



U
L
A
N

volume 22
No. 3, 3rd Quarter, 2004

NAFC Board of Directors 2004

John F. Adams, Esquire
Chicago, IL

Rodney A. Appell, MD, FACS
Houston, TX

John M. Bouda
Asheville, NC

Jan Busby-Whitehead, MD
Chapel Hill, NC

G. Willy Davila, MD
Weston, FL

Roger R. Dmochowski, MD
Nashville, TN

Dorothy Doughty, RN, MN, CWOCN
Atlanta, GA

Jean L. Fourcroy, MD, PhD
Bethesda, MD

Sal Giorgianni, PharmD
New York, NY

Nancy J. Hicks
Washington, DC

Mickey M. Karram, MD
Cincinnati, OH

Lindsey A. Kerr, MD
Salt Lake City, UT

Deborah J. Lightner, MD
Rochester, MN

Nancy J. Muller
Charleston, SC

Betsy Nielson-Omeis, RN, BSN
San Antonio, TX

William W. Richardson
Research Triangle, NC

Carolyn Sampelle, PhD, RN
Ann Arbor, MI

Benson F. Smith
Duluth, GA

Ben A. Wasscher
Minneapolis, MN

Jean F. Wyman, PhD, RN, CS, FAAN
Minneapolis, MN

Ex-Officio:

Katherine F. Jeter, EdD
Spartanburg, SC

Charles E. Sigety
New York, NY



Editorial / Subscription Office:

NAFC

National Association For Continence

P.O. Box 1019
Charleston, SC 29402-1019

1.800.BLADDER

phone: 843.377.0900

fax: 843.377.0905

www.nafc.org

Quality Care

A Quarterly Newsletter from the National Association For Continence

IN FOCUS

Urinary Incontinence Following Spinal Cord Injury - Facing Special Challenges



Todd A. Linsenmeyer, MD

Director of Urology, Kessler Institute for Rehabilitation - West Orange, NJ
Associate Professor, Department of Physical Medicine and Rehabilitation and Department of Surgery (Division of Urology) UMDNJ - New Jersey Medical School - Newark, NJ

How is Urinary Incontinence Different Following Spinal Cord Injury?

Urinary incontinence is a frequent problem following spinal cord injury. Those with incontinence following spinal cord injury have similar issues as those with incontinence without spinal cord injury, such as social embarrassment. However, people with spinal cord injury also have a risk of kidney damage and bladder problems. They are also younger than most people with urinary incontinence, since the median age of those with spinal cord injury is 26 years old.

How Does the Bladder Normally Work?

Two parts of the nervous system are very important for voiding. These are the brain and the lower part of the spinal cord, which is called the sacral micturition center. The sacral micturition center receives information on how full the bladder is from nerves that travel from the bladder to the sacral center. When the bladder gets full, the sacral center sends signals back to the bladder to tell the bladder to squeeze. If a person does not want to urinate, the brain sends signals down to the sacral center to keep the sacral center from sending signals back to the bladder to tell it to squeeze. When a person is ready to void, the brain stops sending signals to the sacral center and the bladder squeezes. There are also signals sent to the urinary sphincter to tell it to relax so that the urine will flow out of the bladder.

continued on next page . . .

from our guest editors

Jenelle E. Foote, MD, FACS

is a urologist in the Atlanta community, where she has been in private practice since 1991. Dr. Foote is affiliated with several area hospitals, including the Shepherd Center, a nationally recognized spinal cord injury center, where she serves as director of the Continence Clinic. Her research interests include voiding and sexual dysfunction in men and women. The NAFC and Society of Women in Urology recently honored Dr. Foote as a 2002 Continence Care Champion.



Dorothy Doughty, RN, MN, CWOCN

has been a wound ostomy continence nurse since 1980. She is currently Director of the Emory University Wound Ostomy Continence Nursing (WOCN) Education Center, and also provides outpatient services to patients in the Emory Continence Center. She is editor of the text *Urinary and Fecal Incontinence: Nursing Management*, which is currently being revised. A Board Member of NAFC, she is immediate past president of the WOCN Society.



There are many individuals in our society who have a physical disability that limits their mobility or makes continence a challenge—the child born with spina bifida, the young adult with a spinal cord injury, the older adult with a neurologic condition. Most people with disabilities lead relatively normal lives, but their lives are full of challenges. Bowel and bladder management are major concerns for people with disabilities. However, there are multiple other challenges the disabled person must face, and some of those are addressed as well: recovering from a devastating injury and learning to live with new rules and new expectations; resources and products that help disabled people meet the challenges of daily living and stay active; and strategies for maintaining muscle tone and physical fitness. We hope you find this issue helpful and informative, either for yourself or for someone you know and care for—feel free to pass it on! ❖

How Does The Bladder Work After Spinal Cord Injury?

After a spinal cord injury, the sacral center still receives signals from the nerves that travel from the bladder to the sacral center. When the bladder gets full, the sacral center still sends signals back to the bladder to tell the bladder to squeeze.

However, because of the spinal cord injury, signals from the brain cannot pass down the spinal cord to the sacral center to keep the bladder from squeezing. Therefore, the bladder squeezes on its own whenever the bladder fills up, causing the person to experience urinary incontinence. Another problem is that the urinary sphincter does not receive signals to tell it to relax, so the bladder has to squeeze very hard to force the urine past the closed sphincter. Those with spinal cord injuries that are at or above thoracic level 6 (T6) can also have sudden severe elevations in blood pressure whenever the bladder becomes full and squeezes hard trying to push the urine through the sphincter. This is called autonomic dysreflexia. Fortunately, autonomic dysreflexia can usually be controlled with medications and other preventative measures.

An exception to the above type of bladder function occurs if the spinal cord injury damages the lower part of the spinal cord, which in turn damages the sacral micturition center. In that situation, the damaged sacral center frequently is unable to receive signals from the bladder or send signals to the bladder to tell it to squeeze. In this case the bladder becomes very full and if it is not drained with a catheter, urine spills out much like water spilling out over the top of a full bucket of water. Therefore, urinary incontinence following spinal cord injury can occur because the bladder squeezes on its own or because it does not squeeze at all and urine “spills out” of the bladder.

How Can I Find Out How The Bladder Is Working After Spinal Cord Injury?

Bladder testing called urodynamics is very important in managing urinary incontinence following spinal cord injury. Urodynamics testing involves filling the bladder slowly with water using a special small catheter and machine to determine exactly how the bladder is functioning.

Is There Anything I Can Do To Help My Urinary Incontinence?

Once this is determined, a decision can be made between the health care provider and person with SCI as to what type of

management is best. Common types of bladder management include intermittent catheterization of the bladder, voiding into a condom catheter (for men), an indwelling foley catheter or suprapubic catheter. Medications are often needed to keep the bladder from squeezing, or to relax the sphincter to allow the bladder to empty easier. Each decision should be individualized and take into consideration not only the bladder function, but also the ability of a person to get to the toilet and undress and catheterize themselves, sexuality issues, nursing and family support, and lifestyle. For example, one person may have good hand function and be willing not to drink a lot of fluid (to keep the bladder from getting over distended) and decide on intermittent catheterization of their bladder. Another person with poor hand function and not wanting to limit their fluid intake may decide on taking medicine to relax their sphincter and voiding into a condom catheter attached to a leg bag.

Is There Anything I Can Do To Make Sure My Kidneys and Bladder Stay Healthy?

At one time kidney failure was the most common method of death following spinal cord injury. However, with careful monitoring of the kidney and bladder function, kidney failure following SCI is extremely rare. People often get kidney and bladder tests on a yearly basis.

In summary, urinary incontinence frequently occurs following SCI due to blockage of signals from the brain or damage to the sacral micturition center. Those with spinal cord injury are usually young and faced with many challenges. However, effective bladder management programs and monitoring have allowed those with SCI to have healthy and productive lives. ❖

October 1st is International Day of Older Persons

Now in its 14th year, the General Assembly of the United Nations declared this day to give world-wide recognition to the contributions of seniors. Despite the blessing of increased longevity, more people are living with chronic conditions and disabilities that require a heightened sense of attention, to which this *Quality Care* is dedicated.

Insurance Information on The Web

Georgetown University Health Policy Institute. The site posts alerts about fraudulent insurance operations and publishes "A Consumer Guide for Getting and Keeping Health Insurance" for each state and the District of Columbia. Visit www.healthinsuranceinfo.net

U.S. Department of Labor. The Employee Benefits Security Administration has some helpful information at www.dol.gov/ebsa. You can also call the EBSA toll free at (866) 444-3272.

Coalition Against Insurance Fraud. For the coalition's information on phony health coverage, go to www.insurancefraud.org.

Americans with Disabilities Act

For information, including Disability Rights Laws, visit www.ada.gov or call 1-800-514-0301

MY LIFE IS NO LONGER IN THE TOILET!



BetterWOMAN® improves bladder health naturally. Study published in *Menopause*. Featured on *WebMD*.

- Improves Bladder Health
 - Reduces Frequent Urination
 - Reduces Urinary Urgency
 - Reduces Leakage
- Increases Energy Levels
- Increases Concentration
- All Natural. Safe.

All Natural!



"After 3 bottles, I don't have to go all the time anymore. I can sleep through most of the night without getting up even once. I love it!" (Jackie, 46)

www.BetterWOMANnow.com Call 888-686-2698 Fax 781-639-3275

<input type="checkbox"/> 4 bit Starter Kit (\$10 savings)	\$109.96	<input type="checkbox"/> Amex	<input type="checkbox"/> Visa/MC	<input type="checkbox"/> Disc.	<input type="checkbox"/> Check/MO
<input type="checkbox"/> 1 bit BetterWOMAN	\$29.99	Card # _____	Exp date _____		
S&H: Can.-AK-HI, \$15.99; US 48 States, \$10.99	Name _____	Signature _____			
MA res. 5% tax Total	Address _____	City/State _____		Zip _____	
Mail to BetterWOMAN, P.O. Box 392, Marblehead, MA 01945	Phone _____	Email _____		RG04	

For his frequent urination and sexual function issues, check BetterMAN® at BetterMANnow.com. Featured on *WebMD*.

*These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease. Intercuticals®, Inc.

BetterWOMAN
Better Control

Bladder control problems shouldn't control your life.



You should. InterStim® Therapy.

The frequent need to urinate. Leaking episodes. The torment of urinary control problems. It ruins your day and upsets your plans. Medications don't work and you're sick of wearing pads.

If this is you, take another shot at hope. InterStim Therapy has been proven effective in treating urinary control problems that haven't been helped by more conservative measures. Thousands have reclaimed the lifestyles they love, with InterStim Therapy.

To find a physician who can help you determine if InterStim Therapy is right for you, log on to: www.interstim.com/control or call 800-664-5111, ext. 3004.



Medtronic
When Life Depends on Medical Technology

Indications: InterStim Therapy for Urinary Control is indicated for the treatment of urinary retention and the symptoms of overactive bladder, including urinary urge incontinence and significant symptoms of urgency-frequency alone or in combination, in patients who have failed or could not tolerate more conservative treatments.

Contraindications: Patients are contraindicated for implant of the InterStim System if they have not demonstrated an appropriate response to test stimulation or are unable to operate the neurostimulator. Also, diathermy (e.g., shortwave diathermy, microwave diathermy or therapeutic ultrasound diathermy) is contraindicated because diathermy's energy can be transferred through the implanted system (or any of the separate implanted components), which can cause tissue damage and can result in severe injury or death. Diathermy can damage parts of the neurostimulation system.

Warning: This therapy is not intended for patients with mechanical obstruction such as benign prostatic hypertrophy, cancer, or urethral stricture.

Precautions/Adverse Events:

Safety and effectiveness have not been established for: bilateral stimulation, patients with neurological disease origins such as multiple sclerosis, pregnancy and delivery, or for pediatric use under the age of 16. System may be affected by or adversely affect cardiac pacemakers or therapies, cardioverter defibrillators, electrocautery, external defibrillators, ultrasonic equipment, radiation therapy, magnetic resonance imaging (MRI), theft detectors and screening devices. Adverse events related to the therapy, device, or procedure can include: pain at the implant sites, lead migration, infection or skin irritation, technical or device problems, transient electric shock, adverse change in bowel or voiding function, numbness, nerve injury, seroma at the neurostimulator site, change in menstrual cycle, and undesirable stimulation or sensations. CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician.

Urinary Urgency, Frequency, Pain...

My symptoms are real. And what I eat does affect me.

People like me are sensitive to the acid in food. Many foods we eat cause us discomfort in our stomach, in our digestive system; even our bladder.

You may already know that certain foods can cause heartburn but what you may not know is that these same foods can also cause urinary urgency, frequency, pain, bloating, even diarrhea. If these symptoms sound familiar, you might want to know about Prelief.

Until I, myself, found Prelief, I thought that I would no longer be able to eat so many of the foods I enjoyed...

Now I just take Prelief with every meal, and I don't have to worry about being uncomfortable.*

**So easy! Two small tablets three times a day!*

Prelief is clinically proven.
Ask your doctor.

From the
developers of
Lactaid®
& **Beano®**

Prelief®



Safe. Reliable. Effective.

Available at Albertson's, Eckerd Drug, Long's Drugs, Meijer, Osco Drug, Publix, Rite-Aid, Savon Drugs, Walgreen's and many other fine stores in the antacid section.
For literature and a coupon, call 1-800-994-4711 or visit www.prelief.com

LINKS

Easter Seals has been helping individuals with disabilities and special needs, and their families, live better lives for more than 80 years. From child development centers to physical rehabilitation and job training for people with disabilities, Easter Seals offers a variety of services to help people with disabilities address life's challenges and achieve personal goals.



Creating solutions, changing lives.

Easter Seals helps more than a million individuals and their families annually through one of 500 centers nationwide. Each center provides top-quality, family-focused services tailored to the specific need of the individual.

Primary services include medical rehabilitation, job training and employment, child care, adult day services, and camping and recreation.

As a unified voice for people with disabilities, Easter Seals plays a major role in the passage of important legislation affecting health, education and employment - including the landmark Americans with Disabilities Act, which guarantees the civil rights of people with disabilities.

At the core of the Easter Seals organization is a common passion for caring, shared by its 13,000 staff members and thousands of volunteers, and by those who support its mission. This heart-felt commitment to helping people with disabilities and their families is what Easter Seals is all about.

For more information visit www.easterseals.com or call 1-800-221-6827. ❖

A HEALTHY BALANCE

Exercise and Overall Health

Gabriella Vettraino, PT

Exercise is physical activity performed with the goal of promoting overall endurance, flexibility, and/or strength. The benefits of a regular exercise program are vast. Exercise can improve cardiac and respiratory function, increase strength and endurance, improve posture and overall appearance, maintain or control body weight, lower blood pressure and cholesterol, improve circulation, and decrease the risk for osteoporosis. It is recommended that the average able-bodied individual obtain at least twenty to sixty minutes of exercise three to five times per week. However, for individuals with disabilities, exercise is even more crucial to overall health.

Individuals with disabilities often have barriers to exercise. This may be due to inability to perform aerobic exercise involving large muscle groups, inability to stimulate the cardiovascular system, or decreased access to a variety of exercise. These individuals also experience fatigue at a quicker rate. A regular exercise program that encompasses strengthening, endurance training, and flexibility can help

improve an individual's overall quality of life as well as decrease the risk of developing some secondary complications associated with the disability. Some of these secondary complications include joint contractures and pressure ulcers.

Range of motion or flexibility exercises can help to maintain joint integrity, prevent joint contractures, decrease pain, and improve functional mobility. Exercises can be performed actively, passively, or active-assistive with the help of a caregiver. Flexibility of muscles and joints is extremely important in maintaining optimal functional mobility.

Strengthening exercises are exercises that may use weights, resistive bands, or a pool to increase strength. Increasing the number of repetitions and/ or the period of time the exercise is performed will help to improve both strength and endurance. By increasing strength, an individual with a disability may find it easier to perform activities of daily living and perform functional mobility such as transfers or wheelchair propulsion.

Continued on inside of back cover...

Strategies for Promoting Bowel Health and Fecal Continence

Dorothy Doughty, RN, MN, CWOCN

Problems with bowel function are common among people with disabilities such as spinal cord injuries or spina bifida. The two most common problems are constipation and loss of bowel control (fecal incontinence). These problems can cause major interference with work, school, and social activities. The good news is that there are many ways these problems can be corrected or managed, and that “good news” is the focus of this article.

Healthy Bowel Strategies. Actions you can take to prevent constipation and promote good bowel function include the following:

—Drink plenty of fluids every day. Most people should drink about ½ ounce for every pound of body weight. Water is the best fluid, but any kind of fluid helps. (The one exception is alcoholic drinks; alcohol is a diuretic so you can’t count any alcoholic drinks toward your fluid goal.)

—Get enough fiber; it keeps the stool soft and bulky. The goal for fiber intake is about 30 grams of fiber a day. The best sources of fiber are high-fiber cereals like FiberOne® or AllBran®. Other good choices are raw fruits and vegetables. If you have trouble getting enough fiber in your diet, you can take a fiber supplement like Metamucil®, Citrucel® or Benefiber®; start with the recommended dose and increase it gradually until your stool is bulky but soft. Another option is to take 2 – 4 tablespoons of “power pudding” each day. To make power pudding, mix 1 cup of unprocessed miller’s bran with 1 cup of applesauce and ¼ cup of prune juice. Remember to drink plenty of fluid—fiber without fluid can cause a blockage.

—Stay as active as possible; if you can’t walk, do chair exercises!

—Set a regular time to try to go to the bathroom. Also, pay attention to your body and respond as soon as possible to the “urge to go”.

—Make sure you are in proper position. Sit with feet flat on the floor (or on a stepstool) and keep your back straight. Also, avoid holding your breath—this tightens the muscles that *hold the stool in*.

—Use laxatives to prevent prolonged constipation. If you have not had a bowel movement for two days, you may need

a suppository or a mild laxative (e.g., Milk of Magnesia). Check with your doctor to be sure this is the right thing for you to do.

Special Tips for People with Poor Bowel Control. If you have a spinal cord injury or spina bifida, you may not know when your rectum is full and you may not be able to control your sphincter. In this case, you need to make your bowel empty on schedule so it doesn’t empty on its own and cause an accident. The following tips may be helpful for you:

—Use dietary fiber and fluid intake to keep your stool formed but soft. This helps to prevent leakage and also prevents constipation.

—Establish a schedule for your bowel program; base the schedule on your previous bowel habits (if possible) as well as your current lifestyle. Allow about 45 minutes to do your bowel program.

—When it is time for your bowel program, use some type of stimulus to get your bowels to move. One easy option is a suppository (such as glycerine or Dulcolax®). You should insert the suppository into the rectum right after a meal and give it about 15 – 20 minutes to melt and start working. If you don’t get good results from the suppository, you could try a “mini-enema” (Enemeez®) or you could try a tap water enema. (If you use a tap water enema, you may need to give it through a catheter with a balloon tip.) You should work with your nurse or doctor to find the best stimulus for you.

—Consider the use of an oral deodorant (Devrom® or Derifil®). These over the counter drugs reduce stool odor, so if you do have an accident, odor is less of a problem.

Surgical Options. There are also some surgical options for people with poor bowel control. These include:

—ACE Procedure. A small tunnel is created from the abdominal wall to the colon. This allows you to give yourself an enema through the small opening in your abdomen. The tunnel is created in a way that prevents stool leakage.

—Artificial Sphincter. An inflatable cuff is placed around the anal canal. The cuff is inflated to maintain continence and deflated for bowel movements. (This procedure is not yet widely available.)

—Colostomy. The end of the colon is attached to the abdominal wall; the stool then empties onto the abdominal surface. You wear an odorproof pouch to collect the stool.

Summary. Bowel problems are a common problem for people with spinal cord damage or other disabilities, but there are now many options that can be used to maintain good bowel function and control bowel accidents. ❖



QUALITY HOMECARE PRODUCTS

QUALITY WITH A PERSONAL TOUCH!

Introducing, Quality Homecare Products

Quality Homecare Products is a company that specializes in home delivery of incontinent supplies, right to your door. We carry all the major brands of incontinent products at an affordable price. We ship by the case discreetly and directly to your doorstep with no shipping fees and absolutely no order charge.

CALL **1-866-822-1692**

Quality Homecare Products is an easy and convenient way for you to shop for your incontinent supplies. Order today and see how simple and hassle free purchasing from us can be. You will save time, energy and money. With our competitive prices and outstanding service to our customers, you will be glad you gave us a call!



To order by phone **866-822-1692, Mon.- Fri. 8:30 am to 5:00 pm CST** • Reach us by mail **333 Leffingwell Suite 121, St. Louis, MO 63122**

Send an e-mail info@qualityhomecareproducts.com • Check our web site www.qualityhomecareproducts.com

Attends

Depend

POISE
PRODUCTS

TRANQUILITY
Incontinence Products

FQP
FIRST QUALITY PRODUCTS, INC.

Serenity

TENA

BOOST
Energy to Embrace Life!

MEDLINE

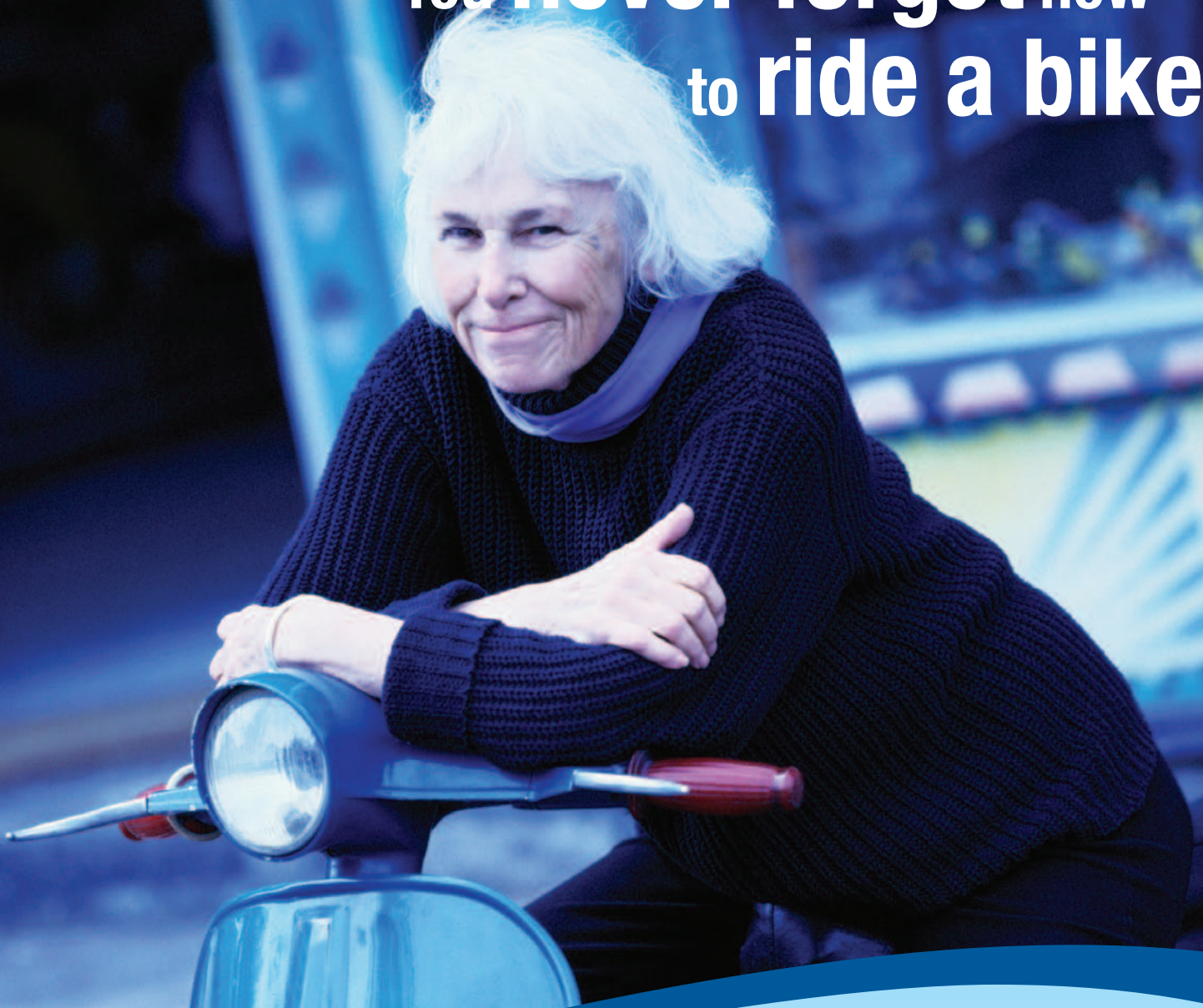
FREE SAMPLES

All Major Credit Cards Accepted • No Tax Outside of Missouri

No Shipping Charges Within Continental US • All Shipments Through UPS



You **never forget** how
to **ride a bike.**



A bladder condition shouldn't stop you from doing the things you've always enjoyed. That's why millions of Americans like you choose the TENA® brand for the ultimate in bladder leakage protection.

TENA® Ultra and Super Briefs feature a soft, cloth-like outer cover that allows you to feel comfortable and confident while you're active. A *Dry-Fast Dual Core*™ lets you feel more secure and helps keep your skin dry. A *Superfit*™ Refastenable Tape Zone gives you a better, more secure fit. And TENA® Super Briefs offer you maximum absorbency for nighttime or extended protection.

Trust TENA® to give you the confidence and dignity you need – for the active lifestyle you deserve!



Live life to the fullest.

For a **FREE SAMPLE** of TENA® Ultra or Super Briefs call **1-800-618-1771** and reference code NA3.

FOLEXTM is the answer

for male urinary management

for Non-Ambulatory Applications



Easy for Nurses. Easy on Patients.



receptacle

Adhesive-free & Latex Free

An ergonomically shaped receptacle allows for a loose fit and ventilation. It has a soft double-walled liner that helps keep skin away from residual urine.



open-sided brief

Comfortable & Easy

The receptacle is held in place with our open-sided brief or leg strap. Both of these "one-size-fits-all" designs make it easy for care-givers to put FoleX onto their patient.



tube connection

Quick & Convenient

A drain tube fits onto the receptacle and a standard collection bag is attached using a quick-disconnect which prevents leakage during bag removal.



double wall



leg strap



bag connection



Urinary Management Device

Comfortable, Adjustable, Efficient

To learn more call
1-877-272-8763

or visit our web site at...

www.arcusmedical.com

made in the USA

U.S. Pat. 6,679,867 Other U.S. and International Patents Pending

HEALTH & WELLNESS

A Sears catalog

The Sears Health & Wellness Catalog is your source for quality home health and wellness needs, offering everything from health and beauty aids to durable medical supplies. You'll find quality products to help you and your loved ones look and feel the very best every single day of your life.

SearsHealthandWellness.com

Log on to our website to...

- Request your free catalog
- Shop our huge selection of health and wellness products
- Place an order

1-866-326-1750

Or call us toll free to...

- Request your free catalog
- Place an order

Sears SmartPlan™

Save 10% on Future Orders

Our SmartPlan™ Program is the easy, more convenient way to have your incontinence supplies continually delivered to your door. It's the smart way to shop for these supplies that are so important in your life.

SEARS
Catalog®

Brought to you by Sears Shop at Home Service

Sample Packs

Not quite sure what protection you need? We offer sample packs from light to heavy bladder control protection.

Please call one of our knowledgeable customer service representatives to help you choose the sample pack that is right for you!

PERSONALLY SPEAKING

In June 1982, I was working in downtown Washington D.C. for one of the nation's leading aerospace and electronics companies. That was when I was diagnosed with relapsing/remitting multiple sclerosis (MS).

Multiple sclerosis is a disease that attacks the central nervous system. One of the functions that MS can affect is continence. Up to 80 percent of people with multiple sclerosis experience some sort of bladder dysfunction. Managing urinary incontinence is a great challenge for individuals with MS.

When I was first diagnosed with MS, the symptoms were manageable. At that time, my career demanded that I travel the world from Asia to Europe and I was able to maintain that routine. Life was difficult, but not impossible and incontinence was not yet a problem.

By 2001, my MS progressed to the point where I began to use a power wheelchair and I experienced total incontinence. I was no longer able to work downtown and international travel was out of the question, largely because of incontinence.

I was unable to restore continence through medication. My doctor prescribed an indwelling catheter and Texas (condom) catheters, but I had many failures.

My incontinence had become a huge problem. I was frustrated that it was the 21st century and there was no way for me to avoid getting wet that didn't cause infections or accidents. I was determined to find a safe and secure way to manage my continence.

Fortunately, I discovered a new device for men for managing loss of urine by BioDerm. The device keeps my skin dry, and stays on very securely. Since it is external, I don't get infections like I did with an internal catheter.

Incontinence is a delicate subject to discuss and more delicate to experience. If there is ever a good time to have MS, this is it. Medical advances such as the BioDerm device and power chairs make life more tolerable. I am still able to work, and, for the first time in years, I am planning an international trip. For me, life isn't easy, but if done right, life should never be easy. If you are experiencing incontinence, there is help available. Don't let incontinence prevent you from living a full life. ❖

--John in Maryland

A COLLECTIVE VOICE

Easter Seals Offers Camps for People With Disabilities

Easter Seals offers summer camps to children and adults with disabilities and other special needs.

Camps are held every summer at 16 nationwide camps. Each camp session lasts one week, and campers enjoy activities including horseback riding, swimming, hiking, arts and crafts, a zip line, fishing, and a dance.

Rodney Daly, RN, said "Camp is a great place."

He has worked the last three summers as camp nurse at the Easter Seals Rocky Mountain Village camp. The camp is in Empire, Colorado, 40 miles west of Denver.

According to Rodney, the range of physical disabilities at the camp include, but are not limited to, people who are paraplegic, quadriplegic, have traumatic brain injury, cerebral palsy and spina bifida.

At the Rocky Mountain Village camp, campers are divided up based on disability. For example, there are two weeks of camp dedicated to people with muscular dystrophy and a week for hemophilia.

Rodney estimates that over half of all of the people with disabilities at the camp experience incontinence. However, the staff works to make sure incontinence issues do not interrupt the good times to be had during the week of camp.

Many of the campers wear catheters or absorbent disposable products to help manage incontinence. The camp schedule allows for frequent toileting breaks, giving the staff time to help campers change products and assist in any other way.

Rodney said one of the most helpful products used by campers is a disposable, pull on absorbent brief. He said it offers extra protection and easy removal for those campers who are sometimes able to control their toileting.

"People who have a disability and experience incontinence should not be afraid to try new things," Rodney said. "There are many facilities in many cities which offer activities. People should not let incontinence hold them back."

The advice Rodney offers to incoming campers, their family members and caregivers is that they shouldn't worry about incontinence because there are schedules to accommodate toileting. Most of all, Rodney encourages campers to be flexible, and get ready to have a great time.

For more information about Easter Seals camps, visit www.easterseals.com or contact your local Easter Seals affiliate. ❖

Jenelle E. Foote, MD, FACS

1. How long should I expect my catheter and accessories to last for self-catheterization using a “clean technique”? What are the signs I should look for to indicate that the product should be replaced? Is there anything I can do to ensure longevity without running the risk of infection and/or trauma?

That’s a great question! I generally prescribe six (6) straight catheters per month for my patients using intermittent catheterization as a means of bladder emptying. I tell my patients that the following are reasons to replace their catheters: (1) if the catheter loses its stiffness and becomes “floppy” such that it is difficult to insert; or (2) If the catheter tip or edges become rough such that there is discomfort or trauma associated with catheterization. Most patients can generally use a catheter for longer than a week prior to this type of problem occurring. Most of my patients wash their catheters with antibiotic soap and water and allow them to air dry before putting them into a container (such as a ziplock bag or case).

2. I have a spinal cord injury and a problem with elevated blood pressure. Other than medications, what preventions may be taken to combat a sudden spiking in my blood pressure when my bladder becomes full?

Also a great question! You sound as if you are experiencing a potentially life-threatening condition called autonomic dysreflexia. This condition attacks individuals with spinal cord injury. Your body may not be able to tell you that there is something serious going on by your experience of pain, but your body tries to tell you that there is something significant going on by raising your blood pressure, making you sweat, and generally having you feel anxious with a rapid heartbeat and headaches. The most important thing to do to treat this condition is to alleviate whatever condition is causing the autonomic dysreflexia symptoms. If the problem, for example, is a full rectum, then an immediate bowel program, typically with dilation of the anus with extraction of stool is indicated. If the problem is a full bladder, then catheterization immediately is indicated.

Sometimes the cause is not acute, for example, a skin sore that has gotten out of control or some other type injury or condition involving the lower half of the body. If you are experiencing these symptoms on a regular basis, you must discuss this with your physician without delay because you may be at risk for a stroke.

3. I am very afraid of kidney damage and/or failure because of my spinal cord injury. How often should I monitor the kidney function and what should I do to ensure good kidney health?

The most important thing to ensure kidney health is to follow-up on a regular basis with a urologist who understands voiding dysfunction. By keeping yourself free of infection and free of other conditions that may cause damage to the kidneys, “i.e. high bladder pressures and kidney stones” your kidneys should be expected to function normally. I generally recommend that my patients have studies done on their kidneys at least every three years if they are not having any trouble, but more often, at least every year, if they are having problems (for example, recurrent urinary tract infections or kidney stones).

4. My son was born with spina bifida, and although he is ambulatory, he still has problems with urinary and fecal incontinence. He is now 6, and ready to begin school. What hope is there for him?

There are many more options available to enable bladder and bowel continence for all patients that were not available many years ago. I think that the most important thing that you can do is to identify a health care professional with specific training in the management of neurogenic bladder and bowel to help your son regain continence. This will allow him to have the confidence that he needs to succeed as he grows and matures. ❖

* This is a paid advertisement



BOWEL CONTROL

**More people than you think
have problems with control.**

Now, there's a new treatment option.

If you have recurrent problems controlling your bowels, that are not helped by diet modification, fiber, medications or other conservative therapies, there is a new minimally invasive, outpatient treatment that may help - the Secca procedure.

To learn more about the Secca procedure, visit www.seccaprocedure.com or call toll-free 877-734-2873.



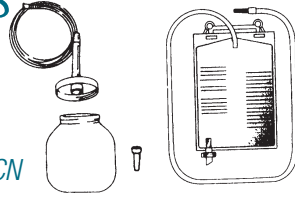
www.curonmedical.com



Care of Reusable Catheters and Accessories

Care and Cleansing

by Joy K. Hewitt, RN,BSN,CCCN
and Judy A. Wells, MN,RN,GNP,CWOCN



Care of Reusable Catheters

Reusable catheters are used by many adults and children to completely empty their bladder of urine. Most of these people use a “clean” technique rather than a sterile technique for catheterizing; hence the procedure “clean intermittent self-catheterization.” This procedure requires clean hands and fingernails with the nails smoothly trimmed, a clean urethral opening (meatus), and clean catheters.

Reusable catheters can easily be cleaned using a plain liquid soap without deodorant or perfume. After catheterizing, the catheter is washed well with the plain liquid soap and is rinsed thoroughly until all soap residue is gone. The excess water should be shaken out of the catheter. The catheter can then be placed on a clean paper towel that has not been used for anything else. The catheter should be allowed to completely dry. Clean reusable catheters can also be soaked in a home made vinegar solution:

**One part white vinegar
and three parts water (room temperature)**

After soaking in the vinegar solution for thirty minutes, the catheters are rinsed thoroughly with water. The excess water is then shaken out of the catheters and they are allowed to completely dry. All reusable catheters can be stored in a clean zip lock storage bag (with a tiny slit for air flow), tampon case, tooth brush holder, or small camera case. Any storage case is only used for clean catheters. A basin used for soaking and cleaning catheters must be used only for that purpose and cleaned well after each use. If a catheter cannot be cleaned immediately, it should be put in a separate bag or case and cleaned as soon as possible. Using a “bag in a bag” with clean catheters in the inner bag and used catheters in the outer bag is an inexpensive way to keep the catheters separate.

Catheters must be discarded when the catheter becomes hard, brittle, cracked, or if the color of the catheter changes.

If you use self-catheterization, always talk with your health care professional to clarify any questions you may have.

Care of Leg Bags and Night Drainage Systems

Some men, women, and children manage their bladders by using a catheter which stays in the bladder (indwelling catheter). Some men manage their bladder by using a condom or external catheter which is worn on the penis. All of these individuals must also use special tubing and collection bags or containers for storing urine between bathroom trips.

The tubing may be attached to a leg bag or a bedside drainage bag. Leg bags are easier to use at school, work, or at home during waking hours. The leg bag or bedside drainage bag is attached to the catheter by tubing and an adapter. The leg bag is worn around the upper or lower leg with velcro or elastic straps.

Bedside bags are used for nighttime or by people who cannot get out of bed. There are two types of bedside drainage systems. One type makes use of bags that hang from the bed frame. The second uses jugs or containers that sit on the floor. Both are attached to the catheter by an extension tube and an adapter.

Each system has good and bad points. Leg bags are easily hidden under skirts, dresses, or pants. They are available in different sizes and styles. Leg bags provide the greatest amount of movement and freedom to the user but they need to be emptied as necessary. The bedside bag, jug, or container holds a larger volume than leg bags. This allows the user to sleep well or not to have to make frequent trips to the bathroom to empty the urine. The jugs or containers are easy to clean and take care of, but they usually cost more than leg bags.

Many health care providers do not think a system with an indwelling catheter should be taken apart at all because of the chance of infection. Many people who use these types of catheters become expert managers of the catheters and drainage systems. They find a routine of care and cleaning that meets their needs and also lowers the chances of germ growth which causes infection and illness.

Continued on inside of back cover...

IN THE SPOTLIGHT

New Findings In Research Injectables

Botulinum toxin A injections, commonly known as **Botox**[®], show promise as a treatment for a variety of lower urinary tract dysfunctions. Botox is marketed by Allergan, Inc.

Botox acts by binding to the nerve endings of muscles, blocking the release of the chemical that causes the muscle to contract. When injected into specific muscles, the muscle becomes paralyzed or weakened, but leaves surrounding muscles unaffected, allowing for normal muscle function.

During a presentation to the 2004 American Urological Association, Lynn Stothers, MD of the University of British Columbia School of Medicine, revealed that a recent study found that botox improved or cured patients' incontinence with efficacy maintained for up to one year in some patients. Up to six repeat injections were found to be safe.

Uryx[®] is a new injectable which has not yet been cleared by the FDA. It is a bulking agent that shows results comparable to collagen after one year, but objective results are better with Uryx and less volume is used.

SANCTURA[™] Receives FDA Approval For Overactive Bladder

SANCTURA[™], marketed by Indevus Pharmaceuticals, Inc., received FDA approval in May, 2004.

SANCTURA is indicated for the treatment of overactive bladder (OAB) with symptoms of urge urinary continence, urgency and urinary frequency.

The FDA approval of SANCTURA was based on a review of data from clinical studies conducted in the U.S. and Europe involving approximately 3,000 subjects. SANCTURA was well tolerated, and the most commonly reported side effects were dry mouth and constipation. Patients who have urinary retention, gastric retention, uncontrolled narrow-angle glaucoma or hypersensitivity to SANCTURA should not use it.

SANCTURA belongs to a class of compounds known as muscarinic receptor antagonists. These compounds relax smooth muscle tissue found in the bladder, thus decreasing bladder contractions. Overactive or unstable detrusor muscle function is believed to be the cause of overactive bladder.

FDA Approves New Catheter

The FDA approved the Hydrophilic Antibacterial Intermittent Catheter from Rochester Medical[®] Corporation.

The device medicates the urethral tract during each catheterization, and is designed to minimize the incidence of infection. It is a single use, disposable product for homecare use by people with urine retention problems and for use by hospitals and clinics to maintain proper bladder drainage.

DITROPAN XL[®] Is Now Indicated for Pediatric Patients

DITROPAN XL is now indicated in the treatment of pediatric patients 6 years and older with symptoms of overactive bladder associated with a neurological condition, such as Spina Bifida.

DITROPAN XL is marketed by Ortho-McNeil Pharmaceutical, Inc., a Johnson & Johnson subsidiary. ❖

Looking Forward...

NAFC places a focus on different audiences, diseases, and health matters involving incontinence in each issue of *Quality Care* to meet the growing needs of a variety of people dealing with incontinence or as caregivers or specialists. Look for these upcoming issues in 2004 and 2005.

4th Quarter, 2004

- Prostate Health & Voiding Dysfunctions

1st Quarter, 2005

- Continence Care in the Selection of Nursing Homes & Continuing Care Retirement Communities

2nd Quarter, 2005

- Pregnancy, Childbirth, & Pelvic Health

3rd Quarter, 2005

- Diabetes, Obesity & Incontinence

FROM THE HEADQUARTERS

National Survey Confirms Diagnosis Contributes to Improved Quality of Life

A nationwide survey was just completed by Harris Interactive® on behalf of NAFC with underwriting by Kimberly-Clark Corporation.

The survey of more than 1,400 Americans revealed that bladder control loss is far more common than most people realize, and that despite its prevalence, an alarming 64 percent of those experiencing symptoms are not currently doing anything to manage their condition.

Survey highlights include:

- On average, diagnosed adults waited six years after first experiencing symptoms before talking with a health care professional;
- Those who are diagnosed are nearly twice as likely to report improved self-esteem now that they are managing their loss of bladder control than those who are managing their symptoms but are undiagnosed; and

- Those who are diagnosed report that their sex life is more fulfilling than those who are not diagnosed but experience symptoms (20 percent vs. 13 percent.)

Compared to undiagnosed respondents who experience symptoms of bladder control loss, *diagnosed* respondents:

- Are eight times more likely to seek out information about their condition (24 percent vs. 3 percent);
- Feel that they are managing their condition successfully and feel that their quality of life has improved since they began managing their bladder control loss (47 percent vs. 32 percent);
- Are far more comfortable discussing their condition with significant others (62 percent vs. 27 percent); family members (52 percent vs. 17 percent) and health care professionals (95 percent vs. 31 percent); and
- Are more likely to manage their symptoms (97 percent vs. 44 percent).

All of this data demonstrate the value of seeking diagnosis and treatment, a central element of our daily work at NAFC. ❖

-- Nancy Muller, Executive Director

PELVIC FLOOR MUSCLE EXERCISE KIT FOR WOMEN



NAFC's updated and expanded *Pelvic Floor Muscle Exercise Kit for Women* is now available. NAFC assembled a national task force of experts to develop a complete kit based on feedback from women. The instructional kit is \$15.00, includes an illustrated booklet, motivational video, and instructional audio, and is available in DVD/CD or VHS/Cassette Tape formats.

NAFC would like to thank **Hollister Incorporated, Laborie Medical Technologies, Inc., SRS Medical Systems, Inc.,** and **Women's Wellness Within** for their sponsorship of this project.

To order the ***Pelvic Floor Muscle Exercise Kit for Women***, call 1-800-BLADDER or visit www.nafc.org.

NAFC
National Association For Continence

Providing Quality Continence Care Through Consumer Education

When Drainage System is Changed Frequently

There are products which can be bought from medical suppliers or from pharmacies. If one of these is used for cleaning, follow the directions which come with the cleaner disinfectant. The vinegar and water mixture mentioned previously is an inexpensive, homemade disinfectant.

You will need either a turkey baster or a catheter tip syringe and alcohol pads. Choose a basin or bucket only for cleaning the drainage system. Do not use the basin or bucket for other things. Always clean it thoroughly first. If using the white vinegar solution, mix it after making sure the bucket is clean. An example of the solution would be 1 quart white vinegar mixed with three quarts water = one gallon of solution.

- Make sure the clean drainage system you are going to use is attached together (tubing, adapter, bag).
- Empty all urine from the system that is to be cleaned.
- Wash hands with soap and water.
- Hold catheter, indwelling or external with hand.
- Disconnect old system and place it where it cannot be soiled.
- Connect the clean or new system.
- Using the turkey baster or syringe or by holding tubing under the sink faucet, flush the used tubing and drainage system with water.

- Drain water and close the drainage spout. Fill the bag one half full with vinegar solution through the tubing with the baster or syringe.
- Close tubing cap. Soak for 30 minutes.
- Release air from bag or put in more solution to make sure that the inside surfaces that touch urine are cleansed by the solution.
- Pour out vinegar solution. Rinse the entire system with tap water and drain.
- Hang system to dry with all caps and end open.

Instructions for care and cleaning of reusable drainage systems used with external or condom catheters are the same for reusable drainage systems that attach to indwelling catheters.

When Drainage System Is Not Changed Daily

- Make sure that the tube is attached to the bed or clothing to prevent pulling on the catheter in the bladder.
- Make sure the tube is straight without kinks which may stop the flow of urine.
- Make sure the drainage system is below the person so the urine will drain easily.
- Clean the opening where the catheter goes into the body (meatus) with soap and water daily or after soiling. Rinse thoroughly. Dry thoroughly. ❖

Exercise and Overall Health . . . continued

Exercise can also help in maintaining skin integrity. One of the major causes of skin breakdown is inadequate circulation to the skin overlying a bony prominence. This is compounded by inappropriate pressure relief, improper positioning, friction, and moisture or soiling of the skin. Optimal wound healing is dependent upon adequate circulation to the skin, appropriate cleansing to prevent infection, and proper nutrition. Adopting healthy habits such as smoking cessation, eating a healthy diet, and participating in an aerobic exercise program can improve skin integrity.

When developing an exercise program, the key is to activate large muscle groups to increase the body's metabolic rate. A physical therapist can help in establishing an exercise program that is both safe and functional. Varying the types of activity performed will help prevent overuse injuries, especially in the arms for wheelchair users. Cycling, swimming, rowing,

and participation in various adaptive sports are all excellent modes of exercise. It is important to consult your physician before beginning any exercise program. Proper monitoring of blood pressure and heart rate should be considered. The exercise should be ceased if the individual encounters sudden onset of dizziness, headache, pain, shortness of breath, or profuse sweating. Exercising with a partner is safe, fun, and can help to encourage compliance with the program. In order to support optimal health and vitality, any exercise program should encompass physical, intellectual, spiritual, and social well-being. ❖

Gabriella Vettrai is a staff physical therapist at William Beaumont Hospital in Royal Oak, Michigan. She has a Bachelor of Arts in psychology and a Masters in Physical Therapy.

Quality Care is a quarterly newsletter for consumer subscribers and professional members of NAFC.

Vol. 22, No. 3, 3rd Quarter 2004 (© Copyright). All rights reserved. ISSN 1550-0659. No part of this publication may be reproduced without permission. Published by NAFC, Edited by Laura Francis. Editorial Review is by Clinical Guest Editors and NAFC Quality Care Editorial Advisory Board.

Annual subscription rate:
\$25 (Consumer Subscription)
\$100 (Professional Membership)
\$250 (Group Professional Membership)

Quality Care is funded by member subscription fees and by industry sponsors whose advertisements appear in this publication.

Readers who wish to obtain references supporting research statistics that are quoted in an article should contact the article's author.

NAFC is a not-for-profit, 501(c)3 organization broadly funded through individual consumers, healthcare professionals, and industry.

NAFC does not endorse any products and services of third parties through this publication or otherwise. This publication is not intended to provide medical advice, which should be obtained directly from a healthcare professional.

NAFC does not sell its database records to anyone for any purposes. Our constituents' privacy is always preserved and protected.

Quality Care Editorial Advisory Board



Rodney Appell, MD

Professor, Department of Urology, Baylor College of Medicine and F. Scott Brantley Chair in Urology, St. Luke's Episcopal Hospital, Houston, TX



Elizabeth W. Bozeman, MD, FACS

Urologist in private practice at The Urology Center of Spartanburg, The Spartanburg Regional Medical Center, and Mary Black Memorial Hospital in Spartanburg, South Carolina



Betsy Nielsen-Omeis, RN, BSN

Urodynamics Coordinator, University of Texas Health Science Center San Antonio Department of Surgery-Division of Urology



Jan Busby-Whitehead, MD

Associate Professor, Department of Medicine at the University of North Carolina at Chapel Hill and the Director of the Program on Aging at the UNC-CH School of Medicine



Karl M. Lubber, MD

Director, Division of Urogynecology and Pelvic Reconstructive Surgery, Southern California Permanente Medical Group at the San Diego Medical Center and the Fellowship Director, Female Pelvic Medicine and Reconstructive Surgery at the University of California at San Diego, School of Medicine, Department of Reproductive Medicine in San Diego, California. Dr. Lubber also serves as the AUGS Government Relations Committee Chair.

NAFC

P.O. Box 1019
Charleston, SC 29402-1019
phone: 843.377.0900
fax: 843.377.0905
www.nafc.org

NONPROFIT ORG.
US POSTAGE
PAID
COLUMBIA SC
PERMIT NO. 607