



CONTINENCE EDUCATION PROGRAM SERIES 2007/08

AN INITIATIVE OF THE NATIONAL CONTINENCE
MANAGEMENT STRATEGY

A Learning Guide for

Program 718a

CONTINENCE AND MEN'S HEALTH



Continence and Men's Health

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About the Rural Health Education Foundation

The Rural Health Education Foundation is a non-government, not-for-profit organisation that provides an education and information "lifeline" to rural and remote health professionals. The Foundation produces and broadcasts distance education programs using digital satellite technology, the Internet, "enduring" materials (DVDs and videos) and other television services. The Foundation operates a growing network of more than 650 receiving sites, called the Rural Health Satellite Network.

For the doctors, pharmacists, nurses, administrators and other health workers involved, the programs are invaluable for they provide an opportunity to undertake continuing professional education and receive timely information emanating from national launches or events of national importance.

The Rural Health Education Foundation is always interested in developing new sites. If your organisation is interested becoming a Foundation satellite site and gaining access to up to date education programs covering a wide range of topics for professionals employed in medical and allied health fields, please contact the Foundation office on 02 6232 5480.

Continence and Men's Health Learning Resource Kit

This kit has been produced by the Rural Health Education Foundation (the Foundation) as a complete learning resource, in either workshop or individual settings. The kit consists of:

The Rural Health Education Foundation program DVD: *Continence and Men's Health*

The program DVD contains a recording of the Foundation's satellite broadcast. The program was broadcast across the Rural Health Satellite network to over 650 sites Australia wide on 27/11/07. The broadcast is also available as a webcast or podcast at the Foundation's website (www.rhef.com.au).

Learning guide: Continence and Men's Health

The **Learning Guide** has been designed with a number of activities that can be used to facilitate group discussion and engage with the material covered in the DVD. This **Learning Guide** has been designed to provide a framework for facilitating discussion of the key issues raised in the program.

The **Learning Guide** has also been designed to support the learning of participants and to provide a record of the information presented in the broadcast and the activities covered in the group facilitation.

Guide to Facilitating Adult Learning

A **Guide to Facilitating Adult Learning** booklet has been developed by the Foundation to support the facilitation of discussion with small groups. It covers the basic aspects of how people think and learn, running groups and facilitating learning in face-to-face settings. It is designed to provide some basic instructional information to assist people facilitating face to face learning. We encourage you to read this brochure before you work with groups as a guide to facilitate the **Learning Guide** discussion.

Part 2
Section 1



Presenters

Dr Norman Swan (Panel Chair)

Dr Norman Swan regularly presents Rural Health Education Foundation satellite broadcasts.

He is best-known for his wide broadcasting experience, including the award-winning *Health Report*, which he produces and presents for ABC Radio National - as well as his other ABC Radio and Television program hosting.

Dr Swan trained in Medicine in Scotland and in Paediatrics in London and Sydney. A broadcaster and journalist with the ABC's Science Unit since 1982, he has been Australian Producer of the Year and was awarded a Gold Citation in the United Nations Media Peace Prizes.

In 2004 Dr Swan was honoured by the Australian Academy of Science, which presented him with an Academy Medal, only the third time such an award has been made. The Academy gave it for his outstanding contributions to science in the public domain. Around the same time, the Royal College of Physicians and Surgeons of Glasgow made him a Fellow.

He has won an Australian Writers' Guild Award, three Walkley National Awards for Journalism and the Michael Daley Award for Science Journalism on two occasions.

In addition to his broadcasting, he edits his own newsletter, *The Health Reader*, published in association with *Choice* magazine, and has been the Australian correspondent for the *Journal of the American Medical Association* and the *BMJ*. He has also consulted to the World Health Organisation (WHO) in Geneva.

Dr Prem Rashid MBBS(UWA) PhD(UWA) FRACGP FRACS(Urol.)



Associate Professor Prem Rashid is a Fellowship trained Senior Urological Surgeon. He started the Port Macquarie Urology Centre in 1997 and it has rapidly grown to become a referral centre for urological care.

He has written extensively, specialising in 'patient guide books' focussing on bladder difficulties and prostate conditions with 'Your Guide to Prostate Cancer – the disease, treatment options and outcomes' now in a reprint of its 2nd Edition. The book was launched by the Hon Tony Abbott, at the time, the Federal Minister of Health in the NSW Parliament in 2007. This book has become a reference book for counsellors who use it in educating men and women who need understanding when faced with this condition. He has recently also released 'Bladder Care – Your Self Help Guide.'

His works have been endorsed by the New Zealand Continence Association, Continence Foundation of Australia, Urological Society of Australia & New Zealand and the Prostate Cancer Foundation of Australia.

He also actively publishes in peer reviewed medical journals mainly on prostate cancer. He is involved with New South Wales Urological Training, Accreditation and Education. He holds a Conjoint academic appointment with the University of NSW and is an Editorial Advisory Board member of the Virtual Cancer Centre.

He is married with two young boys who are a great source of joy.

Dr Trina Gregory

General Practitioner, Port Macquarie, NSW



Mr Peter Dornan AM DIP Pty, FASMF

Peter Dornan is a physiotherapist with more than forty years practical experience in the field of sporting injuries. He has been official physiotherapist for many international sporting teams, including the Wallabies and Kangaroos, and is a foundation fellow of the National Rugby League Coaching Panel. A sportsman himself, he is a Fellow of the Australian Sports Medicine Foundation. He has travelled extensively in the interests of sports medicine, and has written numerous articles for physiotherapy and sports medicine journals, as well as designing and marketing a video exercise program.

He has also written two books on sports injuries, and one on treating incontinence, called "Conquering Incontinence".

Peter's other interests include military history and sculpture and he is convenor of the Brisbane Prostate Cancer Support Group

Mr Steve Marburg

Continence Nurse and Coordinator National Continence Helpline, Continence Foundation of Australia



Stephen worked as a Registered Nurse for 10 years in Community Health, gaining qualifications in Counselling, Diabetes, Asthma, Men's Health and Cardiac Rehabilitation.

He joined the Multiple Sclerosis Society of Victoria as a Community Health Nurse and worked with the MS Society for 2½ years, gaining his Continence Nursing qualification and providing assessment and management advice.

Stephen currently works on and coordinates the National Continence Helpline service and has done so since 2001. The National Continence Helpline consists of a team of Continence Nurse Advisors that provides free, confidential advice about bladder control problems, plus local referrals, brochures, and product information. It is a nationwide service for people of all ages with incontinence, their carers, parents and families, health professionals and organisations interested in continence.

Ms Virginia Ip BHlthAdmin, MClInNsg (Advanced Continence Nursing Practice), Continence Promotion Certificate



Virginia Ip has worked in Urology and Continence nursing for ten years in hospital and community settings. She is currently the president of NSW Urological Nurses Society and employed as the Urology Care Co-ordinator at Royal Prince Alfred Hospital, Sydney.

The majority of her clinical work involves caring for men with prostate problems, and she has been a prostate cancer support group leader for four years. She recently commenced involvement in a Continence Foundation of Australia project to produce a guide for men undergoing prostate surgery.

Virginia also has a special interest in continence promotion in Chinese communities. She has presented in Sydney Chinese TV programs as well as being regular speaker at women's groups, elderly groups and Parkinson support groups. In 2001, she received a South East Area Health Seeding Grant for Continence Promotion to the Non English Speaking Background (NESB) Chinese Community.

She has also received awards for the St. George Hospital Division of Surgery Innovation, an Australasia Urological Nurses Society Travel Fellowship, the Australasia Urological Nurses Society Most Innovative Urology Practice Award, and the "Continence Nurse Champion" Award 2007.

She has published in Australian Continence Journal as well as in urology nursing journals in United Kingdom and USA.

Program summary

“Most men will be more worried about their home plumbing than their own” (Norman Swan). They're also not inclined to talk to their doctor about the problems they're having with their urination. It's these problems, if they remain untreated, that can seriously affect their work, sporting activities, sex life and mental wellbeing.

There are a lot of myths about men and incontinence. Some of the myths include:

- that incontinence only happens to women,
- you only get it after prostatic surgery and never any other time, and
- incontinence is something that only happens to older people.

Incontinence can affect any person of any age, with different ages and gender having different problems.

Often men, particularly following a radical prostatectomy, arrive home from hospital and are unsure about what to expect. They are very concerned about the fact that they've been told “Look, the problem will be there for a little while”, but quite often the “little while” to a male patient is about 12 hours, but to a urologist or a doctor it's one to three months.

Male continence is something that needs to be talked about and there are many strategies for effectively treating incontinence in men. Early intervention, and seeking out a range of professionals and appropriate treatments will support men in managing their incontinence.

Learning outcomes

After watching this program, participants will be able to:

- Understand the continence issues relating to men's health.
- Effectively recognise, assess, treat and manage incontinence in males.
- Undertake informed prevention and early intervention related to incontinence.
- Address stigma and promote continence for males.

Session Planning

The following table overviews the activities within this learning guide. Activity time is based on numbers of 5-6 per group. Larger groups may take up to twice as long.

Activity	DVD Chapter	Activity time	Page
1. Case Study 1 – Overactive Bladder	2	20 minutes	11
2. Bladder Training	2	30 minutes	13
3. Case Study 2 – Enlarged Prostate	3	15 minutes	15
4. Incontinence and Impotence	3	15 minutes	17
5. Case Study 3 – Dementia	3	15 minutes	18
6. Case Study 4 – Incontinence and Prostate Cancer	4	20 minutes	19
7. Extended Pelvic Floor Muscle Exercises	4	30 minutes	21
8. Case Study 5 – Irmina Nahon – Video Clip	5	20 minutes	21
9. Services and Products for Continence		1 week	23

The table provides approximate timings for the activities within this guide. Session planning should include time to view the particular DVD chapter as a prompt to the activity and delivery of the background material provided for each section. As a guide, the entire training package could be covered in a 3-4 hour workshop.

Activities contained within the learning guide are short and not designed to tell the entire story, rather providing stimulus for participants to think about the information and the issues arising from it. The case studies and activities are designed to reflect real life situations, providing opportunities to integrate learning into practice.

Program Duration

67 minutes

Key messages from the program:

- good bladder and bowel health are an important issue in men's health
- early intervention for continence is vital
- incontinence is linked with particular risk factors
- incontinence can be effectively treated, managed and often cured

Introduction to Continence and Men's Health – prevalence, nature of problem, risk factors and stigma

Urinary incontinence can be defined as involuntary loss of urine, either through bladder malfunction or sphincter malfunction. There are up to seven categories. The 4 most common categories are:

1. Stress urine incontinence where you cough and leak, sneeze, laugh and leak.
2. Urgent incontinence is where you get that urge and you can't suppress it and you leak because of that. That could be the feeling of a drop or an actual drop, or much more than a drop, to wetting your pants.
3. Mixed group, which is a mixture of stress and urge.
4. Overflow incontinence is another one where we get a situation where the bladder is just overfilled usually due to an obstruction or failure of the bladder contraction and then leakage.

Prevalence

Up to 4 million people in Australia are incontinent. Of that number, approximately 30% of them are male.

Cultural issues

The issues are similar and the stigma is similar in Anglo-Saxon and in CALD people. Men are seen, and see themselves as the "leader" in the family. They provide for the family and are "strong", so it becomes a problem for them if they are seen as "weak and dirty". This can cause them to defer seeking help.

People from non-English speaking backgrounds have an added complexity with the need to use an interpreter. In addition, elderly people from non-English speaking backgrounds may also have little formal education and they could be illiterate in their own language, so reading material is of little value.

In Indigenous communities, incontinence can be seen as a shameful act – a "shame job". This is particularly relevant when we are talking about elders who have a lot of respect in their community. There are added issues because of the cost of products that would be useful, therefore making the issues harder to hide.

Health professionals need to be aware of building trust with their patients to enable them to ask the sensitive questions as part of their preventative health approach to managing their patients.

Activity 1

View Case Study
1

DVD Chapter 2

Activity 1

Case Study 1 – Jason - Overactive Bladder – Nocturnal Enuresis

- Jason is a 23 year old man
- Visits GP on insistence of girlfriend
- He is often wetting the bed at night
- It happens more frequently when he has a few drinks
- He finds he has to urinate at least 20 times during the day
- He has no idea what to do about it

After watching the case study, discuss the following issues in small groups

- Assessment
- Diagnosis
- Differential Diagnosis
- Treatment
- Management
- Referral

Key issues from the case study

- Acknowledge and compliment him for seeking help
- Take a thorough history
 - Has it been all the time?
 - Has it changed
 - Is there a pattern?
 - What investigations have been implemented?
 - What treatments has he tried?
 - Have any treatments failed?
- Examination
 - Blood pressure
 - Urinalysis
 - Catalase test
 - BSL
 - Examine abdomen
 - Bladder ultrasound – pre and post voiding bladder volume to determine residual volume
- Potential causes
 - Sensitive bladder
 - Overflow obstruction
 - Renal dysfunction
 - Upper track dilation
 - Neurological possibilities (may need to see a neurologist)
- Management
 - Bladder Diary (see below) for 3 days to isolate variables such as
 - Fluid intake
 - Type of fluids ingested (like caffeinated drinks, cola, alcohol)

- Urine output
- Minimum and maximum intervals between voids
- Minimum and maximum amounts void
- When they leak

The bladder diary is also useful as a tool to assess progress in treatment.

- Treatment
 - Bladder training
 - Possible medication such as antispasmodics

Bladder Diary					
Name: Bill			Date: 20 January		
Time	Amount	Leakage	Time	Amount	Leakage
7am	400ml	moderate	7pm	250ml	small
9am	100ml	small	8.30pm	150 ml	
11.30am	250ml	small	10pm	100ml	
1.30pm	150ml		1am	250ml	small
3.30pm	200ml	small	4.30am	150ml	
5pm	150ml				
Total volume for 24 hours 2150 mLs					

Bladder Diary

Activity 2

Bladder Training

After watching the video, move into groups of two or three and take turns to teach each other the techniques for bladder training and pelvic floor muscle development and strengthening.

Explain to the patient:

- That the bladder is like a balloon. If you have a small amount of air in the balloon the balloon's going to be a small size. Similarly, if you have a small amount in the bladder, it's always a small size.
- The deferral technique. The patient needs to drink more fluid and hold on, so the bladder in time will be able to hold more, and then they don't have to go as often. Restricting fluid intake doesn't help because the urine is then very concentrated and irritates the bladder, causing the person to go many times but only in small amounts.
- Restriction techniques. If the person needs to go, encourage them to hold on, for a couple of minutes to start with, and then to increase the time they can hold on in a planned way. Distraction is a good strategy here, something as simple as sitting down takes gravity out of the equation, which may help defer a little bit longer.

In addition, strong pelvic floor muscles will support the bladder training strategies.

Pelvic floor muscles

The stronger the pelvic floor muscles are the longer a person can hold on for. There are three main exercises to activate the basic pelvic floor muscles, relating to the muscles in the forward, middle and back part of the region.

1. The first exercise is the rear pelvic floor muscles - the anal sphincter. Imagine that you're going to pass wind and you don't want that to happen. Close off your anal sphincter, the one at the back. Simply hold it for five seconds and you can feel it. You've done this before many times. One, two, three, four, five.
2. The second exercise is the penile pelvic floor muscles in front. Imagine you're going to pee on the floor and you don't want to do this. So you're going to pretend you're going to cut off your stream. Hold for five seconds.
3. The third exercise for the pelvic floor muscles is focused on the perineal area between the scrotum and the anus. Imagine you've got a red hot poker on the end of your finger and you're going to put it up behind the scrotum onto the perineal area. You don't want to do that so you're going to drag it up into your pelvic cavity. It's very similar to if you're going to drag your testicles up there. Hold that for five seconds.

The three exercises occur simultaneously. When you fire off one the whole three recruit. So the idea is to do them all at the same time.

The pelvic floor muscles are about two thirds slow twitch muscles and about a third fast twitch. You get the patient to do it five times fast, five times slow, about twice a day is really adequate. Five times for five seconds is slow.

It is ideal if people can be taught these exercises prior to any surgery so that the brain

can get a pattern so the brain knows what they're doing following the surgery.

Medication treatments

At some point people may need some medication to assist them in the management of their incontinence. At some stage a selected anticholinergic drug might be added to ensure the patient is making progress. The newer anticholinergic drugs are preferred because they have reduced side effects and are better tolerated (leading to improved compliance for taking medication).

Activity 3

View Case Study
2

DVD Chapter 3

Activity 3

Case Study 2 – Jack – Non-prostatic Hypertrophy – Enlarged Prostate

- Jack is 55 year old indigenous man
- He is married and works part time as a ranger
- He smokes 20 cigarettes a day and is a moderate drinker
- His urinary pattern has been changing over the last year
- He urinates often during day and night
- He says when he has the urge he just has to go and often leaks before he can make the toilet
- Any sound of water makes him want to go
- His wife and sons have convinced him to see GP because it is having a big impact on his quality of life

After watching the case study, discuss the following issues in small groups

- Assessment
- Diagnosis
- Differential Diagnosis
- Treatment
- Management
- Referral

Key issues from the case study:

- Reassure patient that typically prostate cancer doesn't present like this
- Assessment and Diagnosis
 - Physical examination
 - Bowel and bladder habits
 - Microurine examination
 - Medications
 - Bladder diary including types of fluids, when leaks occur
 - Maximum bladder capacity
 - Urodynamic studies
 - PSA (Prostate Specific Antigen) test and digital rectal examination to exclude prostate cancer. It is usually recommended that a PSA greater than 4ng/ml (nanograms per millilitre) should be followed up with further tests. Generally, the healthy upper limits of PSA levels in the blood increase with age. One US study suggests the following 95 per cent limits:
 - 40–49 years – 2.0ng/ml
 - 50–59 years – 3.0ng/ml
 - 60–69 years – 4.0ng/ml
 - 70–79 years – 5.5ng/ml

Potential diagnoses

- High post residual – an amount greater than 100mL urine remaining. The residual amount depends on how much is voided. A rule of thumb is if a person voids more than two thirds of what was there and left less than one third, that's quite good. So if they left 100mL and voided 500mL, that's very good. But if they voided 100mL and left 100mL then that's not so good. We needed to be mindful of how much they voided and how full they were.

- Prostate size - The size of the prostate is not that relevant. What is important is the donut structure and the obstruction being in the inner channel. A person can have a smallish prostate which is very tight, and then, conversely, a person might have a quite a large prostate but a fairly big channel through the middle.
- Haematuria or pyuria – could be the result of an irritative system which can sometimes be the only sign of carcinoma inside the bladder.
- Renal failure – due to diabetes etc.
- Treatment
 - Urethral obstruction
 - Bladder Neck incision
 - TURP – Transurethral Resection of Prostate
 - Medications – alpha blocker such as Prazosin (Side effect – postural hypotension)
 - Bladder training if not retaining (contraindicated if retaining)
 - Pelvic Floor Muscle exercises
 - Natural therapies such as Saw Palmetto

Activity 4

Activity 4

- **Sexual issues – incontinence and impotence**

In small groups, discuss how you will manage the patient who presents with incontinence and impotence following radical prostatectomy.

Issues to consider include pre-surgery preparation and educating the patient about what to expect post surgery.

Questions to ask patient:

- What is the nature of the problem?
- Is it leakage while he's actually having sex, before or after?
- Is it happening only with sex or at other times, and when?
- Is it an erectile dysfunction and he's just embarrassed and fearful that he's going to leak during intercourse?
- What is his fluid intake?
- Does he do pelvic floor muscle exercises?

Panel discussion: medications and incontinence

A number of medication groups can have side effects that contribute to incontinence. These include:

- Diuretics – sometimes the increase in urinary output will set off the bladder – if a person has an overactive bladder then the medication can initiate incontinence
- Alpha-blockers (such as Prazosin) for the control of blood pressure can cause incontinence –stopping this medication will stop the incontinence
- Anti-psychotic medications – can “knock out” the patient to the degree that they wet the bed every night

Panel Discussion: fluid restriction

Often patients find it counter intuitive to drink more fluids than less to aid their incontinence. There is a need to explain that restricting fluids is not going to have an impact on continence. Drinking more fluid and getting less concentrated, less irritant urine is going to have a beneficial affect on continence issues. Restricting fluids often can make problems worse.

Drinking more enables the bladder to hold more and thus the person can then hold on to greater urine volume for longer periods of time.

Activity 5

View Case Study 3

Activity 5 Case Study 3 – Jim - Dementia

- **Jim is an 85 year old man**
- **He lives with his daughter in a rural town**
- **His daughter brings him to see the GP**
- **She complains that he is always wetting himself**
- **She says he is often confused and his memory is bad**
- **She thinks he doesn't realise he is doing it**
- **She says he often also seems to be constipated**

After watching the panel discussion about Jim, discuss the following issues in small groups

- Assessment
- Diagnosis
- Differential Diagnosis
- Treatment
- Management
- Referral

Key issues from the case study:

This is often the trigger for institutional care. Carers often cannot physically and emotionally bring themselves to deal with this sort of problem, particularly when the patient is a parent or a loved one.

Assessment

We need to really investigate the cause of the continence problem and it is often a mixed picture that presents.

- What is able to be fixed or improved on?
- What is the best management of this patient?
- What medication is the person on?
- What are his bowel habits? – Constipation?
- What is his renal function?
- Does he have a history of diabetes?
- Has there been a recent fall?
- What is his mental state?
 - Is it an acute change or an acute confusional state?
 - Is it a neurological, a frontal lobe problem.
 - Is it just a progressive dementing type illness that continence problems can then become part of?

Treatment

Continence Products - There is a range of continence products to support people to manage their continence.

- Pull up pants, pads etc which are highly absorbent and deal effectively with any odours. Funding is available for these products. For minor leakages there are products available from the supermarket.
- Condom drainage bag – is particularly useful at night – but more difficult for men with dementia to keep it on as it feels irritating.

- Urinal – with a one way valve is small, compact and easily transportable to a range of environments

Activity 6

DVD Chapter 4



Activity 6

Case Study 4 – Peter – Incontinence and Prostate Cancer

Of the men who have prostate surgery, radical prostatectomies, about 80% are incontinent in the first month. This can be very frightening, particularly if they are not prepared for this side effect. By 12 months only 5-10% of patients still have significant problems.

After listening to Peter's story, discuss the key issues raised and how his experience can inform your management of patients.

Key issues

- Pre surgery preparation for post surgery expectations
- Fear from cancer diagnosis
- Isolation issues from diagnosis and side effects of treatment
- Risk of depression with ongoing incontinence and impotence
- Pelvic floor muscle training
- Availability of products
- Importance of general fitness including aerobic capacity
- Need to feel in control of things
- Post surgical catheter care

Pelvic floor muscle extension exercise program

The pelvic floor extension exercise program seeks to:

1. Gain control of the pelvic floor muscles,
2. Dynamically and functionally retrain and integrate the pelvic floor muscles and the abdominal muscles,
3. Dynamically and functionally retrain components of the reflex circuitry mechanism involved with continence, and
4. Aerobically condition elements of the local vascular system supplying neural and other structures in the pelvic region.

Rotator exercise

The rotator muscle group is the important group in this exercise program. They attach to the pelvic floor muscles. To contract the lower pelvic floor:

- Lie on your back and draw the navel into the floor to get them working
- Contract the pelvic floor muscles at the same time so they're connecting.
- Do a half sit up or a crunch (keeping a hand behind the neck to protect it), then
- Lie down again



That will start the rectus femoris and the rotators working. To make them work even more deliberately, take the right elbow across to the left knee and then the left elbow across to the right knee at the same time as contracting the pelvic muscles.



Start by doing about six up (crunches) and about six each way (diagonal crunches). Then build up to eight, and eight and eight; and then ten and ten and ten. Thirty repetitions would be the minimum to do once a day. In addition, these exercises will flatten the stomach and protect your back.

This training is then used as a basis for Preemptive Training. The third level relates to the reflexes to get these muscles working faster and faster, to try and pre-empt movement. So by utilising these training methods in the situations where patients contract their muscles and leak, it trains the body to remain dry when the body is under

“load” - in particular situations such as shaking hands, sneezing, coughing, picking up a brief case, playing golf, walking on uneven ground etc.

When a person goes to shake hands, 0.0032 second before the hand actually moves forward, every other major muscle in the body contracts very quickly to stop them from falling forward. It's called a forward feet reflex. But in that time the muscles suddenly contract, a person with incontinence will leak. This training will address those situations, so that it doesn't have to be thought about - it happens automatically.

So if the patient knows they're going to leak picking up a brief case, hitting a golf ball, running around the corner, or getting out of a chair they need to activate the pelvic floor muscles before they do it.

It is important for men to learn pelvic floor muscle exercises before surgery, because they don't have the swelling and they don't have the catheter. It's also important for men to be able to do something to empower themselves to contribute to their recovery.

Activity 7

**Activity 7
Extended Pelvic Floor Muscle Exercises**

After watching the video, move into groups of two or three and take it in turns to teach each other the techniques for the extended pelvic floor muscle program

Activity 8

Activity 8

**View Case Study
5**

Case Study 5 – Irmina Nahon – Putting theory into practice

DVD Chapter 5

Irmina Nahon is a Continence Physiotherapist with the ACT Men's Continence Clinic. She outlines the range of problems she deals with and the psychological issues for males with incontinence as well as the approach she takes in engaging males in treatment. We see her talking with a male patient who has incontinence issues related to prostate surgery. She also instructs a younger patient in pelvic floor exercises and addresses difficulties he is having by using real time ultra sound to demonstrate the pelvic floor. She finishes by giving messages to GPs about including continence issues in regular checks for males and the need for early intervention.

- After viewing the video clip, in small groups, discuss the key issues and how to integrate this into your practice. Present your findings back to the larger group to share ideas.

Key issues

- Empathy
- Normalising incontinence
- Pre-operative education and preparation
- Importance and timing of pelvic floor muscle exercises
- Erectile function and expectations post surgery
- The role of ultrasound in educating men
- Asking about urine function at regular health checkups

Radiation treatment

When a man has radiation treatment he has a lot of inflammation from radiation cystitis. Both with radiation cystitis and radiation proctitis men usually get a lot of diarrhoea and frequency and urgency.

The role of the community pharmacist

The community pharmacist plays an important role in general practice. Not only in prostate cancer and problems around prostate surgery, pharmacists are big allies in information gathering, especially in older people who are on a lot of medication

Older men living with incontinence may have a very good relationship with their community pharmacist. They may be buying their pads and continence aids from the pharmacist, and they may not even tell the GP because they think that because they're old it's the normal thing.

Often when pharmacists conduct Home Medication Reviews, the pharmacist will pick up on incontinence as being one of the most important things in that person's life.

National Continence Helpline

Gathering information from the National Continence Helpline can provide information on the funding schemes and availability of a range of products, where they can be located. It just opens up a whole enormous amount of things.

There are a number of funding schemes:

- The national one is the Continence Aid Assistance Scheme - \$470 per financial year.
- DVA RAP Scheme.
- There are state schemes in virtually every state that assist patients.

If the problem can not be fixed, it can be better managed. Using products correctly is certainly one way of managing things better, and it keeps the person at home a lot longer.

The National Continence Helpline - **1800 330 066** - can provide current information to assist people in different jurisdictions to avail them of the best facilities and schemes to support them in their continence management.

12 months on...

If after 12 months a person is not continuing to improve, some decision needs to be made about further intervention. There are a number of technologies available including three types of male slings and the artificial urinary sphincter.

Once all the conservative measures have been implemented and a period of time has passed, then it may be necessary for reconstructive surgery to fix a problem that's not fixing itself.

Activity 9

Activity 9

Available Services and Products

Research and record the depth and breadth of services and products available to your patients that can assist them in managing their continence. This can include obtaining materials from:

- the National Continence Helpline
- Other health professionals
- Community pharmacist
- Continence nurses
- Local physiotherapist
- Incontinence support groups
- Others

Share this information with your colleagues to ensure currency and knowledge management.

Take home messages

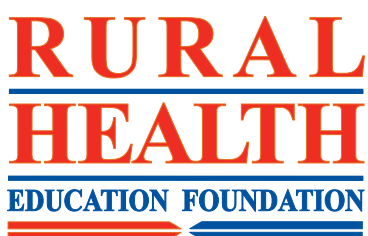
- Early intervention nearly always makes a difference. The earlier the intervention the earlier the normalisation and the more support there is for people.
- It is never too late to intervene.
- Continence nurses want to make people continent. They treat people across their life span from cradle to the walking frame.
- Ring the helpline if you have any queries about bladder or bowel management. The helpline will point you in the right direction and provide written information and ideas on how to manage incontinence.
- Support is available through the Prostate Cancer Foundation. There are now about 20 groups in Queensland and 83 around Australia. We have support there for any man who is diagnosed, and his partner.
- Don't be slow to get support from any of these groups throughout Australia.
- With any sort of incontinence, global fitness is the way to go.
- Problems with continence are very common and they impact enormously on patients' quality of life and I think it's important that patients are asked, in order to see if there are any issues.
- GP's and health professionals need to find out what services and products are available, what help is out there, what other health professionals there are, and work as a team for the best outcome for the patient.

Online Resources

Australian Nurses for Continence (ANCF)	http://www.anfc.org.au/
Australian Physiotherapy Association (APA)	http://apa.advsol.com.au
Continence Foundation of Australia	http://www.continence.org.au/
National Continence Helpline	1800 33 00 66
Department of Health and Aging	http://www.health.gov.au/
National Continence Management Strategy – Bladder & Bowel Website	http://www.bladderbowel.gov.au/
Prostate Cancer Foundation of Australia	http://www.prostate.org.au/
Rural Health Education Foundation	http://www.rhef.com.au
Continence and Men's Health Program	http://www.rhef.com.au/programs/718a/718a.html

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Rural Health Education Foundation
Unit 17, 2 King Street DEAKIN ACT 2600
PO Box 324 CURTIN ACT 2605
Phone: 02 6232 5480
Fax: 02 6232 5484
Email: rhef@rhef.com.au
Web Site: www.rhef.com.au