#### HOW WOULD YOU EXPLAIN ANORECTAL BIOFEEDBACK IN SIMPLE TERMS?

The aim of biofeedback treatment is to teach people who have lost the normal automatic control of a bodily function to relearn awareness and control of that function. In this case people who are having trouble controlling their bowel, with symptoms which have not responded to other conservative measures, may be referred for treatment with anorectal biofeedback.

Biofeedback is a training technique that increases awareness of body processes that are not usually consciously controlled. The feedback helps people to locate and move their pelvic floor muscles and anal sphincter to learn exercises which improve the strength and control of these muscles and their ability to relax them.

If a person cannot feel sensations in their rectum, they do not receive the usual signals that tell them when they need to defaecate, even if it is urgent. On the other hand, some people have excessive rectal sensitivity and are not able to discriminate between a normal level of sensation and the urgent messages they feel. Biofeedback gives information which is used during treatment sessions that can help to retrain the bowel and the responses to bowel signals.

#### CAN YOU EXPLAIN WHAT A HOLISTIC BIOFEEDBACK PROGRAM INVOLVES?

A holistic biofeedback program addresses a person's specific combination of symptoms, including their physical symptoms and the mental, emotional and social impacts on their quality of life. Because bowel problems can be embarrassing and difficult

to talk about, the mental and emotional aspects of treatment are just as important as the physical ones.

Treatment sessions need to be offered in a setting which gives privacy, adequate time to discuss in their own words what the issues are, and what they would like to achieve from the treatment program.

The biofeedback program combines behavioural strategies and biofeedback training. The behavioural section involves education about the bowel and normal function, discussion about the causes of the symptoms the person is experiencing and support and coping strategies to help them achieve their treatment goals. To guide the advice on support and coping strategies I like to use questionnaires to determine the person's most troubling symptoms and the impact on their lifestyle.

The questionnaire can assist in identifying strategies which may include advice on lifestyle adjustment and daily routines, diet modification, fluid intake, medications, suitable continence products and tips for coping when socialising, and setting specific treatment goals to keep both the patient and therapist on track.

Biofeedback training techniques include breathing exercises for whole body relaxation, exercising pelvic floor muscles and the anal sphincter for strengthening and relaxing the muscles, modification of rectal sensitivity (awareness of sensation in the rectum) and improving anorectal coordination to help achieve easy and effective defaecation (emptying of the bowels).

The aim of the treatment program is for the person to achieve their personal goals for satisfactory bowel control and the confidence to manage their bowel function so they can enjoy their lifestyle.

## HOW IT WORKS:

Information about the person's bowel signals or sensations and their body's responses is assessed using visual feedback which is produced by muscle pressures which are shown on a screen as different colours or as a pressure wave on a screen. The feedback helps with muscle training because the visual image shows increasing pressure as the muscle is squeezed and decreasing pressure when relaxing. This helps people to effectively exercise and strengthen muscles and also coordinate muscle activity and relaxation for bowel evacuation. Being able to measure pressure is also very useful for people who cannot feel their muscles moving. Even a small pressure rise on the screen can show them when they are moving the muscles correctly which is reassuring and motivates them to continue regular exercising.

Rectal sensitivity training with a small balloon is used to modify rectal sensations and the person's response to those sensations. Training for hyposensitivity (decreased sensitivity) improves awareness of body signals so the person learns when they are squeezing and relaxing their muscles appropriately or need to evacuate their rectum. Rectal sensitivity training for excessive sensitivity, combined with breathing relaxation, helps to dampen down the urgency messages and increase control and confidence.

*One of my patients who lived in a caravan park had terrible urgency and bowel incontinence and the only toilet block was quite a distance away. At her final biofeedback treatment session, she told me she had been putting up some new curtains with her husband when she needed to go to the toilet. When she told him he quickly cleared a path through the van for her to get out, but she decided she wanted to finish putting up the curtains before she went to the toilet, and so she did, without having any bowel leakage. This is a great example of the improvement in control and confidence that can be achieved with biofeedback treatment.*

## WHO WOULD MOST BENEFIT FROM THIS TYPE OF PROGRAM?

Biofeedback can be used to treat bowel problems such as incontinence and constipation. Bowel incontinence is the leakage of solid or liquid faeces

or gas, and all these distressing symptoms can be treated with biofeedback. There are many causes of incontinence including reduced anal sphincter tone and muscle damage, loose stool consistency causing urgency and frequency, or constipation with overflow leakage. It can also be related to bowel disease or occur after some types of colorectal surgery.

Biofeedback is also used to treat people with constipation using pelvic floor muscle strengthening and/or relaxation, correction of defaecation (emptying) technique, dietary modification and establishing a regular routine to assist defaecation. Difficulty with emptying the bowel and incomplete emptying may be linked to pelvic floor muscle weakness, not being able to relax the muscles correctly or other conditions such as a prolapse.

Biofeedback can also be useful before and after some forms of bowel surgery. Biofeedback before surgery addresses problems with bowel function and improves pelvic floor muscle tone and the ability to relax these muscles to increase the chances of successful surgical outcome. Bowel leakage, incomplete evacuation and difficulty getting the bowel into a good routine can be troublesome after colectomy for constipation or surgery for cancer in the colon or the rectum. We usually recommend a person waits until six months after surgery to allow the bowel to heal and adjust which it may do quite well on its own. If symptoms persist, biofeedback can be very successful in restoring the person's bowel routine, control and confidence.

## HOW LONG DOES A BIOFEEDBACK PROGRAM RUN FOR?

Treatment time varies depending on the diagnosis and severity of symptoms. We allow people to work through their program at a comfortable rate, while encouraging them to remain engaged and motivated for steady progress. For some people six weeks may be sufficient time to see good progress and feel confident to continue using the exercises and techniques at home. Others may take a lot longer, and may need additional support, especially psychological support if they are not coping with their symptoms and struggling to manage their lifestyle demands.

## WHAT ARE THE OPTIONS WHEN CONSERVATIVE THERAPIES DON'T WORK OR ARE UNSUITABLE?

If treatments such as dietary modification, medication and biofeedback do not result in satisfactory improvement in symptoms, other possible treatment options include trans-anal irrigation (the evacuation of faeces from the bowel by introducing water or other fluids into the colon via the anus in a quantity sufficient to reach beyond the rectum, or sacral neuromodulation, using an implanted device which stimulates the nerves to improve bowel function. These treatments can be very effective for managing bowel incontinence or constipation and can greatly improve quality of life. Some people may require corrective surgery and in severe cases a stoma may be the best option to manage bowel function. Whatever the situation, it is essential to have a consultation with a colorectal specialist to discuss all the options and make an informed decision about what to do next.

*Biofeedback can also help to avoid unnecessary surgery, or a combination of surgery and biofeedback can be very effective in improving quality of life."*

## AFTER 20 YEARS AS A SPECIALIST IN THIS AREA WHAT ARE SOME OF THE CHANGES YOU HAVE SEEN?

Biofeedback is now recognised as an effective conservative therapy, along with the benefits of using other conservative measures and support in a holistic program. There is much greater collaboration between health professionals, so dieticians, physiotherapists, psychologists, and biofeedback therapists work as a team to provide holistic treatment. Biofeedback can also help to avoid unnecessary surgery, or a combination of surgery and biofeedback can be very effective in improving quality of life. I'm happy to say that more people these days have better knowledge of the physiology of their bodies which, for example, helps them understand how to exercise their muscles or why dietary modification can improve their symptoms. People experiencing problems with bowel function are usually keen to help themselves and cooperate with the treatment advice which makes treating them satisfying and very rewarding.

## WHAT HAVE BEEN SOME OF THE CHALLENGES?

Bowel incontinence is often still a 'taboo' subject and people can feel embarrassed and reluctant to seek help. A member of the treating team may be the first person they have been able to talk to openly about the impact of their symptoms on their quality of life. That's why it is so important to take the time to let people tell their story.



Sometimes people offered biofeedback treatment can't or won't make the effort to follow the advice they are given. They hope for a quick fix or a magic wand, but it takes effort and perseverance to get results. Encouragement to change old habits and regularly practice the exercises and techniques they are shown can be crucial for long term success.

Searching online to self-diagnose has become popular and can be dangerous, and online misinformation is also a concern. It is essential for people with altered bowel habits or distressing symptoms to get an accurate diagnosis and advice about the range of suitable treatment options from a colorectal specialist.

**AS YOU MENTIONED EARLIER, BOWEL INCONTINENCE IS STILL HEAVILY STIGMATISED IN OUR SOCIETY. HOW DO YOU THINK THAT COULD CHANGE?**

There has been a lot more discussion and education around urinary incontinence, and continence products are now freely advertised, but people are not comfortable talking about bowel incontinence. Bladder and bowel health are fundamental aspects of our general health. Many health practitioners are not aware just how widespread incontinence is and the impact it can have on peoples' lives. I would like to see more emphasis on bowel health and available treatments in medical education courses.

Discussing bowel incontinence more openly and recognising it as a health issue that is more common than most people realise will enable people to seek the advice and treatment they need. In some tribal cultures, enquiring about a person's bowel function is part of the friendly greeting when meeting them. They say, "Good morning and how are your bowels today?" They understand the importance of healthy bowel function. We need to encourage people from early childhood to feel comfortable discussing concerns about their bowel health and function.

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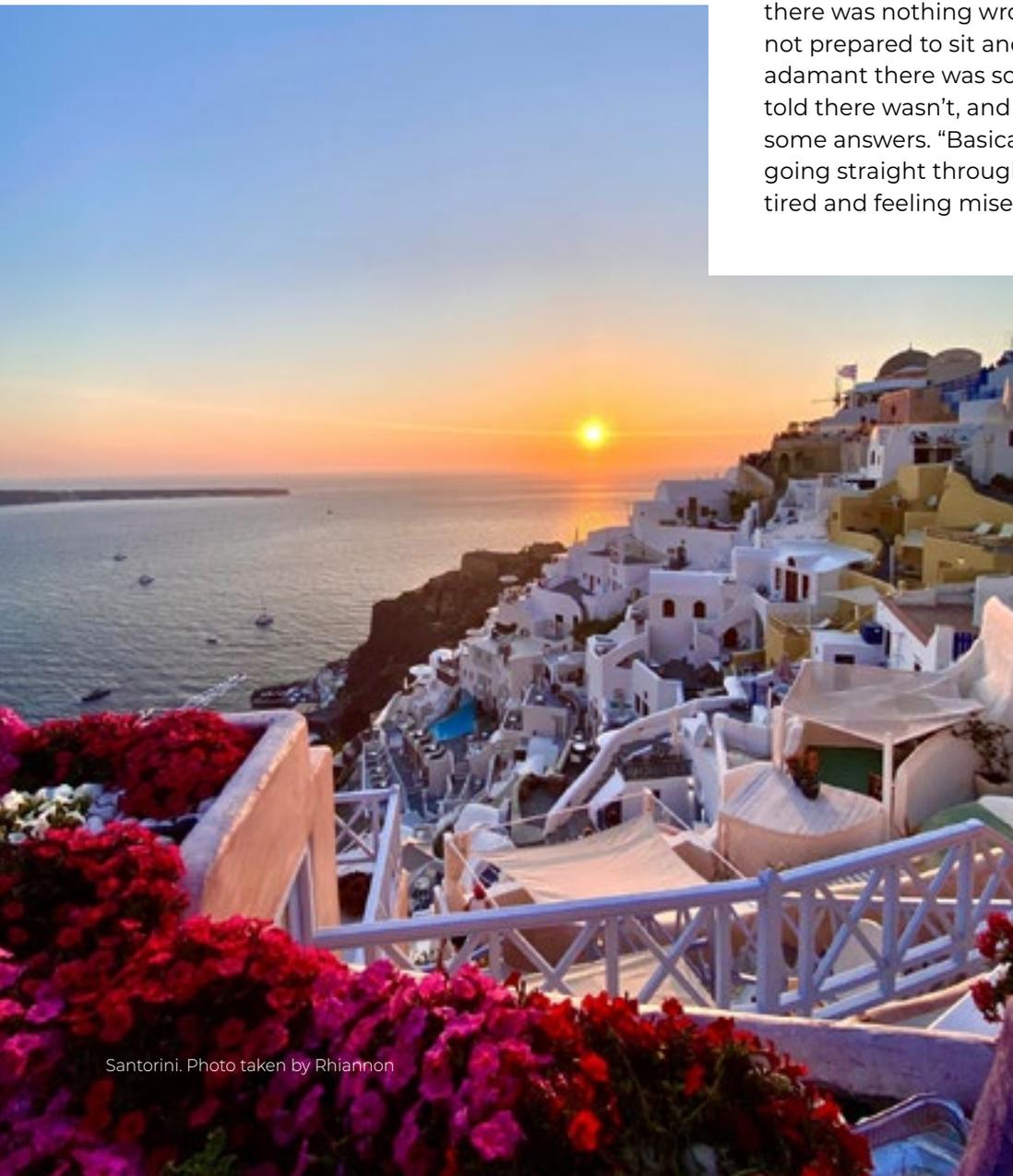
## RHIANNON'S STORY

### PRIORITISE THE THINGS YOU LOVE

*Although Rhiannon's journey with Crohn's disease began relatively recently, the striking thing about her is her determination to put the things she loves foremost in her life. Rhiannon went from being very fit and active to developing a condition which she says has completely changed her life. However, she is determined to get on and do the things she enjoys, like travelling and socialising with friends.*

"I suddenly had to think about things I'd never thought about before and I realised how much I appreciate the good things I still have in my life," she says. "I'm just not the same health wise, but I'm hoping once my health is under better control that things will be amazing again! I've had a lot to process and deal with and I'm just giving myself the time I need to get on top of this."

In 2021, Rhiannon was diagnosed firstly with polycystic ovarian syndrome (PCOS) and then later that year with Crohn's disease. After a year of unexplained symptoms and repeatedly being told there was nothing wrong with her, Rhiannon was not prepared to sit and suffer in silence. She was adamant there was something wrong, despite being told there wasn't, and persisted on her quest to get some answers. "Basically, everything I ate was just going straight through me and I was bloated and tired and feeling miserable all the time," she says.



Santorini. Photo taken by Rhiannon



***“I suddenly had to think about things I'd never thought about before and I realised how much I appreciate the good things I still have in my life,”***

Initial investigative tests did not reveal any results, but Rhiannon insisted that what she was experiencing wasn't normal for her and asked to be referred to a gastroenterologist. After a colonoscopy and endoscopy, the diagnosis of Crohn's disease was finally confirmed. She was then prescribed anti-inflammatory medication, however after a year without significant improvement sought a second opinion and was prescribed a different medicine which has had more of a substantial effect. Her condition is being regularly assessed and monitored. "I have the occasional bad days along the way, but that is part of the journey now," she says.

Unfortunately, Rhiannon experienced judgement and discrimination because she doesn't look unwell and the PCOS has caused her to gain weight. "It was almost like some people couldn't believe I was sick because of my appearance," she says. Unkindly, she was told she didn't look like she was sick, but actually looked like she was eating too much. "Little did they know everything I was eating was literally going straight through me," she says.

Rhiannon is frank about her current state of health and will clearly tell people if she is unwell. Not surprisingly, fatigue is a dominant symptom of Crohn's disease and there are some days she is unable to participate in much. She says the support and understanding from family, her partner and close friends has been essential. "I can always admit when I'm struggling, so if a friend wants to catch up and I'm not feeling up to it, I will say so and that is fine," she says. "I used to worry about letting people down but now I don't and I know sometimes the best course of action for me is to just rest and people will understand."

She also refuses to act as if she is fine when she is not. "It's all right to tell someone you are not okay. If people can understand what you are going through, then they can offer you support but if they have no idea you're even suffering they can't do anything. It's okay to be vulnerable and talk about your feelings," she says.

Rhiannon in Positano, Italy



Stress is a major trigger of the flare ups Rhiannon experiences and she is mindful of this. “I can’t let myself get too stressed. I need to stay calm and I try to process my stress with deep breathing,” she says. Fortunately, her flare ups mostly tend to occur at home, so she hasn’t been caught out or had an accident, however always carries a change of underwear and wipes with her just in case. “I don’t go anywhere without knowing where the toilets are, which is something I never had to think about before,” she says. “The National Public Toilet Map App is something I rely on. We recently drove from Adelaide to Melbourne and I was worried about needing to go to the toilet and being in the middle of nowhere, so I found it very useful to help plan the journey,” she reflects. Rhiannon notes she also relies on the app when getting around her home city Adelaide, as it helps her to feel confident knowing where the nearest toilets are.

Rhiannon has also been able to travel overseas with careful planning, research and preparation. “One thing that I have always loved and dreamed of being able to do more of is travelling. I had six weeks off university for the semester break in June and July, so my partner and I decided to make the most of that by traveling to Europe and the UK.” Although she is an experienced traveller, this time Rhiannon knew it would be different, and would require more thorough preparation and planning.

“I did a lot of research on the places we were going, tried to learn a few sentences like “where is the nearest toilet?” in different languages, and looked at

each country’s laws regarding medication, or if you needed to pay to use their toilets in certain places,” says Rhiannon. She also made sure she always had some local currency with her, enough supply of her prescribed medication and added travel insurance just in case.

All of Rhiannon’s careful planning was more than worthwhile. Whilst she did experience a flare up of her condition before leaving Australia and had one difficult day during her travels, she managed to have a great trip and came back keen to plan the next one. “I’ve always loved travelling and I don’t want this illness to stop me,” she says.

When her Crohn’s illness was at its worst, Rhiannon experienced bowel urgency multiple times a day and couldn’t venture far from a toilet. She is also very open with the people she works with and has found that to be a supportive environment as well, particularly if she is having a flare up or difficult day. They also sponsored her fundraising for the [Crohn’s and Colitis Association](#) for whom she managed to raise more than \$3,000 as part of their annual **Live Fearless Challenge** to raise awareness for people living with Crohn’s disease and ulcerative colitis. This was also when she penned her lived experience story which is featured on their website.

National Public Toilet Map App

## *The National Public Toilet Map App is something I rely on.*

Rhiannon observes that initially she felt shame about her illness and tended to hide away from people but then realised that mostly everyone is dealing with some challenge in life and this didn't make her unique. She decided to speak about what she was going through and was pleasantly surprised to receive a lot of empathy and support. She initially started a private Instagram page for herself and her partner to keep her accountable and document her progress. However, after opening up to others she wanted to encourage people going through similar experiences to reach out and ask for support as well, so she made her Instagram account public @rhishealthjourney.

"I wanted to make sure that no one going through the same or similar experiences to me, ever felt as ashamed or alone as I did," she says. "These things can happen to anyone, at any point in their lives. I never thought it would happen to me, but maybe I can be the one who can help other people to feel better. I've had a lot of messages telling me how much my posts have helped others and that means a lot."

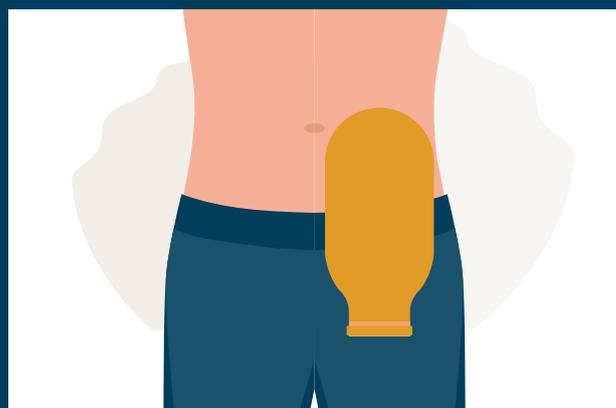
Rhiannon is very realistic and well informed about her condition and future prospects. "People ask me what I will do if I need to have a stoma\* and my answer is if it has to be done then it has to be done. If that is going to improve my quality of life, then I'm all for it," she says. "I'd rather that than be in pain and feeling miserable and not being able to do anything."

When Rhiannon was first diagnosed with Crohn's disease, she joined Facebook support sites and found many answers, information and help from members and their posts. She also says the visibility of social media 'influencers' who have stomas and are very open about sharing their experiences, is helping people to talk more about these topics and reduces the stigma.

Rhiannon's advice to others going through a similar experience to her own is "don't be afraid to reach out and ask for support and understanding. Having a good support network is so important and can make such a big difference to your quality of life," she says.

## WHAT IS A STOMA\*?

*A stoma is a small surgical opening made on the abdomen to allow waste (urine or faeces) to be diverted out of the body. It is covered with a collection bag or pouch which needs to be emptied regularly. A stoma may be permanent or temporary, depending on the cause. The most common reasons for needing a stoma include bowel or bladder cancer, inflammatory bowel disease, diverticulitis or an obstruction to the bowel or bladder.*



## USE THE NATIONAL PUBLIC TOILET MAP!

*The National Public Toilet Map is a free App that allows you to search for the closest public toilet in Australia.*

*You can access the [National Public Toilet Map](https://www.continence.org.au/national-public-toilet-map) at [continence.org.au/national-public-toilet-map](https://www.continence.org.au/national-public-toilet-map)*

Scan here to access the map



# HELPLINE Q & A

## IBS AND IBD - WHAT IS THE DIFFERENCE?

By Janie Thompson, National Continence Helpline Manager



### IRRITABLE BOWEL SYNDROME (IBS)

**Definition:** Recurring abdominal pain at least once per week in the last three months with two or more of the following features:

- Pain related to needing to pass a bowel motion
- A change in the frequency of needing to pass a bowel motion
- A change in the appearance of the bowel motion.

**Types:**

IBS-C	constipation
IBS-D	diarrhoea
IBS-M	mixed (both diarrhoea & constipation)

There is no test to diagnose IBS but checking to see if you don't have other bowel conditions is important.

**PLEASE SEE YOUR DOCTOR IF YOU HAVE ANY OF THE ABOVE SIGNS AND SYMPTOMS OF IBS.**

### INFLAMMATORY BOWEL DISEASE (IBD)

**Definition:** Chronic inflammatory conditions of the digestive system such as ulcerative colitis and Crohn's disease.

- Features include:**
- Diarrhoea
  - Abdominal pain and cramping
  - Rectal bleeding
  - Fatigue and weight loss.

Someone with IBD needs to be under the care of a gastroenterologist and/or a colorectal surgeon to help manage their condition.

**PLEASE SEE YOUR DOCTOR IF YOU HAVE ANY OF THE ABOVE SIGNS AND SYMPTOMS OF IBD.**

## MANAGEMENT

If you have been diagnosed with either IBS or IBD, it is important to look after yourself and your bowels. This includes:

- ✓ Eating a healthy diet and avoiding foods that trigger symptoms
- ✓ Keeping a record of the food you eat, to monitor if anything causes or worsens your bowel symptoms
- ✓ Managing your stress levels through meditation and breathing exercises
- ✓ Sleeping well. Getting enough sleep every night is important for managing fatigue
- ✓ Exercising regularly is vital for general health and wellbeing.

## CONTINENCE CONCERNS

If you have continence concerns related to IBS or IBD, it can be beneficial to visit a continence health care professional such as a pelvic health physiotherapist or nurse continence specialist, to find out if your bowel pattern, control and comfort can be improved.

Continence concerns can include needing to rush to the toilet to use your bowels, having accidents on the way to the toilet, struggling to pass a bowel motion, feeling like you have not completely emptied your rectum or lower bowel, having accidents without even knowing and not being able to control wind.

It is always worth seeing a continence healthcare professional if you have continence concerns, to support you in understanding what is happening with your bowel and how to manage it.

### Correct toilet position

- Knees higher than hips.
- Lean forward and put elbows on your knees.
- Bulge out your abdomen.
- Straighten your spine.



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## WHAT ARE FODMAPS\*?

FODMAPs stands for fermentable oligosaccharides, disaccharides, monosaccharides and polyols. These are a group of sugars which are not properly absorbed in the gut and may trigger symptoms of IBS. For more information go to [monashfodmap.com/about-fodmap-and-ibs/](https://monashfodmap.com/about-fodmap-and-ibs/)



## CONTINENCE ASSESSMENT:

A continence assessment can guide a continence health care professional to understand your bowel condition and how to support you with the condition. Questions you may be asked during an assessment includes your:

- ✓ Bowel patterns
- ✓ Bowel symptoms
- ✓ Medical history including surgical history and obstetric (pregnancy and childbirth) history
- ✓ Medications
- ✓ Diet
- ✓ Toileting posture and technique and
- ✓ Physical examination (including your abdomen, pelvic floor and anal sphincters)

Based on this information you provide, a continence health care professional will develop a management or treatment plan with you, to support you to improve your bowel symptoms, control and patterns. This may include:

- ✓ Suggested changes to what and when you eat and drink
- ✓ Pelvic floor exercises or relaxation
- ✓ Deferment or holding on techniques
- ✓ Toileting regime for when to use the toilet
- ✓ Reviewing or altering how you use the toilet
- ✓ Reviewing laxative or anti-diarrhoea medication use.

You may be referred to a dietitian to look at your diet and observe whether you should try a low FODMAPs\* diet, to see if altering certain types of sugars in your diet improves your symptoms. You may also be referred to a clinical psychologist to assess whether stress, anxiety, depression or trauma may be contributing to your bowel symptoms, emptying and control.

# BINS4BLOKES UPDATE

## MELBOURNE CITY COUNCIL TRIALS BINS4BLOKES

Since the launch of the [BINS4Blokes](#) campaign in June 2021, 50 businesses, councils and other organisations have joined the call to support over one million men around Australia who live with incontinence.

At least 1.34 million Australian boys and men are living with urinary or faecal incontinence today, however male toilets do not provide a hygienic and dedicated disposal method for incontinence products such as pads and pull ups.

Adding disposal bins for incontinence products to male public toilets helps men in your community to get out and about with confidence knowing there is somewhere to dispose of their incontinence products.

The City of Melbourne is the first Australian capital city to trial incontinence product disposal bins in male and all-gendered toilets in five council facilities, including libraries and recreation centres. Councillor Jamal Hakim said the trial will showcase a practical solution and facilitate much-needed conversations. "With the proper facilities to dispose of products, we hope those living with incontinence can continue getting out and about, and doing what they love when they're here in the City of Melbourne," he said.

Melbourne City Council are working hard to promote the message that the bins have been installed in the following locations around Melbourne:

- Library at the Dock, Docklands
- Melbourne City Library
- Melbourne Town Hall Public Toilets - 200 Collins St
- North Melbourne Community Centre
- Kathleen Symes Library, Carlton.

We have also seen three of Australia's major venues get on board with the campaign:

- The **WACA Ground in Perth**, WA, is the first stadium in Australia to install BINS4Blokes for sports and entertainment fans.

- The **Melbourne Convention and Exhibition Centre** is the first major events and conference venue to join BINS4Blokes, installing permanent bins for disposal of incontinence products in eight of the male toilets in the centre.
- **Chadstone the Fashion Capital** in Melbourne have installed incontinence product disposal bins in eleven of their male public toilets.

[BINS4Blokes](#) is a simple and cost-effective solution that will provide dignity and support to the one in ten men living with incontinence.

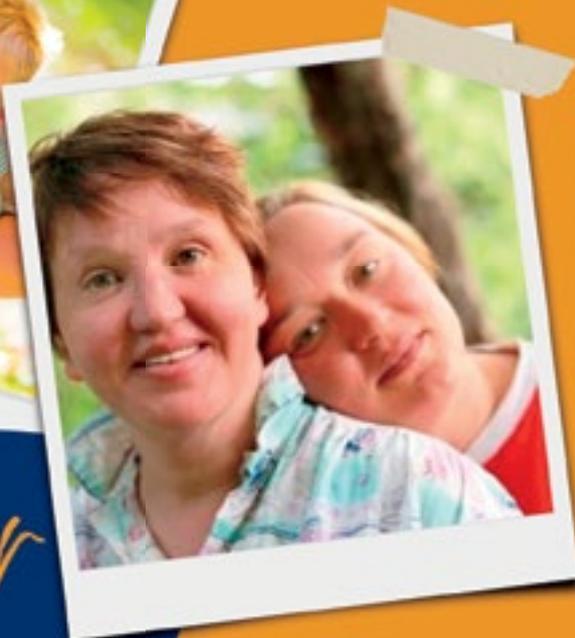
When incontinence product disposal bins are placed in public toilet facilities this can be added to the [National Public Toilet Map](#) (NPTM), which is another important resource for people when travelling or just planning outings locally.

The National Public Toilet Map provides:

- The location of the nearest public toilet
- Details of opening hours, accessibility, parking and many other features
- The ability to add and update public toilets and their facilities
- Specialty maps, with the ability to share maps
- Distance by route, which calculates and displays the travel distance to facilities. This considers one-way streets and access to buildings, whether on foot or in a car.

**BINS4  
Blokes**





Do you know a **carer**  
who deserves to be  
recognised?

**The Continenence Foundation of Australia is proud to announce nominations are now open for the 2023 Carer of the Year Award!**

This annual award acknowledges the important - but often overlooked - role of the 2.65 million at-home carers across Australia. Many of these carers are responsible for the complex role of providing bladder and bowel care.

The Carer of the Year winner will receive a \$1,000 cash prize, to be awarded at the joint 31st NCOI and 4th FUS Conference in Adelaide in June.

Nominations are invited from family, friends, health professionals or the person being cared for.

**Learn more and submit your nomination before 31 March 2023:**  
[continenence.org.au/carers-of-the-year-2023](https://continenence.org.au/carers-of-the-year-2023)



# Always rushing to the loo?

It doesn't have to control your life

One in three women experience leakage from the bladder or bowel (incontinence). There is help available – you're not alone. In many cases, incontinence can be treated, better managed or even cured.

Speak to a Nurse Continence Specialist for free, confidential advice.

**Call National Continence Helpline**

**1800 33 00 66**



Scan the code for further information or visit [continenace.org.au](https://www.continenace.org.au)

The Continenace Foundation is a not-for-profit organisation and peak body promoting bladder and bowel control health.