

## The Role of the Nurse Continence Advisor

By Frances Stewart RN NCA

NCA's are RN's who have completed a recognized Continence Program that prepares them to assess clients and manage bowel and bladder problems. The role was developed in England in the early 1970's as a method of dealing with the problem of incontinence in a conservative manner. The first program in Canada was established in 1994 by OMH in an effort to reduce the problem of incontinence in the community for those receiving home care.

The NCA Certificate Program is available through a Distance Education Program at McMaster University School of Nursing. There are now NCA's practicing Canada wide with recent establishment of nurse run clinics. The problem is with funding of these Clinics.

We certainly need NCA's as urinary incontinence affects over 2 million Canadians. 1 in 4 women over 65 and 1 in 10 men over 65. Incontinence is a treatable disease, but many people think it is a normal part of aging. But the wait time to see Specialists is long.

The role of the NCA is to establish continence and improve management of incontinence and quality of life. Each case must be assessed individually in order to develop a plan geared to the specific client.

They provide comprehensive assessment, identify contributing factors and develop a plan of management of incontinence. They focus on conservative measures to include pelvic floor exercises, prompted voiding, environmental and lifestyle interventions and pessaries. The NCA can break down the barriers to continence care with knowledge, new attitudes and availability of resources.

They shorten wait times for treatment requiring conservative treatment.

*(Continued on page 2)*

The Pipeline is a publication of Urology Nurses of Canada.

The Pipeline is published each winter and summer for UNC members and sponsors and is also located at [www.unc.org](http://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.

**Deadline for next issue:**

**May 1, 2007**

**Contact the**

**Pipeline Editor:**

Brenda Bonde:

Tele: 250-812-1542

Email: [uncpipeline@yahoo.ca](mailto:uncpipeline@yahoo.ca)

The NCA will complete a comprehensive assessment including incontinence history, symptoms, voiding patterns, fluid intake and risk behaviors. They will get a bowel history, medical history, and obstetrical history, history of previous treatments for incontinence, current medications and a functional assessment. A physical exam would be performed to assess the pelvic floor and any sign of prolapse or vaginal atrophy would be ruled out. Then they will develop treatment objectives and implement a treatment plan.

Urinary incontinence is defined by the International Continence Society as a condition where involuntary loss of urine is a social or hygiene problem. 3 most common types are Stress incontinence, Urge incontinence and Mixed incontinence. Stress incontinence is a loss of urine with an increase in intra-abdominal pressure. Urge incontinence is a strong sensation to void with or without leakage. Mixed is a combination of urgency and stress incontinence. Contributing factors to urinary incontinence are weak pelvic floor muscles, childbirth, constipation, UTI, diet, obesity, medication, previous surgery and neurological diseases.

Conservative management includes diet and fluid changes, pelvic floor exercises (80-100 per day), avoiding constipation, prompted voiding, and pessaries, and if necessary referral to other Health Professionals. Other treatments include medication for OAB such as Uromax, Detrol LA, Ditropan XL, Vesicare or Enablex. Surgeries are another treatment option, usually a sling procedure such as TVT or TOT.

#### **Case Histories:**

#1 A 48 yr old client, who doesn't want surgery, was using a pessary which falls out. She was told that there would be a three month wait. I saw her 3 days later and assessed her for a Gr 4 uterine prolapse, and refitted her pessary. She asked "Why aren't there more nurses like you?" And said "THANK YOU, I couldn't walk."

#2 A 34 yr old female, complaining of leaking when running. She was wearing a pad and had urgency and frequency. She was voiding q2h and experiencing nocturia X2. She was a PI GI and wanted another child so surgery was not an option at this time.

On assessment she was consuming 3 coffee, 2 tea and 1-2 litres of water daily. Her symptoms worsened 1 week prior to menses.

She does 30 kegals daily, suffers from chronic constipation, experienced recurrent UTI's X2, finds intercourse stressful (?dysparunia) and is up twice at night with 2 yr old.

Treatment plan includes- watching fluid intake, increasing pelvic floor strength, improving bowel function- try a stool softener, cranberry tablets and avoiding bubble baths to avoid recurrent UTI's, try tampons when running and reducing times up at night with 2 yr old.

After 1 month she had reduced her caffeine and experienced less frequency and urgency. No UTI's, was taking Colace for bowels and had made diet changes. Tampons were helping slightly when running ? pessary. Kegals still weak-can be referred for biofeedback. Her husband gets up with 2 yr old (now rare).

3 month follow up shows her urgency/frequency under control. Her constipation is better. I fitted her with an incontinence ring pessary and taught her self insertion and care.

She still needs to work on Pelvic floor muscles, biofeedback slightly helpful but is expensive. Her 2 yr old is sleeping through the night.

At 6 months she reports that the pessary is working well (75% better), constipation is better, no UTI's. Intercourse is less stressful, and she will attempt pregnancy in the next year. She is happy with present plan and will be seen prn, mainly for support.

In conclusion: NCA's are an effective low cost management strategy for incontinence. They provide minimally invasive management with an individually tailored plan. They are a good support structure and can refer clients as needed and are usually available sooner for consultation. ■

## The Hamilton Chapter

Once again the Hamilton Chapter (Connie Prowse and myself), has hosted a successful night in urological education. The Hamilton chapter commits to hosting two yearly events, one in February and one in September. These events are fully sponsored and gratis for participants. September's event focused on some of the new surgical technology available for the treatment of renal cancer. We are fortunate to have, at our disposal many pioneers in urology (see invitation insert) There was a total attendance of 38 nurses from around Southern Ontario. Invitations are sent out twice to all hospitals, clinics and Urologist's offices from Kitchener to Toronto and down to the falls.

We recognize the significance in advancing practice through knowledge acquisition in the promotion of excellence in patient care.

Partners in Care

Elizabeth Bowman RegN, BScN, CNeph(c)

Hamilton Chapter President. 

### Listening isn't a matter of intellect or genius...it's a habit we can improve

#### TYPICAL HABITS OF TRAINED AND UNTRAINED LISTENERS

##### UNTRAINED LISTENERS

1. Tune out others, prejudice
2. Quick to mentally criticize grammar/speaking style
3. Try to talk when the should be listening
4. Listen for facts & errors to prove others wrong
5. Try to reply to everything
  - exaggerations and errors
6. Fake attention
7. Try to do something else while listening
8. Give up too soon
9. Distracted by emotional words, lose temper
10. Give little verbal response
11. Unaware of talking/listening "speed limits" mismatch

##### TRAINED LISTENERS

1. Defers their judgment, listen for feelings
2. Pay attention to content
3. Listen completely first, make people feel valued.
4. Listen for main idea disregard minor points
5. Avoid sidetracking and sarcastic
6. Give themselves internal cues to listen
7. Realize listening ia a full time job - keep eye contact
8. Listen carefully, give feedback, ask questions
9. Feel their anger but control it
10. Make affirmative statements
12. Listen for emotions

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## AWARDS, AWARDS, AWARDS

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### UNC AWARD OF MERIT

It is time to recognize that “special” UNC nurse in your group. The one who has done that “extra something” for your chapter, your workplace, or your community.

Each year UNC proudly and publicly recognizes an individual who has made significant contribution through education, research or clinical practice or has achieved distinction through excellence in UNC promotion, UNC mentoring or other enhancement of the UNC Mission.

Over the years many of our finest nurses have been honored with this award.

We have some exceptional people within our ranks and they need to be recognized.

The Award of Merit will be presented at the Urological Excellence Conference in Montreal Quebec.

Urology Nurses of Canada needs your application for the annual awards that we are able to offer through the continued support of our corporate sponsors.

Awards available are:

#### Editorial Award

This award will be given to a UNC member who has written an article, paper or editorial that has been published in the past year and has not been previously published.

#### Research Award

This award is available to a UNC member proposing research related to urological nursing practice in one of the following sub-specialties: urodynamics, biofeedback, endourology, sexual health, uro-oncology or incontinence.

#### Scholarship Award

This award is available to a UNC member who wishes to further his/her education as related to the practice

of nursing.

This year \$1000 will be granted for each of the Editorial, Research and Scholarship awards. These awards are made available through unrestricted educational grants given via our Corporate sponsorship Program.

**The deadline for applications is August 31, 2007.**

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## Urology Nurses of Canada

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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 4 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: Gina Porter, Membership Coordinator at [memship@nbnet.nb.ca](mailto:memship@nbnet.nb.ca) or visit [www.unc.org](http://www.unc.org).**

# UNC Info

## UNC Representative 2005-2006

### UNC Executive

#### UNC Executive

<b>President:</b>	<b>Susan Freed</b>
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Vice-President West:	Laurel Mc Donough
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#### UNC Provincial Representatives

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	Nova Scotia:	Liette Connor
	Newfoundland and Labrador	Sue Walsh
	Prince Edward Island	Cathy Croken

Description of each position are available in the UNC Constitution. Information on UNC news, programs and reports can be located at [www.unc.org](http://www.unc.org)

#### Local Chapter news info: [www.unc.org](http://www.unc.org)

**Victoria Info:** Sandra Rowan Tel: (250) 381-3747

**Edmonton Info:** Liz Smitz Tel: (780) 407-6154

**Calgary Info:** Colleen Toothill (403) 943-3748

**Kingston Info:** Sylvia Robb Tel: (613) 549-6666 ex. 4778

**Ottawa Info:** Susan Freed Tel: (613) 721-4700 ex. 3900

**Montreal Info:** Carol-Ann Lee Tel: (514) 934-1934 ex. 35213

**Halifax Info:** Emmi Champion Tel: (902) 473-2570

**New Brunswick Info:** Gina Porter Tel: (506) 632-5720

**New Foundland Info:** Sue Hammond Tel: (709) 368-0101

#### 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 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 of "Pipeline" Articles

## SUNA/AUA Meeting Held in Ottawa, Ontario

September 7, 8, 9, 2006

panel discussions also included Nurses and Urologists sharing their experiences from both Canadian and American aspects.

Of course a great Fun night was held in the Canadian War Museum. Dinner and Dancing to the theme of 1940 Officers Club.

Lot's of contact were made, and UNC made a good showing with five executive and one Provincial Rep participate in the conference. We have been invited to next year's meeting in Rochester, New York. ☐

## The UEC At The CUA June 2006

The UNC was fortunate to be a very active part of the CUA meeting in Halifax this June

A UNC booth that was manned by the executive was provided by the CUA as a joint venture, which we have confirmed will also be in place at the 2007 meeting in Quebec City. We were able to "get our message" out that we are an active and inspired organization and hopefully encouraged more nurses in the field of Urology to join us.

It was a great opportunity to touch base with all the representatives of the medical companies as well as to be able to take part in the educational sessions that were being presented to the CUA members.

Several registration fees were donated by the CUA and we hope to encourage them to repeat this generous offer next year. The social functions were fun as well as the educational sessions being very informative.

A presentation hosted by the UNC was given on Botox by Dr. Jerzy Gjewski was well attended and enjoyed by those present

We will continue to work with the CUA to keep up

The UNC was invited to participate and were asked to extend an invitation to Canadian Urology nurses.

35 nurses attended and several Urologists joined them for the sessions. Many timely topics were covered, including IC, ED, FSD and Pediatric Urology. Two



### WHAT DO ALL THESE ABBREVIATIONS MEAN????

**UNC** - Urology Nurses of Canada

**CUA** - Canadian Urologic Association

**UEC** - Urologic Excellence Conference

**CPCN** - Canadian Prostate Cancer Network

**NCA** - Nurse Continence Advisor

**AQIIU** - Association Quebecoise des Infirmieres et  
Infirmiers En Urologie

**SUNA** - Society of Urology Nurses of America

**AUA** - American Urologic Association

## “Up Where WE Belong”: UEC 2006

Montreal hosted the Urologic Excellence Conference for 2006. Delegates from across the Country joined together to learn and meet with fellow nurses.

A welcoming reception complete with Salsa Dancers started everything off.



Awards were presented- The winner of \$1000.00 Editorial Award was Frankie Bates and the winner of the \$1000.00 Scholarship Award was Gina Porter. Congratulations to both of you.

The Montreal Organizing Committee and volunteers are to be commended for all their hard work in putting



Susan Freed and Montreal Committee

Friday morning after Opening remarks from Dr Armen Aprikan and our President Susan Freed, the program started with an enlightening talk on “Zen in Action” from a very active Dr Yosh Taguchi. We heard the latest on Urogynecology from Dr. Marie-Claude Lemieux. “Women’s’ Problems with Prolapse”. Lily Chin-Peuckert, the winner of the Scientific Presentation Award, presented her teaching ideas and a great video for children undergoing Mitroffinoff.:”Easy Cath for kids”. Caroline Marchinonni Presented her efforts in Harmonization of Urethral Catheterization Procedures. The afternoon offered up some great concurrent sessions that were very hard to choose between.

together a very informative and fun-filled conference. ☑



Gina Porter and Cara Webb manning the UNC Booth, for Registration and Promotional Sales

On Saturday, Joanne Brodeur, Nurse/Lawyer talked about meeting legal expectations, “Nursing’s Annual Check-up”. She gave some excellent examples on the importance of documentation. Dr Peter Chan spoke candidly and informatively on the latest treatments for Erectile Dysfunction. We were again treated to very topical concurrent sessions. The final presentation from Fletcher Peacock encouraged us to “Water the Flowers, not the Weeds”.

Friday night we dined at the Burger’s and Benedicts and laughed together at The Comedy Nest.

~ Clothing ~  
UNC

Did you know that there is a great line of clothing available with the UNC logo ? Lab coats, fleece vests, scrubs and more.

Contact Jill Jeffery

[jjeffery@telus.net](mailto:jjeffery@telus.net) for a brochure

# Coming Events

## Canadian Urological Association

### 63rd Annual Meeting

June 24 – June 24, 2007

Centre de congres, Quebec City

Website: [www.cua.org](http://www.cua.org)

## Urology Nurses of Canada at the CUA meeting

Monday, June 27, 2006

16.00 – 18.00 hrs

Centre de conges

Details tba

Website: [www.unc.org](http://www.unc.org)

## 20th Urological Excellence Conference

**TRICKLE INTO VICTORIA, We're not just tea & crumpets**

September 27,28 & 29,2007

Delta Ocean Pointe Resort

Victoria, BC.

Website: [www.unc.org](http://www.unc.org)

## Canadian Prostate Cancer Network

**“Prostate Cancer: A Decade of Promise-A Future of Hope”**

4th Annual Meeting

July 27<sup>th</sup> -30<sup>th</sup>,2007

Westin Harbour Castle Hotel

Toronto ON

Website: [www.cpcn.org](http://www.cpcn.org)

## Society of Urologic Nurses & Associates

**2007 Annual Symposium**

“Sexuality, Intimacy and Pelvic Floor disorders”

March 14-17<sup>th</sup>, 2007

The Broadmoor at Colorado Springs

Website: [www.sunu.org](http://www.sunu.org)

## 2<sup>nd</sup> CSSAM/ISSAM

North American Congress on The Aging Male

Montreal, QC, Canada, February 8-10, 2007.

Website: [www.kenes.com/aging](http://www.kenes.com/aging).

## Ics2007

August 20-24,2008

Rotterdam, Netherlands

Event Organiser;

Patricia de Bont

Congress Consultants B.V.

P.O. Box 30016

68003 AA Arnhem

## 29th Congress of the Societe Internationale d'Urologie

September 2-6, 2007

Paris, France

Tel.: +1 514 875 5665

Fax: +1 514 875 0205

E-Mail: [central.office@siu-urology.org](mailto:central.office@siu-urology.org)

Web: [www.siu-urology.org](http://www.siu-urology.org)

### Urology Nurses of Canada

Corporate Sponsor for 2006

Each year Urology Nurses of Canada [UNC] acknowledges and thanks our national Corporate sponsor for their continued support.

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Titanium Level

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