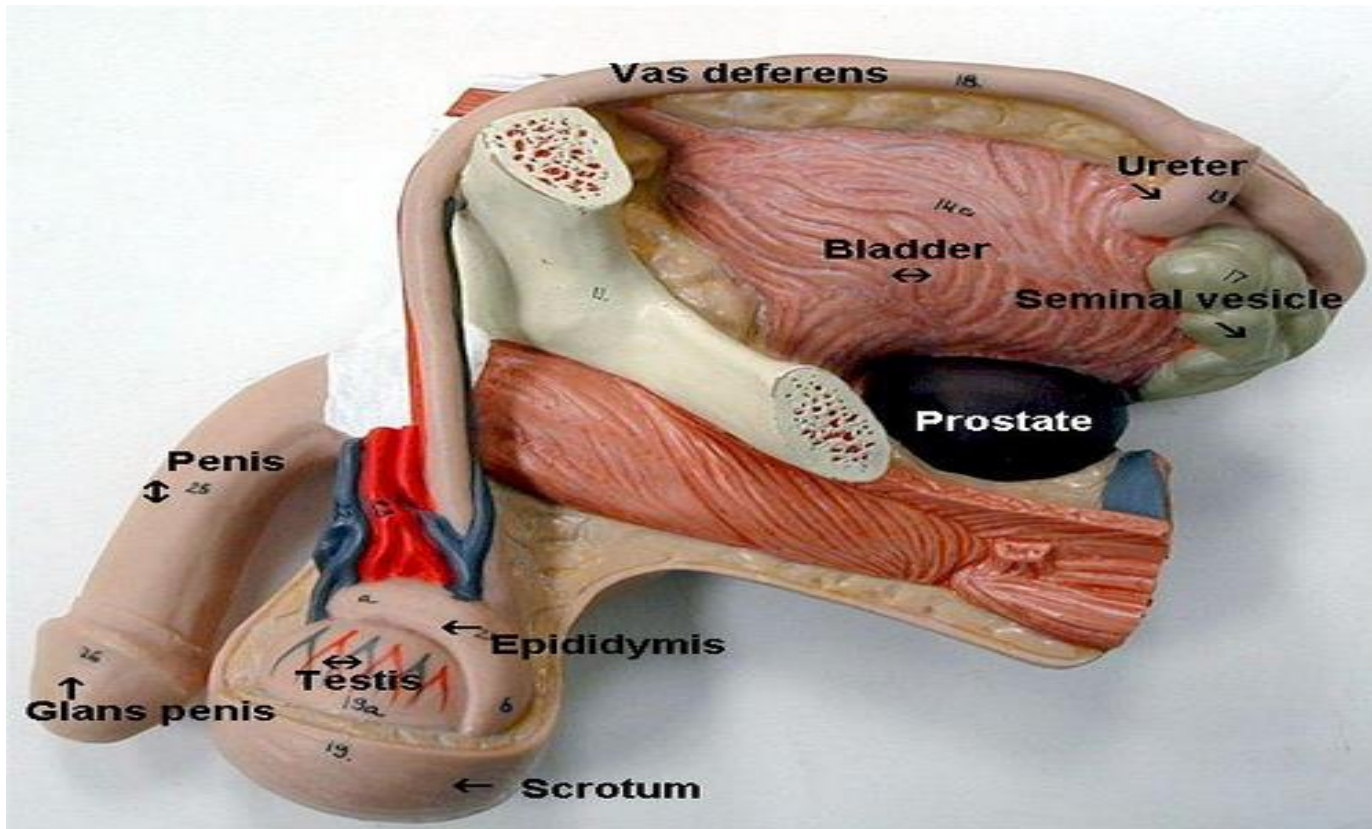


# CONTINENCE & UROLOGY SERVICE

WHAT IT IS ALL ABOUT



# Community Continence Team

- There are 4 Clinical Nurse Specialists
- 3 Urology Specialist Nurses
- 2 Admin staff
- All referrals should be sent to :
- Lundwood Health Centre, Barnsley S71 5RG Mon-Fri 08.30-16.30hours
- Fax No 01226 433561,
- Telephone number 01226 433517



# REFERRAL CRITERIA

- ❖ Demographics
- ❖ Medical History/Surgical history/Medications
- ❖ Increased frequency, urgency, recurrent UTI's
- ❖ If male patient PR to exclude prostate enlargement , PSA where applicable
- ❖ Unless housebound clinic appointment encouraged
- ❖ Bladder scans



# WHAT COMMUNITY SERVICES CAN OFFER

- ❖ Advice on Nephrostomies
- ❖ Prostag/Zolodex injections
- ❖ Primary male urethral catheterisation
- ❖ Complex urethral/supra-pubic catheterisation
- ❖ Trial without catheter (TWOC)
- ❖ Medications
- ❖ Reduce unnecessary hospital referrals/admission



# CONTINENCE ASSESSMENT

- Bladder scans
- Full bladder/bowel diary
- Urinalysis
- Frequency, volume chart
- Lifestyle advice/changes
- Bladder/bowel management programs
- Pelvic examination/exercise programs
- Continence aids and appliances if indicated
- Consistency of review



# Bladder scanner

- Portable
- Quick and easy
- Does not show abnormal pathology



# DIFFERENT LOCAL CLINICS

- ❖ The service has various locations that patients can access.
- ❖ New Street, Penistone, Hoyland, Mapplewell, Lundwood, Wombwell, Cudworth, Thurnscoe.
- ❖ Male only clinics held at New Street & Cudworth,

Sexual counselling (not hands on), pelvic exercise programs, Prostate advice(not examination or PSA)

Bladder & Bowel management & care





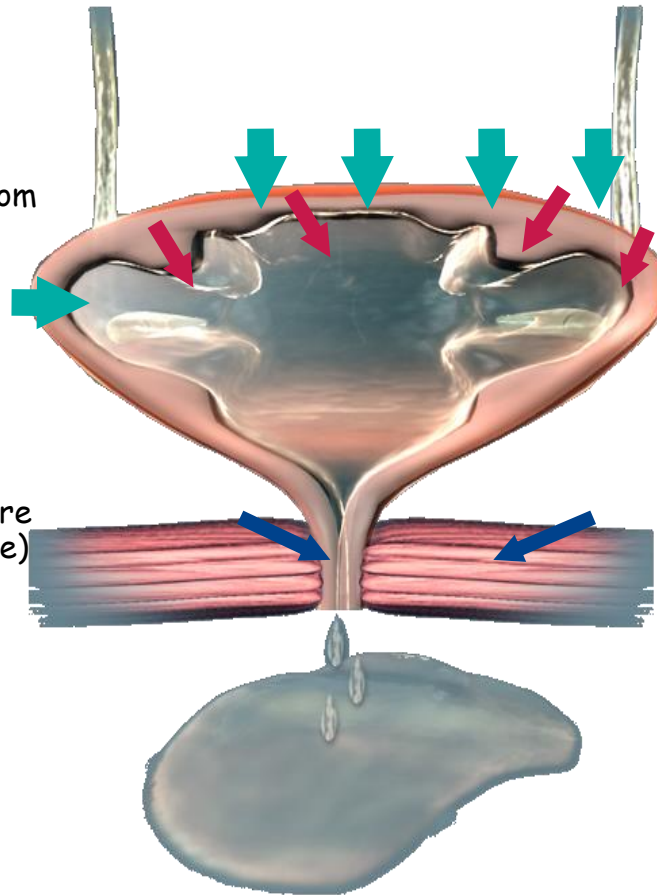
# TYPES OF URINARY INCONTINENCE

## URGE<sup>10</sup>

- Urine loss accompanied by urgency resulting from abnormal bladder contractions

## STRESS<sup>10</sup>

- Urine loss resulting from sudden increased Intra-abdominal pressure (eg, laugh, cough, sneeze)



## MIXED SYMPTOMS<sup>11</sup>

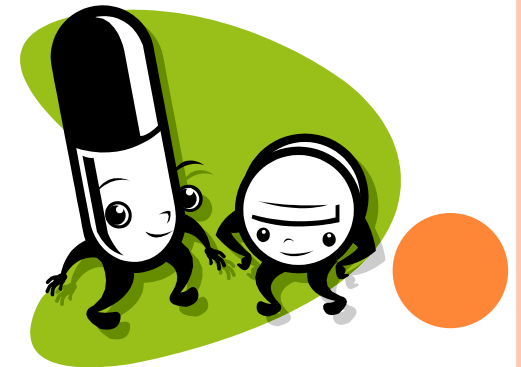
- Combination of stress and urge incontinence

- ➡ Sudden increase in intra-abdominal pressure
- ➡ Uninhibited detrusor contractions
- ➡ Urethral pressure



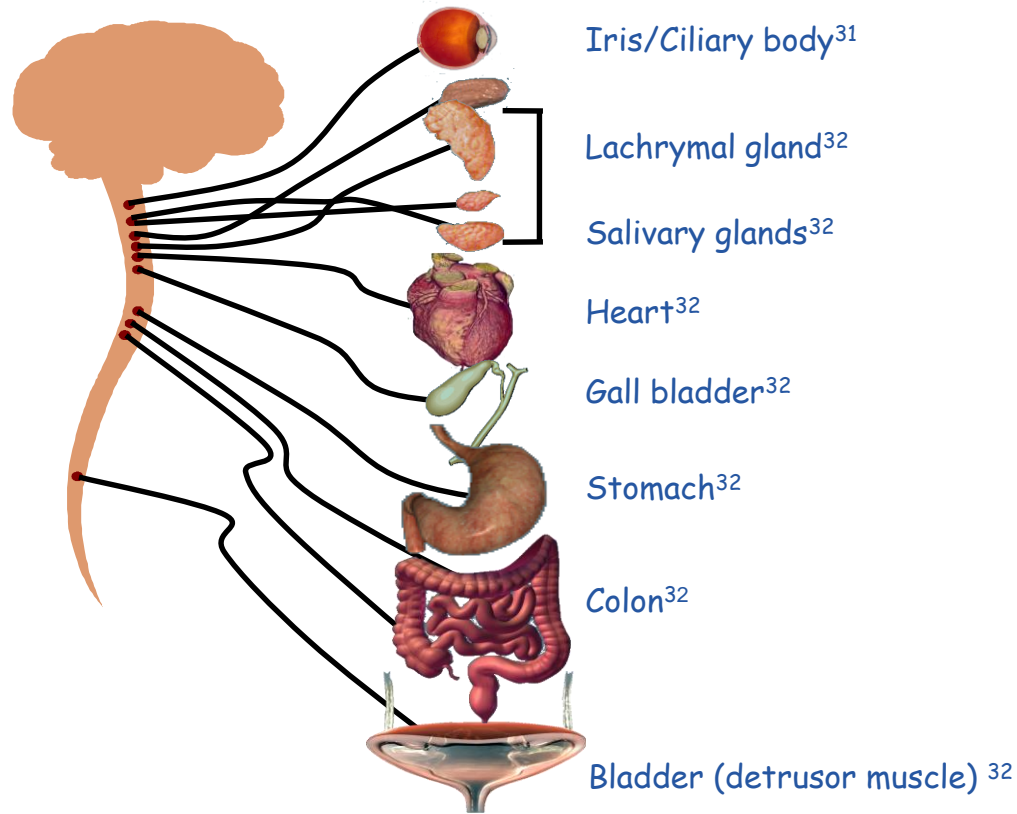
# MEDICATIONS, GOOD OR OR BAD?

- Diuretics
- Analgesics
- Cardiac / Anti-hypertensives
- Over the counter !!!
- The drugs that are supposed to help???
- Social drugs



# MUSCARINIC RECEPTORS - DISTRIBUTION THROUGHOUT THE BODY

**CNS:**



31. Chapple CR, et al. *Urology* 2002;60(5 Suppl 1):82-89.

32. Caulfield MP. *Pharmacol Ther* 1993;58(3):319-379.

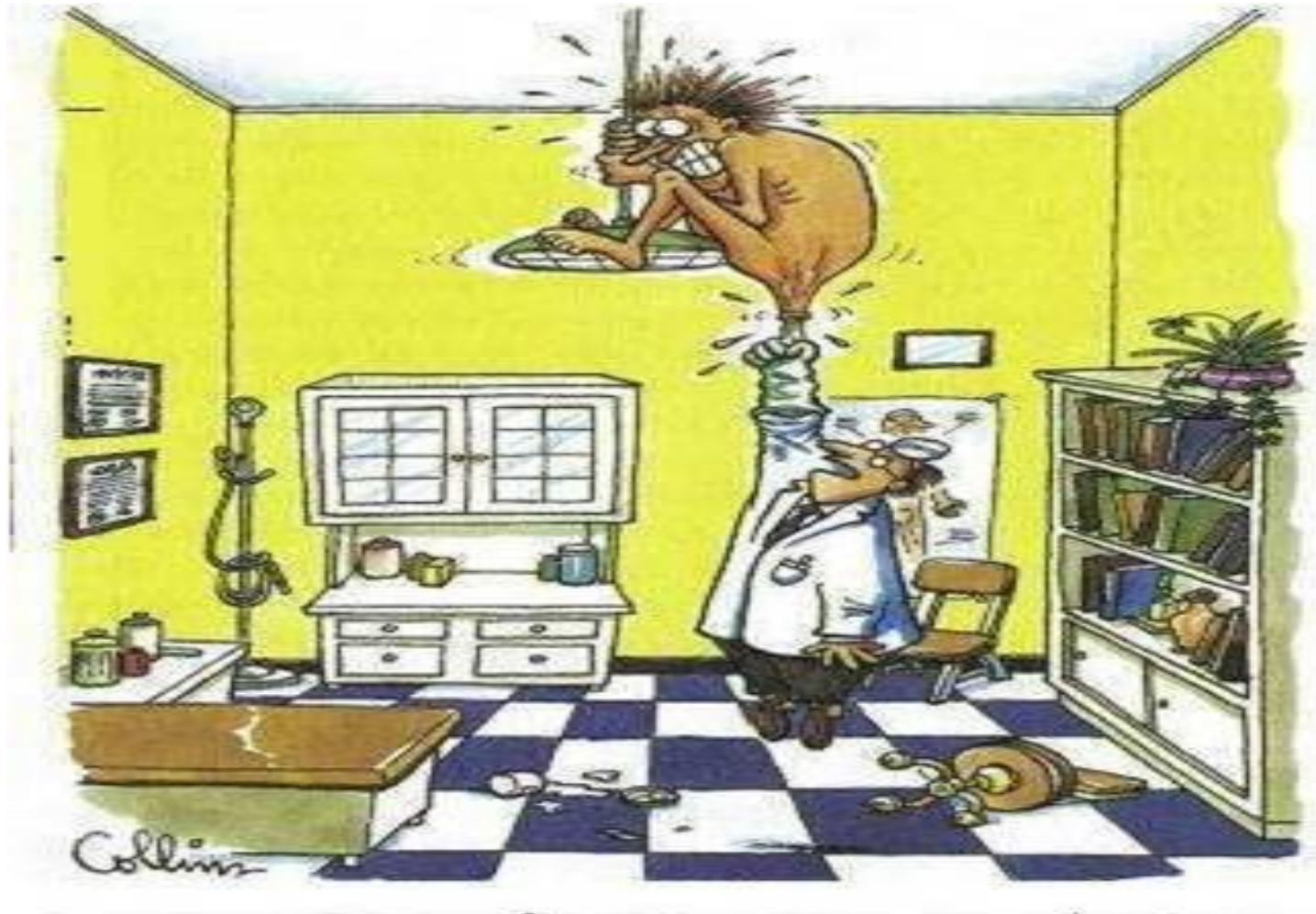


# OUCH !

- Urinary catheters is not a sure fix to incontinence
- Can be detrimental to a person's health
- Not always most suitable in managing elevated residuals, intermittent catheterisation may be a better option.



**SOME PATIENTS SAY NURSES  
ARE MORE GENTLER !!**





With all of us in mind

### FREQUENCY VOLUME CHART

Name.....Date.....

NHS Number.....

Time	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
00.00							
01.00		X					
02.00	X		XX				
03.00	X	X	X				
04.00		X	X				
05.00	X						
06.00	X	XX	X				
07.00			X				
08.00	X						
09.00	X	X	X				
10.00	XX	XX	XX				
11.00		X					
12.00	X		X				
13.00		X					
14.00	XX	X	X				
15.00	X		X				
16.00		X	X				
17.00	XX						
18.00	X	X	XX				
19.00	XX						
20.00	X	X	X				
21.00	X						
22.00	XX		XX				
23.00	X	XX	X				





With all of us in mind

**FREQUENCY VOLUME CHART**

Name.....Date.....

NHS Number.....

Time	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
00.00							
01.00		X					
02.00	X		X X				
03.00	X	X	X				
04.00		X	X				
05.00	X						
06.00	X	X X	X				
07.00		X	X				
08.00	X						
09.00		X	X				
10.00		X					
11.00							
12.00			X				
13.00							
14.00	X						
15.00							
16.00		X					
17.00							
18.00			X				
19.00							
20.00							
21.00							
22.00	X		X X				
23.00	X	X X	X				



# CASE STUDY

62 YR old man

Good general health

Nocturnal frequency

Increased daytime frequency

Good stream, no hesitancy

Sprays all over toilet

Good varied fluid intake

Bowels hit & miss

WHAT DO YOU THINK?





# CASE STUDY

- Born 1963 male
- Head injury 30 years ago, numerous brain surgery
- Increased frequency & urgency, pre - micturition dribble
- No UTI, no elevated residual on scanning
- Low volumes 50-75mls daytime



# EVIDENCE BASED CARE

- ❖ Overactive bladder treatment algorithm
- ❖ Nice Guidelines
- ❖ Good Continence Guidelines
- ❖ Cquins initiatives
- ❖ Collaboration with other specialities,  
Tissue Viability, Microbiology, Urology,

