

Working Through the Clinical Practice Guidelines for Urinary Incontinence

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The Canadian Continence Foundation.**

The Pipeline is a publication of the Urology Nurses of Canada and is sponsored by **AstraZeneca**.

The Pipeline is published each spring and fall for UNC members and sponsors and is also located at www.unc.org.

The Pipeline is looking for articles for publication about new initiatives in urology, latest technology, clinical research and evaluation, local chapter activities, patient and community resources.

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With recent surveys indicating that there could be close to 2.9 million Canadians experiencing urinary incontinence, the need is GREAT for education of healthcare professionals and consumers. In 2001 The Canadian Continence Foundation completed a three-year Health Canada project that developed the first Canadian Practice Guidelines for Urinary Incontinence. They looked at women, men, and the frail elderly living in the community. As a result flow charts were produced for Initial and Specialized treatment.

It is known that there is a lack of a system in Canada to facilitate appropriate assessment and follow-up of urinary incontinence. At the beginning of the last century women's life expectancy was around 45. Currently that figure has risen to over 83 years and the average woman will spend 1/3 to 1/2 of her lifetime being post menopausal. As we enter a new century and a new millenium the importance of Pelvic Health Care is gaining momentum. A Working Models committee was setup to look at the delivery of Continence Health Care as part of this same project.

The Guidelines Group approach was to develop Flow Charts for first-line and second-line management of women, men and the frail elderly.

The resources used were:

1. AHCPR, 1996
2. First International Consultation on Incontinence, Monaco, 1996.

The players in the Guidelines committee were continence advisors, physiotherapists, registered nurses, urologists, geriatricians, uro-gynecologists, family MDs, consumers, a representative from Health Canada and a facilitator.

The Guideline for **Initial Treatment** begins with proper assessment.

A **general history** needs to be taken with goals and expectations of the treatment listed. Medications, poly-pharmacy and drug interactions should be noted. Chronic illnesses and environmental as well as functional factors need to

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Urogynecology

Clinic

Opening

The Urogynecology Clinic of the Ottawa Hospital's Civic Campus officially opened its doors on November 20, 2002. The clinic provides a full range of services for the treatment of women with pelvic floor disorders such as urinary incontinence, voiding dysfunction, bladder instability, and pelvic organ prolapse. The Clinic is staffed by three Urogynecologists: Dr. Kevin Baker, Dr. Craig Campbell, and Dr. Joyce Schachter; four Urogynecology nurses: Kelly Buck, Kellie Kitchen, Angie Maidment and Janet York-Lowry; and a Nurse Continence Advisor: Louise McIntosh. Phyllis Monette and Julie Trotman provide clerical support.

Women are referred to the Clinic by their family physicians or other specialists and receive a thorough assessment, which includes urodynamic testing and cystoscopy, where necessary. Treatment options include conservative management, medications, and/or surgery. The patients referred to the Continence Advisor are assessed for the factors contributing to their incontinence. They are then counselled on fluid and diet modifications, pelvic floor exercises, bladder drills, voiding diaries, bowel habits, teaching of pessary care, vaginal weights, teaching of intermittent self-catheterization, and/or biofeedback and muscle stimulation techniques.

The clinic is the only one of its kind in Eastern Ontario and provides educational opportunities to medical students, Residents and nurses wishing to pursue Nurse Continence Advisor certification.

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be taken into consideration. Constipation and fecal impaction should not be forgotten.

An **incontinence history** is necessary and should include:

Quantification of urine loss	Feeling of prolapse
Qualification of urine loss	Sexual function
Fluid intake (amount/type)	Quality of life
Associated symptoms	

A **physical exam** provides important information. The Guideline starts with a general assessment and then progresses to the abdomen, genital and rectal exams. MSK/neurological function should be assessed as well.

Investigations should include urinalysis, a voiding diary, post void residual and cognitive function

Following assessment the Guideline divides the presumed etiology for incontinence into the following categories of Stress, Urge, Mixed, Overflow and Non-Urologic. Then treatment or management according to the cause can commence.

The three main areas of **Initial Treatment** are **Environment and Lifestyle Interventions, Pelvic Floor Muscle Training** and **Bladder Retraining**.

Some **Environment and Lifestyle Interventions** are adequate fluid intake, avoidance of caffeine, alcohol and carbonated beverages, and use of the best possible containment device.

Pelvic Floor Muscle Training involves Kegels, biofeedback, electrical stimulation and vaginal cones.

Bladder Retraining includes Bladder Drill, which increases the intervals between voids; Time Voids, which are pre-scheduled voiding times where the interval is based on avoiding leakage; Prompted Voids, which are fixed time intervals between voids based on avoiding leakage and prompted by a third party.

Complex histories need to be referred to a specialist. Examples would include significant prolapse due to a neurological problem, possible obstruction from a radical pelvic surgery, a suspected fistula, a significant PVR due to a complex psychiatric case, and pelvic irradiation.

The Working Models Group, investigating delivery of care, chose a flexible model using age and sex of an individual, concomitant disease, setting, availability of healthcare professionals and existing structures and systems.

Their resources were environmental scans, relevant literature reports, personal experience, consultation with colleagues and consumer input.

Three settings were examined – **Rural/Remote, Small City, Urban/Academic**

In **Rural/Remote** areas the challenges were the long distances patients had to travel for care and the scarce resources available. Potential solutions were use of Telehealth techniques and community outreach.

Small Cities found challenges with the shortage of specialists, lack of resources, insufficient healthcare personnel and regionalization.

Urban/Academic challenges were no self-referral, lack of basic continence assessment and duplication of services.

Four categories were targeted as the outcome of guideline development and delivery of care investigation.

1. Optimizing the efficacy of the guidelines by:
 - single-page flow chart
 - empirically validated questions for screening for incontinence
 - clearly identifying both consumer and professional goals and expectations of treatment
2. Training of healthcare professionals.
 - There is a great need to educate/upgrade professionals.
 - Develop Standards of Care.
 - Continence care needs to be emphasized in undergraduate health professional training.
3. Education of the public regarding Continence Care.
 - Patient knowledge increases the likelihood of cost-effective health delivery and consumer satisfaction.
4. Barriers.
 - Lack of funding for assessment and treatment of urinary incontinence issues
 - Scarcity/difficulty in accessing medical specialists trained in continence care
 - Almost chronic lack of involvement of Family doctors in continence care

Addressing these issues will definitely improve Continence Care and its delivery.

Corporate Sponsor Award Winners

The winners of the UNC Awards Program were announced at the Urological Excellence Conference - 2002 which was held in Ottawa, ON, during October. These awards are made available through unrestricted educational grants given via our Corporate Sponsorship Program.

The winner of the **Scholarship Award** was Maria Hillman from Victoria, BC. She is a urology clinic nurse who is working on her BSc. at the University of Victoria. The corporate sponsor was Pfizer.

The winner of the **Research Award** was Jill Milne from Calgary, AB

She will be doing doctoral research entitled “Self-Care following Help-Seeking for Urinary Incontinence”. The corporate sponsor was AstraZeneca.

The winner of the **Male Sexual Dysfunction Award** was Wendy Piercy from the Capital Region Prostate Centre in Victoria, BC. The corporate sponsor was Pfizer.

The winner of the **Editorial Award** was Frankie Bates from St Joseph’s Hospital, Saint John, NB for her article entitled “The Role of the Nurse Continence Advisor in a Urology Wellness Clinic” published in the February, 2002 issue of the Urological Nursing Journal. The corporate sponsor was Abbott.



Frankie Bates with Henry, the Abbott representative

Urology Nurses of Canada Awards

At each Urological Excellence Conference awards are given by Urology Nurses of Canada for the best short paper presentation and the best poster.

The winner of the award for the best **Short Paper Presentation** was Louise McIntosh from Ottawa, ON. Her presentation was entitled “Taking Control of the Overactive Bladder”.

The winner of the **Poster** award was Liz Smits from Edmonton, AB. “Regional Radical Prostatectomy Clinical Pathway” was the title of her poster.

Urology Nurses of Canada congratulates all the winners.

UNC News

Urology Nurses of Canada

The Urology Nurses of Canada extends an invitation to all nurses and allied health interested in urologic nursing to join the association.

The Urology Nurses of Canada is a National Association whose mandate is to enhance the specialty of urologic nursing in Canada by promoting education, research and clinical practice.

The activities of the Urology Nurses of Canada are designed to enrich members' professional growth and development.

The UNC hosts an annual conference each fall and convenes for an educational meeting at the Canadian Urological Association annual meeting each June.

Membership in the UNC now entitles you to receive 6 issues of Urological Nursing Journal, 2 issues of Pipeline, Annual Urological Excellence Conference information and discount on registration, UNC Membership Directory, UNC Constitution, UNC: Standards of Urologic Nursing Practice and your personal access to UNC reports on the web.

For more information about UNC, contact: Louise McIntosh, Membership Coordinator at continenceadvice.netscape.net or visit www.unc.org.

UNC Representatives 2002 - 2003

UNC Executive

The Urology Nurses of Canada is managed by an executive board composed of:

President:Sue Hammond
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Newfoundland and Labrador:Tracey Tompkins

Descriptions of each position are available in the UNC Constitution. Information on UNC news, programs and reports can be located at www.unc.org

Local Chapter News info: www.unc.org

Victoria	Info: Sandra Rowan	Tel: 205 381-3747
Edmonton	Info: Anna Saskiw	Tel: 780-407-8622
Calgary	Info: Colleen Toothill	Tel: 403-541-3410
Kingston	Info: Geri Nicol	Tel: 613-634-0520
Ottawa	Info: Susan Freed	Tel: 613-721-2000 ext 3900
Montreal	Info: Racquel de Leon	Tel: 514-842-1231 ext 34959
Halifax	Info: Emmi Champion	Email: emmi.champion@ns.sympatico.ca
New Brunswick	Info: Gina Porter	Tel: 506-632-5720
Newfoundland	Info: Tracey Tompkins	Email: tomjoe@roadrunner.nf.net

How to form a local UNC Group

1. Contact nurses and allied health in your area interested in Urologic Nursing.
2. Pick a topic and a speaker (for the initial meeting).
3. Book meeting room.
4. Contact local sales rep for potential support of meeting.
5. Advertise meeting and distribute information about the UNC.
6. Create local executive e.g. chairperson, secretary, treasurer.
7. Organize educational meetings/events.
8. Contact UNC provincial representative regarding local business meetings.
9. Encourage submissions of articles and upcoming events to "Pipeline".

Help Wanted!

The UNC invites you to participate with some of the UNC initiatives including:

- Authors for Pipeline articles
- Abstracts for Urological Excellence Conference - 2003

Newfoundland and Labrador Chapter

The Newfoundland and Labrador Chapter of Urology Nurses of Canada had its beginnings back in 1996. Several of the nurses from Adult Acute Care had attended the Urological Excellence Conferences and it was felt we needed more education about our specialty.

Meetings were arranged and various speakers invited. Our numbers weren't great but those that came started learning about Prostate Cancer, Erectile Dysfunction, Incontinence, Kidney Stones, Interstitial Cystitis and so much more. We always had a good chat afterwards over chips and dips and coffee and cake. Informality was key and we could ask any question. Sometimes we would have quizzes to see how much we had learnt. Sales reps would give us sets of slides and even work books. These we devoured.

In 1999 we held our first workshop. We had such a good response we have made this an annual event. We use the hospital facilities and have a grand potluck in the Day Surgery. This keeps cost to a minimum.

There are two other hospitals on the Island offering urology services and so we have visited the nurses offering information about UNC and giving lectures. Several of these nurses have come to St John's to participate in our annual workshop and many attended the Urological Excellence Conference we hosted in 2001.

Our Association of Registered Nurses of Newfoundland and Labrador has a Special Interest Group Section. We decided to bring our UNC chapter under this Special Interest Group umbrella. This necessitated writing our own by-laws. We adapted the UNC Constitution to a local setting and submitted this to the ARNNL as well as the UNC Executive. They accepted us and now we have local credibility. We have opportunity to display literature at the ARNNL Annual General Meetings and so we have become a resource to all nurses from our province. The response has been overwhelming. We have given

away boxes of information. We have been invited to give teleconferences for nurses across Newfoundland and Labrador and written small articles in ARNNL "Access" magazine.

Every Chapter should have a public project and so we adopted our local Prostate Support Group as ours. We have participated on a panel at their very first meeting, spoken at the monthly meeting, joined the sponsored Walk a Mile in His Shoes campaign, and set up displays about prostate cancer in the lobby of our hospital. On occasion we have gone on a field trip for our UNC meeting to the Prostate Support Group meeting to show our members what these men are discussing.

The Newfoundland and Labrador Chapter of Urology Nurses of Canada have been active for six years. We are a young group but have learnt so much since that first meeting. It has been a worthwhile venture and we encourage other urology nurses to get involved in their local areas.

Corporate Sponsors

Urology Nurses of Canada Corporate Sponsors for 2002/2003

Each year Urology Nurses of Canada acknowledges and thanks our national **Corporate Sponsors** for their continued support.

For the year 2002/2003 they are:

Titanium Level

AstraZeneca
Pharmacia

Silver Level

Pfizer

UNC Clothing Line

A line of clothing with Urology Nurses of Canada logo stitching was launched at the recent conference in Ottawa. A fashion parade, given by the UNC executive, showed off a wide array of jackets, lab coats, polo-shirts, turtle necks, sweatshirts and fleece vests. Various colors dotted the line up. These were made available for sale afterwards.

A good supply of products is still available and you are encouraged to purchase these quality garments.

Jill Jeffery of Victoria has assumed responsibility for sales and she will gladly provide you with further information and order forms. All queries should be directed to Jill at:
e-mail: jjeffery@telus.net or phone:
250-658-5632



Ottawa Urological Excellence Conference

The Ottawa Urological Excellence Conference, which was held at the beginning of October, was a huge success. One hundred and thirty delegates from across the country attended. The theme this year was “Navigating the Changing Flow”. Throughout the conference reference was made to ongoing change and the need to keep updated was emphasized.

In keeping with the theme, Dianne Stumer gave a heartfelt account of her family’s voyage around the world on their sailboat, Northern Magic. She started by telling us of her dream and encouraged us not to put off doing what we want to achieve. Her family’s adventures were life changing both for them and for the people they met as they journeyed around the globe. She inspired us never to give up or lose hope.

Eleanor Holmgren, Donor Coordinator with the Ottawa Hospital, gave a very informative talk about transplantation and the complex process of support given to donor families. June Jones, a kidney recipient, then shared her experiences of her renal transplant. It was refreshing to hear her side of the story. June’s feedback was vital for any program.

A comprehensive presentation on Herbal Medicines was given by Maryann Hopkins, a pharmacist with the Ottawa Hospital. She informed us that the Canadian Government is concerned about consumer safety and has established an Office of Natural Health Products. Often patients arrive at our doors using supplements or herbals with prescribed medications. Unsupervised use

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may delay diagnosis or treatment of serious medical conditions. She gave a very good outline of herbal medications used for urological conditions.

During the short papers and concurrent sessions we were updated on Sexually Transmitted Diseases, Neobladders, Women's Health Clinics, and Endourlogy. We were walked through surgeries and clinical practice guidelines for incontinence. One research presentation gave tremendous insight into the meaning of quality for women with Interstitial Cystitis. Her video was applauded not only by the nurses but by the local Interstitial Cystitis Society members.

We laughed, we cried. This was a conference of the heart. As I look at my photo with the Mountie and remember the Beaver Tails and warm apple cider I am reminded that nurses do care and people appreciate the care we give. This will never change. Thanks Ottawa!



Up Coming Events

**The Canadian Continence Foundation &
The Canadian Urodynamics Professionals
2nd Joint Conference**

June 20 – 21, 2003

**Hilton Bonaventure Conference Centre
Montreal, QC**

Call: 514-488-8379

E-mail: help@continence-fdn.ca

Website: www.continence-fdn.ca

Canadian Urological Association

58th Annual Meeting

June 22 – 25, 2003

**Hilton Bonaventure Conference Centre
Montreal, QC**

Call: 514-499-8920

E-mail: sorelcom@globetrotter.net

Website: www.cua.org/2003meeting

**Urology Nurses of Canada
at the CUA meeting**

Monday, June 23, 2002

16.00 – 18.00 hrs

Call: 709-368-0101

E-mail: dhammond@avint.net

Website: www.unc.org

**21st World Congress
on Endourology**

September 21 – 24, 2003

**Palais des Congres,
Montreal, QC**

Call: 514-286-0855

E-mail: wce2003@eventsintl.com

Website: www.wce2003.com

**16th Urological Excellence Conference
October 2 – 4, 2003**

**Hilton Hotel,
Saint John, NB**

“Where the Flow Begins”

Call: 506-632-5720

E-mail: porgi@reg2.health.nb.ca

Website: www.unc.org

**Edmonton Chapter Urology Daze
April 4, 2003**

**Cross Cancer Institute,
Edmonton, AB**

**“Ins and Outs of Urinary Tract
Infections”**

E-mail: lizsmits@hotmail.com

Website: www.unc.org

**Society of Urologic Nurses and Associates
34th Annual Conference**

March 26 – 30, 2003

**Marriott Rivercenter & Riverwalk
San Antonio, Texas, U.S.A.**

"River of Knowledge"

Website: www.suna.org

**American Urologic Association
98th Annual Meeting**

April 26 – May 1, 2003

**McCormick Place/Lakeside Center
Chicago, Illinois, U.S.A.**

Website: www.auanet.org