

The Role of the Nurse Incontinence Advisor in a Urology Wellness Clinic

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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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Contact the

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Urinary incontinence (UI) is defined as the "involuntary loss of urine that is objectively demonstrable and a social or hygienic problem" (Abrams, Blaivas, Stanton, & Anderson, 1988). A recent national poll suggests that 1.5 million of community dwelling Canadians (7%) had suffered from an incontinence episode during the previous year (Angus Reid Group, 1997).

The prognosis is good once the condition is diagnosed. Urinary incontinence is often a remedial condition. It is transient in 50% of patients. In 2/3 of the remaining 50%, the condition can be cured or greatly improved.

The costs of UI in the community are high, even if indirect costs (for institutionalization triggered by incontinence) are excluded. Extrapolating from U.S. figures (Wagner & Hu, 1998), the total direct and indirect cost of UI in Canada is probably about \$2.6 billion/year (Canadian Continence Foundation, 2000).

The Nurse Continence Advisor

The role of the nurse continence advisor (NCA) has the potential to contribute significantly to resolving incontinence and decreasing the cost of incontinence management in home care programs (Skelly, 2000). A 6-month pilot study conducted by Skelly and Kenny (1998) examined the role of the NCA and estimated the cost for 704 patients to be \$1.9 million per year. The majority of this cost is related to nursing and homemaker hours providing incontinence care. The pilot study also showed that reducing incontinence by 42% with the services of NCAs would translate into a significant cost savings.

The role of the NCA is not a new one. It was first established in Great Britain in the early 1970s. Lengthy waiting lists to see urologic specialists deemed it necessary to create the NCA role. Implementing this role resulted in a conservative holistic approach to incontinence problems utilizing lifestyle changes, pelvic floor exercises, and biofeedback therapy. Patients often found that by the time they were seen by the urology specialist, their continence had improved to the point they required no further therapy.

The NCA role was first established in Canada in 1995-1996. The first program for training NCAs was started as pilot project by the Ontario Ministry of Health, In Home Services Branch. The NCA education program was developed using a small-group, problem-based approach to learning. A group of 37 nurses was chosen from the Community Nursing Agencies across Ontario to participate in the program. The distance education program was first established in 1997. There are presently 88 certified nurse continence advisors across Canada with 41 enrolled in the program.

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Edmonton's **Urology Daze**

Anna Saskiw

UNC Alberta Provincial Rep

Each year in the spring the Edmonton Chapter hosts an educational day known as Urology Daze. Their theme this year was "Ins and Outs of Urinary Tract Infections".

150 health care professionals, involved in the care of patients with urinary tract infections and neurogenic bladders, gathered in the Zane Feldman Auditorium at the Cross Cancer Institute, Edmonton to hear about the whys and wherefores of UTIs.

A marvellous array of doctors and nurses shared their insights into Upper Urinary Tract Infections, Lower Urinary Tract Infections, Urrosepsis, Sexually Transmitted Diseases and Voiding Dysfunction, Interstitial Cystitis and Treatment of Urinary Retention.

Needless to say the educational day was very well received.

The organizers were very grateful to their sponsors: Medtronic, Janssen-Ortho, Johnson & Johnson, Baxter, and Classic Health Supplies

Any chapter who has hosted a day such as this will tell you that every bit of the organization required is worth it. We need educational updates and we need to get together.

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The NCA Distance Education Program on Contenance Promotion and Management is designed to assist the experienced registered nurse in acquiring the knowledge and skills to become an NCA. The academic requirements of the course are equivalent of 150 hours. The students complete the eight modules (usually one per month) and mail them in for marking. The clinical component includes 75 hours of clinical supervision and 75 hours of independent practice. It takes most students 1 year to complete the course. Further information about the program can be obtained from the Web site - www.fhs.mcmaster.ca/nursing/nca.

A NCA Program at Work

The Nurse Contenance Advisor Program within the Atlantic Health Sciences Corporation at St. Joseph's Hospital, Saint John, New Brunswick, has grown steadily over the last few years. The Urology Wellness Clinic now includes several exciting programs including Biofeedback and Stimulation Therapy, Nocturnal Enuretic Clinic, Contenance Clinic, Prostate Clinic and Educational Services. The program involves two nurse continence advisors in a job-sharing position. Their nursing background assists them in treating various types of UI in a holistic conservative manner. The clinic is available to patients of all ages with varying types and degrees of UI. Referrals come from urologists, pediatricians, gynecologists and obstetricians.

The continence clinic helps patients in the following ways:

1. Determines the cause of an individual's incontinence and assesses which treatment modality specifically suits that patient's need.
2. Helps to strengthen the pelvic floor muscles using exercises and biofeedback techniques.
3. Helps the individual to establish healthy bladder habits with bladder training techniques.
4. Evaluates the patient's diet and fluid intake to assess his/her potential impact on the patient's incontinence.

Evaluation and History

Once a patient is referred to the continence clinic the NCA will perform a thorough evaluation. Evaluation of patients suffering from UI centers on the history, physical examination and the development of a differential diagnosis. The Collaborative Contenance Assessment Form is used to evaluate voiding habits, urine loss, fluid intake, caffeine intake, product use, bowel-habits, past medical history, medications, and functional ability. A post-void residual and pelvic assessment complete the assessment. Voiding can be observed at this time to detect signs of hesitancy, straining, or slow or interrupted stream that may indicate urethral obstruction, a bladder contractility problem, or both (Fantl et al., 1996). Certain conditions that are associated with or are known to contribute to UI (such as hematuria, glucosuria, pyuria, bacturia, and proteinuria) can be detected with urinalysis and microscopic examination.

Therapeutic Strategies

After acquiring a detailed history from the patient, the NCA can immediately start with some simple lifestyle changes that will often improve bladder problems significantly. Increasing the patient's bladder capacity can improve nocturia as well as daytime frequency and urgency. Most individuals drink only half the amount of fluid they should in a 24-hour period. Two liters of water daily is stressed as a "normal" or adequate amount of fluid intake. Completing fluid intake 2 hours prior to bedtime is also stressed, particularly in the elderly and pediatric populations. This will help prevent nocturia and nocturnal enuresis.

Encouraging cardiac patients to keep their legs elevated during the evening hours can help promote a shift of fluid causing diuresis during waking hours.

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The rule of thumb for bladder emptying is that it is acceptable to ignore your first urge but always ensure bladder emptying on the second urge. This will promote an increase in bladder capacity as well as prevent hypotonic bladder. Straining to void is always discouraged except in the case of a neurogenic bladder.

Caffeine reduction is encouraged in any patient with UI. Caffeine is a xanthine derivative and an irritant to the bladder. It also excites the bladder muscle (detrusor) causing urgency and frequency at smaller bladder volumes. Patients are encouraged to gradually eliminate caffeine from their diet and to switch to decaffeinated products.

Bowel management also plays an important role in urinary control. Because the bowel is in such close proximity to the bladder, decreased bladder capacity can result if the descending colon and rectum are full of stool due to compression of the bladder wall (Roberts, 1989). Promotion of healthy bowel routines and evacuation together with high fibre diet and sufficient fluid intake are encouraged.

Pelvic floor exercises are promoted for all patients suffering from UI (Kegel, 1948). An internal examination (vaginal or rectal) on initial evaluation determines the strength and endurance of the patient's pelvic floor contraction. The patients are started on an easy exercise program conducive to their lifestyles. Specific exercises are used for varying types of UI.

Some patients are unable to locate their pelvic floor muscle. Biofeedback and stimulation therapy assists these patients by increasing their proprioception of the location of the muscle. Stimulation is performed via a vaginal or rectal probe and causes a reflex contraction of the pelvic floor muscle (PFM). This is performed for 15 minutes, after which the patient performs active contractions of the PFM using biofeedback therapy. Patients are able to visualize their contractions on a monitor as they perform their exercises. This assists them to exercise correctly without using their accessory muscles (for example, Abdominal and gluteal), and encourages the specific use of the PFM only. Home exercise units are lent out for those patients who require them. Stimulation has an initial cure rate of approximately 50%. When objective and subjective criteria are used, approximately 77% of patients remain symptom free 1 year after completion of therapy (Eriksen, Bergmann, & Eik-Nes, 1989).

Other Clinics and Programs

The prostate clinic is available to patients who have undergone or are awaiting radical prostatectomy. Only urologists refer these patients. Pre-operative teaching is done with the patient using protocols specific to his urologist. Instructions include expected length of hospital stay, expected outcomes and possible adverse effects after surgery (such as urinary incontinence and erectile dysfunction). Patients are given time to view

several videos on the topic of radical prostatectomy and also time to discuss any concerns. They are taught pelvic floor exercises, which are encouraged pre-operatively and resumed once the catheter has been removed post-operatively. Patients are also taught basic catheter care and how to change to a leg bag for convenience during the daytime. They are taught many of the lifestyle changes mentioned previously in the event that UI occurs post-operatively. They are seen in follow-up 6 to 8 weeks after surgery when an assessment is performed. Biofeedback and stimulation therapy are available to these patients if UI continues beyond 6 months after surgery.

The nocturnal enuretic program is available to children 5 years and over. Patients can access the clinic through urological or pediatric referral. The patient is first taught to use an alarm system. "Listening to bladder" techniques and "brain to bladder" coordination play a large part in this program. The child is responsible for completing a graph that represents his/her accomplishments in achieving dryness, as well as the lifestyle changes mentioned previously. Typically the child is seen weekly for 6 weeks, biweekly for 2 visits and monthly for 1 or 2 visits.

With the diurnal enuretic a number of "listening to bladder" strategies are applied. Bladder capacity is measured to ascertain if it is within "normal" range. The rule of thumb is 30mls per year of age plus 30mls. At 9 years most children have the same bladder capacity as an adult. If bladder capacity is diminished patients are encouraged to increase their fluid intake to 1.5 to 2 litres daily depending on the child's age. This will increase the bladder capacity in combination with strategies including ignoring the first urge to void. When treating pediatric patients with both nocturnal and diurnal enuresis, bladder drill therapies are effective.

A regimen of prompted or timed voiding can be beneficial in increasing bladder capacity, and is used in both the pediatric and adult population. The patient is started on a voiding schedule of 1.5 hour intervals during the daytime. The schedule is discontinued at night. As the patient becomes proficient at this interval, the time is increased by 30 minute increments until the patient is voiding every 2 to 3 hours (Doughty, 2000). Lifestyle changes and bowel management are also important factors.

The staff of the Urology Wellness Clinic firmly believes that urinary incontinence can always be managed and more often treated, cured, or improved. Their nursing background helps to lend an empathetic ear so that patients will "open up" and discuss very private matters. The staff's incontinence background helps them to assess and treat patients suffering with UI, using individualized programs specific to their needs. It is the meshing of these two backgrounds that nurse continence advisors strive to bring to their practice.

UNC Info

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
Past President:Laurel Emmerson
Vice-President West:Colleen Toothill
Vice-President East:Emmi Champion
Vice-President Central:Susan Freed
Membership:Louise McIntosh
Sponsorship:Darcel Lewis
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Nova Scotia:Liette Connor
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
- Nominations for Awards Programs

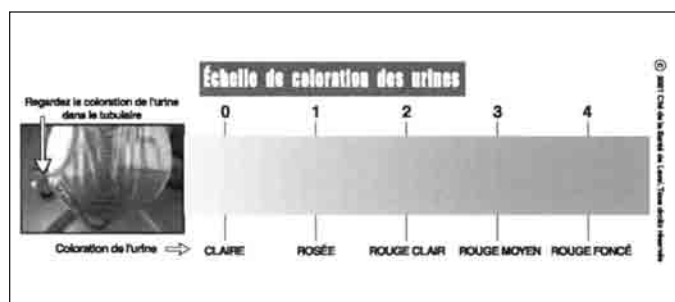
The Urine Color Scale

Many of you will remember a presentation by Suzanne Bonhomme, a Clinical Consultant in Surgical Care from Cite de le Sante de Laval, at the Urological Excellence Conference - 2001 in St John's, Newfoundland. There she explained how a urology surgeon, a nurse from the pre-admission clinic, a nurse representing 4 local community health centers, a nurse from the regional center, and herself worked to develop a simple, clinical tool to help patients evaluate how much blood is in their urine following TURP and TURBN.

A graduated scale indicating 5 levels of urine color from clear to deep red was printed on a small card. Patients with foley catheters were instructed to read the color of the urine in the tubing using this card. Then appropriate actions were listed on the back including a 24hr phone number for a level 4/deep red hematuria or any queries. Thus patients who had a TURP or TURBN could be sent home sooner and followed in the community.

A great deal of interest was shown by nurses from across the country. Many were interested because it gave a standard description for urine color.

This simple but very useful tool is now available to all nurses across the country. Both English and French versions are available. For further information please contact Mr Gaetan Desmeules. His e-mail is: editionsressources@videotron.ca



Nursing Community Research Study

Strategic Marketing & Research, Inc., a professional market research firm located in Indianapolis, Indiana, USA is conducting an international research study among nurses on behalf of the Honor Society of Nursing, Sigma Theta Tau International.

The Honor Society of Nursing is one of the largest, not-for-profit nursing organizations for individuals in the world. The society's vision is to create a global community of nurses who lead in using scholarship, knowledge and technology to improve the health of the world's people.

Nursing is an ever-changing world. As new techniques and new practices are introduced, today's nurse is constantly striving to stay current and that can be a very challenging aspect of a career in nursing. This study is being conducted to ask you opinions regarding the needs of today's nurses. Specifically questions will be asked about your needs associated with:

- + the availability of access to information on nursing research including evidence-based practice.
- + continuing education meaning programs of professional competency, development and licensure/certification.
- + current trends in nursing practice
- + other nursing developments and issues

This survey is for research purposes only and is not an attempt to sell anything. Individual responses are kept in strict confidence.

Access this survey on the internet via the following address:

<http://www.smari.com/sw/wchost.asp?st=990104c>

You could win one of several \$50.00 cash prizes for your efforts.

UNC Award of Merit

It is time to recognize that "special" UNC nurse in your group. The one who has done that "extra" 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 Saint John, New Brunswick.

AWARDS, AWARDS!

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.

Is there some research in the field of urological nursing you wish to do?

What about developing some educational material?

Perhaps there is some further education you wish to pursue.

Here is an opportunity for you!

Awards are available in the following categories:

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.

Male Sexual Dysfunction Scholarship

This award is available to a UNC member who wishes to further their interest in male sexual dysfunction.

This year \$1000 will be granted for each of the Editorial, Research and Scholarship awards. The Male Sexual Dysfunction Scholarship will remain at \$2000 as in previous years.

These awards are made available through unrestricted educational grants given via our Corporate Sponsorship Program.

The deadline for applications is August 31, 2003.

A Prostate Support Group

I will never forget being asked to sit on a panel to discuss Prostate Cancer back in 1997. The panel consisted of a urologist, an oncologist, a urology nurse, and a patient. It was this patient's vision to set up a support group for men diagnosed with Prostate Cancer. We were joined by Mr. Seeley and Mr. Oram from the Canadian Prostate Network. If 30 people showed up we thought it would be a great meeting. Believe it or not, 167 people filed through the doors that night. There were couples old and young, salt and pepper hats and fine business suits. Men even sat on either side of the room signing for the deaf. The need was tremendous.

And so the Newfoundland and Labrador Prostate Support Group was formed. Now 6 years later there are 3 chapters across the province holding regular monthly meetings.

The interest is still there. Some even sat on the stairs at the last meeting in St John's. The comradery is evident. People are always made welcome and if they know of anyone in hospital a friendly face will visit.

Their mission statement is "To assist men with prostate cancer and their families by providing support and information necessary to make informed choices and decisions; and to increase early detection of prostate cancer through awareness and education."

Information about Prostate Cancer is made available through the meetings, on their website www.prostatecancersupport.ca and in a newsletter, aptly named "In Touch".

Each year, since 2000, "WALK A MILE IN HIS SHOES" is held across the province to promote awareness and funds. Last year \$96,000 was raised. Some of this was used to employ a part-time worker whose job is to travel throughout Newfoundland and Labrador telling people about Prostate Cancer and encouraging men to be screened. Since he was hired 26,093 have attended his awareness presentations. This year 31 sites will take part in

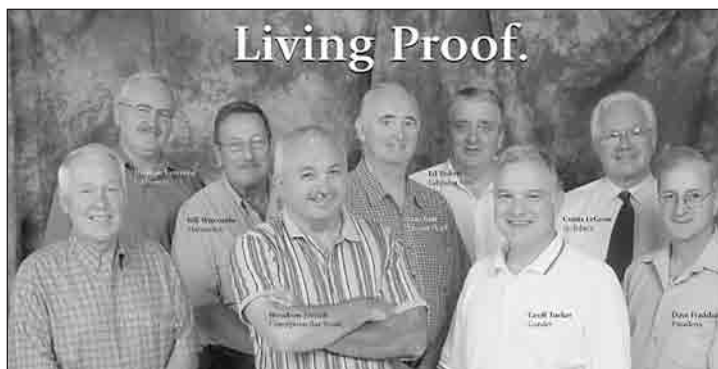
"Walk a Mile", which is always held on the Saturday prior to Father's Day.

The Prostate Support Group has lobbied for research into screening for Prostate Cancer by Family Physicians. This is presently being undertaken through Memorial

University and the Newfoundland and Labrador Medical Association.

I would encourage Urology Nurses to get out and support the groups in your area. If we are the educators of health care then these men need our help and support.

Grant Loewen is also very interested in articles by nurses for "Our Voice" magazine. He can be contacted at grant.loewen@videotron.ca



Early detection saves lives.

Up Coming Events

The Canadian Continenence 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@continenence-fdn.ca

Website: www.continenence-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

How To Register Online

Many people have access to the internet and so the UEC - 2003 committee has developed the following steps to register online for the Urological Excellence Conference to be held in Saint John, NB on October 2 - 4, 2003.

The online registration can be found at www.unc.org

Do not forget to send your cheque or money order to:

Urology Excellence Conference - 2003,
St Joseph's Hospital,
130 Bayard Drive,
Saint John, NB
E2L 3L3

The cheque should be made payable to:
UEC 2003

STEPS

1. Fill out personal information
2. Check which conference fee applies to you
3. Check if you need extra tickets for Friday night
4. Check which dinner menu you would like
5. Check which concurrent sessions you wish to attend
6. **SUBMIT YOUR ONLINE REGISTRATION BY PUSHING THE REGISTER BUTTON.**

You may also print the online form and post with your fees to the above address.