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The Canadian Continence Foundation

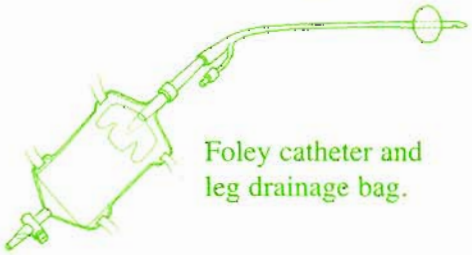
Catheters & Catheterization

Gloria Harrison, R.N.

Urethral catheterization may be necessary for individuals who have difficulty in completely emptying the bladder due to neurological disease or injury, bladder outlet obstruction (with surgery not being an option), or with severe incontinence especially if skin breakdown or pressure ulcers are present.

Catheterization can be done on an intermittent basis using a straight catheter, or on a continuous basis using an indwelling (Foley) catheter which has a small balloon at its tip to keep it in place in the bladder.

Intermittent catheterization (IC) is the preferred method, whenever it is possible, because of the problems associated with indwelling catheters. If self intermittent catheterization is done, a clean rather than sterile technique can be used. Clean intermittent catheterization (CIC) means that you can safely reuse catheters several times, washing the catheter with soap and water after each use and allowing it to dry completely before the next use. IC has a lower risk of infection than an indwelling catheter and may help maintain bladder function. It is done with a soft, straight catheter 5" long for women and 12" for men. The frequency of catheterization may be about every 6 hours during the day but it is individualized. A suitable guideline, which is generally accepted, is a frequency of catheterization which keeps the volume of urine in the bladder at 400-500 ml or below [1]. The volume of urine in the bladder is the amount you void (if any) plus the amount you get out by catheterization immediately after voiding (the residual).



Foley catheter and leg drainage bag.

Indwelling catheterization always requires insertion using sterile technique and is usually done by a doctor or a nurse. The catheter is attached to a drainage bag to collect the urine. The drainage bag can be a small leg bag worn inside clothing during the day for active people and a larger night bag with longer tubing for use when in bed. Although it is impossible to prevent bacteriuria (bacteria in the urine) in a person catheterized for longer than 30days, not all people with bacteriuria have complications (Moore, 1995). The leg bag and drainage bag can be cleaned with soap and water and then rinsed with vinegar.

Types of Indwelling Catheters

The choice of catheter is important. The following outlines the common types of catheters:

1) Silicone-coated Latex Catheter (Silastic Catheter) is the type most commonly employed for long-term use (over 30 days). The silicone coating reduces the chance of contact with latex. It also helps to minimize friction.

2) Hydrogel or Hydrophilic Catheters are polyvinyl or silicone catheters that are coated with polymers that absorb fluid to create a soft slippery surface. This coating reduces friction during insertion and decreases urethral irritation.

3) Silicone Catheters are made of pure silicone and are thin walled resulting in a larger drainage channel. There tends to be less buildup of mucous and protein with this type so they are recommended for anyone who is having problems with frequent blocking of the catheter. They are also recommended for anyone who has a latex allergy. They are more expensive but can actually be more economical if they reduce the need for frequent catheter changes.

Catheter holder.

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Continued

Guidelines for Indwelling Catheter Use & Care

1. Size of Catheter: Use the smallest size of catheter (preferably 12 Fr or 14 Fr for an adult) that allows for good drainage with the smallest possible balloon (5 ml).[1] Large catheters and balloons tend to increase bladder irritability and are more likely to damage the urethra and bladder neck. Always inflate the balloon with the correct amount of sterile water recommended on the packaging. A 5ml balloon usually requires 10 ml for full inflation because of the length of the inflation channel.

2. Changing the Catheter: Frequency of catheter changes should be based on how long the catheter remains patent (i.e. doesn't block). If the catheter is blocking frequently changes may be as often as weekly but catheters can be left in 2-3 months.[2]

3. Care of Catheter and Bags: The system should be kept closed as much as possible. If it is necessary to open the system to change a drainage bag, hands should be carefully washed prior to doing it and connections should be cleaned carefully with an alcohol swab. If bags are changed daily, they should be cleaned with soap and water and then rinsed with a vinegar and water solution 2:4, then rinsed with water and dried completely prior to being used again.

The drainage bag should always be placed lower than the bladder and emptied every four to eight hours. The catheter should be secured to the thigh or abdomen with tape or a catheter holder (adhesive or cloth Velcro ones are available) to avoid tension. This is especially important in men to prevent damage to the urethra. Avoid kinks in the catheter or tubing.

Frequently Encountered Problems

1) Catheter Associated Infection: A catheter provides a pathway for bacteria to enter the bladder and even with excellent care, a bladder or urinary tract infection may develop. Antibiotics are not indicated if there are no symptoms of a urinary tract infection. A urine culture should only be done if there are symptoms of a bladder infection (fever, abdominal or back pain, chills, or blood in the urine. If a urine specimen is required it should be obtained with a new sterile catheter. A specimen from the existing catheter contains many strains of bacteria that may not be infecting the urinary tract (Moore & Rayome, 1995). A good fluid intake (about 2 litres/day) is recommended to keep the urine diluted[1]. Cranberry juice may possibly decrease bacteria attachment in the bladder and lower urinary tract[3]. Due to the high sugar content of cranberry juice, it might be advisable to take cranberry tablets or Vitamin C instead.

2) Blockage of the Catheter: Blockage occurs when debris accumulates in the bladder and catheter as a result of bacteria. For some people, blockage is a common and frustrating occurrence. There is no single method to control debris and crystal formation. For some, alternating between a silicone product or hydrophilic is helpful; for others, occasional irrigation with normal saline may help. Fluid intake is important and all catheter users should try to drink at least 1.5 to 2 litres of fluid a day. People who have recurrent blockage or recurrent symptomatic infections should be referred to an urologist so that the inside of the bladder can be checked.

3) Bypassing: Leaking around the catheter occurs because the bladder is having spasms because of irritation from the catheter, large catheter and balloon, infection, or a bladder stone. Treatment is often individual and can include: changing from one catheter to another, ensuring that the catheter and balloon are no larger than 16 Fr, 5 ml balloon, treatment of infection if indicated. For some people, anticholinergic medications such as tolterodine or oxybutynin are helpful to reduce spasms; for women, low dose topical hormone replacement (estrogen) may improve symptoms. For all people who have continued problems with by-passing or infections, a urology consultation is mandatory.

Tips

1) Fluids – try to drink at least 1.5 to 2 litres of fluid a day to help flush the bladder; for some, symptoms are worse with drinks that include caffeine.

2) Cranberry Juice - there is insufficient evidence to support the use of cranberry juice for prevention of infections in people who are catheterized.

3) Care of Catheters & Bags: wash with soap and water and rinse with vinegar as necessary. For most people, this is done once a day to control odour and keep the bags clean looking. Bags should be changed when the catheter is changed (individual schedule) or if they start to have an odour. Odour depends on many things including the medications a person takes, the amount of fluid being ingested, and the person's overall health.

4) Taping: It is very important to keep the catheter loose so that it does not cause tension on the bladder neck and urethra. Irreparable damage can occur when the catheter is not properly supported. Tape the catheter up on the abdomen or loosely on the thigh. If the catheter is on the thigh, be certain that leg movement and walking does not cause tension on the tubing.

References

1. Getliffe, K., Dolman, M., (2003), Promoting Continence, A Clinical Research Resource. Ballière Tindall.
2. Lekan-Rutledge, D., Doughty D., Moore K.N., Wooldridge, L (2003). Promoting Social Continence: Products and Devices in the Management of Urinary Incontinence. Urologic Nursing Vol. 23. No. 6 December 2003.
3. Moore KN, Rayome RG, (1995) Problem Solving and Troubleshooting: The Indwelling Catheter. Journal of WOCN, Vol. 22 No. 5, September 1995.
4. Newman, Diane K., (1999). The Urinary Incontinence Sourcebook. Lowell House

Thank you to Dr. Katherine Moore for her assistance with this article.

Kegel's Exercises During Pregnancy

Scott A. Farrell, MD
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A first pregnancy and delivery mark a turning point in a woman's life. Pregnancy is a significant stress on the body. Delivery of a baby through the vagina applies tremendous pressure and strain to the pelvic organs, in particular to the bladder and the bowel. In most cases these organs continue to work normally but, in up to one quarter of women, problems with controlling the bladder and bowel develop after delivery. These problems cause leaking of urine from the bladder and leaking of gas from the bowel which can be embarrasing and interfere with your normal enjoyment of life. While doctors have been able to determine that damage to the muscles and support structures of the pelvis is responsible for this bladder and bowel leaking, they do not know how to predict which women will experience these problems and how labour and delivery cause these problems.

There is,however, evidence that a woman can reduce her chances of having leaking from the bladder by doing pelvic exercises, called Kegel's exercises, during and after pregnancy. Kegels's exercises were first described by Dr. Arnold Kegel to help women cure bladder leaking.They strengthen the pelvic muscles which support the bladder and close the bladder and rectum to prevent leaking.

Researchers have determined that if you do Kegel's exercises regularly during pregnancy you are less likely to have bladder leaking during pregnancy and after you deliver your baby. In one study, women were asked to perform 8 to 12 intensive pelvic floor muscle contractions twice a day at home. For each contraction, the woman was asked to contract the pelvic muscles as strongly as she could and to hold the contraction for 6 to 8 seconds. At the end of this contraction she was asked to add three or four fast contractions of the same muscles and then to rest for a period of about 6 seconds before doing the exercises again.These exercises significantly reduced the number of episodes of leaking from the bladder during pregnancy and after delivery. The authors concluded that 1 in 8 women would be able to significantly reduce their leaking by doing these exercises.

Health care professionals were concerned that if women did these pelvic floor exercises during pregnancy, the result would be tighter pelvic muscles which would not relax to deliver the baby. A recent study has shown just the opposite is true. Researchers found that the length of time that a woman pushes to deliver her baby is no different for women who do pelvic exercises and those who don't. They also found, however, that women who did not do pelvic exercises were more likely to have a longer than usual second stage of labour (the time that a woman pushes after her cervix is fully dilated).

Much is still unknown about the causes of bladder and bowel leaking. In the future doctors, may know how to help you avoid damage to these organs during labour and delivery. In the meantime, pelvic exercises are easy for women to do, safe and can reduce problems with bladder leaking.

To Our Supporters – Thank you!

As many of our supporting industry partners are coming to their years end, I would like to take this opportunity to thank each of them.

My sincere "thanks" to Laborie Medical Technologies, SCA Hygiene, Pfizer Canada, Johnson & Johnson, Eli Lilly, Boehringer Ingelheim, Medtronic Canada, and Paladin Labs. To all the others who have taken ads in our newsletter "The Informer" that has enabled us to produce this publication for you throughout the year. To Purdue Pharma for the reprinting of the Kegel Exercise sheet, the most requested document, thank you.

The Canadian Continence Foundation wishes to thank Asborbtex, Paladin Labs & Mentor Canada for contributing to the production of this newsletter.

As you may not know the Foundation does not receive any operating budget from any level of Government. Therefore we rely on the generosity of individuals, healthcare professionals who take an annual membership and our Patrons who support us on an annual basis. Through annual donations, educational grants and sponsorships/exhibits at TCCF conference, we are able to continue to work on behalf of consumers experiencing urinary incontinence.

I must say it is a challenge each year as the costs and number of individuals requesting help keeps increasing. This is good as you consumers are refusing to suffer in silence.

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A recent article that appeared in The Toronto Star. Reprinted Courtesy Torstar Syndicated Services".

Women's painful secret

By Valerie Hauch Toronto Star

We've all worn diapers. No one wants to wear them again.

And yet that is the very real prospect and humiliating day-to-day reality for many women age 50 and up. They have a little-publicized condition called pelvic floor prolapse, which involves the weakening - and sometimes total collapse - of the pelvic floor.

In its early stage, it can lead to incontinence, hence the use of adult diapers.

In the latter advanced stage, pelvic floor prolapse can mean the pelvic organs - including the bladder, uterus, and lower bowel literally fall down through the vagina. When you see a photo of this condition - as this reporter did - you can only cringe and wonder why you haven't heard more about it.

The stigma attached to this disorder is exacerbated because people don't talk about it. Indeed, many women suffer in silence with varying degrees of pelvic floor prolapse for years because they're too embarrassed to tell their doctors and don't understand the condition themselves.

"There are about 2 million women out there with some form (of pelvic floor problem) and only about one in 11 goes to a health professional about it," says Dr. William Easton, who operates out of Scarborough's Centenary Hospital and is also an assistant professor in the Urogynecology and Pelvic Floor Reconstructive Surgery division at the University of Toronto's Faculty of Medicine.

He says he's one of a handful of urogynecologists in the GTA (there are about 30 in Canada) with the training to do a full-range of pelvic floor reconstruction, including minimally invasive laproscopic surgery.

The latter means that instead of a large abdominal incision, access to internal organs is gained either through tiny nicks on the abdomen or through the vagina or both. But Easton says there's a steep learning curve associated with laparoscopic pelvic floor reconstruction and not many gynecologic surgeons offer this option.

When women with incontinence and other problems of pelvic floor prolapse are referred to him by their family physicians, he says he hears "things like, 'I thought maybe it would just go away.'

"The one that really upsets me, though, is, 'I thought this was normal as you get older.' But I tell them, incontinence or loss of excretory functions isn't normal at any age!"

Pelvic floor muscles can be weakened by aging, childbearing (although childless women also suffer from prolapse), obesity and other factors. "If you're 50 pounds overweight, it's like a 50-pound sack of potatoes bearing down on your pelvic floor," says Easton.

In earlier stages of prolapse, when there's only a slight loss of pelvic floor support, women get urinary incontinence.

"Every time you put pressure on the dome of the bladder - every time you cough or sneeze or laugh ... instead of slamming the door shut, the door is kicked open and urine comes out and people can get soaking wet," says Easton.

"They're afraid to participate in physical activities so they get in lousy shape. They're embarrassed to go out and laugh or they might soak themselves. These people can't go anywhere."

And diapers aren't the cure. Easton grimaces just thinking about the TV commercials.

"They send the wrong message. Oh, you don't have to worry about the problem because we can teach you to hide it, how to mask it and you can be out on the dance floor and no one will know that you're leaking like a sieve into your Depends.

"Well, what about not leaking at all?

"The other thing is, these things are not cheap. You can spend $1,200 to $1,500 a year on incontinence undergarments and for someone on a fixed income, that's a big chunk of change."

Unfortunately, Easton's patients, who wait about four months to get an appointment just to see him, then must wait an additional five to six months for pre-operative assessment and close to two years for surgical remedies, such as building slings for bladders and other procedures that put urinary and genital organs back where they belong. A "sling" or "hammock" can be created to support organs, like the bladder, which have fallen out of position.

For cases in which the prolapse is not too severe, Easton can build a sling underneath the bladder using the upper wall of the vagina and creating an attachment to "the ligaments inside the pelvic bone which are as strong as iron and that supports the bladder in its normal anatomic position."

However, if the degree of prolapse is more advanced, he builds a sling out of synthetic mesh which he places underneath the bladder and laproscopically sutures it to the ligaments inside the pelvic bone. It's all major surgery, taking three or four hours, and it can be very tricky.

"If you over-correct a bladder, they can't pee. If you under-correct it, they're still wet," says Easton.

Mary Weston, a 71-year-old Pickering widow and the mother of three, was one of Easton's luckier patients. She got in for bladder surgery in February, 2003, after living with incontinence since the year before, when her bladder dropped, and was exerting pressure at the top of her vagina.

"You don't feel it going down, but you have to run to the washroom all the time. I wasn't in pain, but it's very discomforting and very embarrassing. You try to lead a normal life but you can't - you might not make it to the bathroom. You don't trust yourself to leave the house."

Weston's surgery was successful; Easton put her bladder in a synthetic "sling" which keeps it in place. But then in the fall of 2003, she experienced more problems. Once again, she lived with daily discomfort and had stay off her feet as much as possible while awaiting another surgery. When she got a call saying that due to a cancellation, an August date had opened, she says, "I felt like I won a lottery! I was going to get fixed up!"

Prior to her own experiences, Weston had no concept of what pelvic floor prolapse was. "I didn't know what was going on. When I grew up, no one talked about this but ... people need to know. If somebody can learn something from what I've told you, hey, I'm all for it. I do not feel embarrassed. I think I'm very lucky. I feel I've got my life back again."

Unfortunately, the waiting for operations like Weston's, is going to get worse, says Easton "I get three days of operating time a month," Easton says. "When I started my practice (in 1981), I got four days. My concern is that women who are now waiting close to two

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Women's painful secret

By Valerie Hauch Toronto Star

Continued

years are going to be waiting three or four years. My hospital just closed another operating room to save money. It's not getting any better. It's getting exponentially worse."

Another of Easton's patients, Anne, a 52-year-old Toronto office administrator and mother of three children, is still waiting for surgery that will put her fallen bladder in a "hammock" which will lift it back into the correct position. Several years ago she felt pressure at the top of her vagina and felt a lump.

"I thought I had cancer - it was very frightening," says Anne, who prefers not to have her last name used. Anne underwent a hysterectomy in Dec. 2002 but her doctor was unable to fix her bladder and she was referred to Easton. Now she's on a list for surgery sometime in 2005.

In the meantime, Anne works full-time and copes with daily discomfort because her bladder keeps shifting around. Some days she makes up to18 trips to the toilet. "I can't begin to describe what it's like to live like this. It's so embarrassing, and it can be very painful. Sometimes I can't stand up straight, there's so much pain," she says.

Like Weston, she says she knew nothing about pelvic floor prolapse.

This lack of public knowledge about prolapse is a big part of the problem in dealing with it and also explains why this condition doesn't get the focus from the medical and political community that it deserves, says Easton.

"That's what's driving me nuts. I think if there were a lot of attention, a lot would happen. If there were more public education and a terrific website devoted to this ... anything that would not only alert women to not only do something about the problem, but also to try to prevent it.

"A lot of family doctors are uncomfortable with this issue because they're not adequately trained for it. But they should be asking patients, even if they're in for a sore ankle, 'Do you have trouble controlling your bladder?' and they'd be amazed at the number of responses." (Easton says 15 to 20 per cent of women over the age of 50 have some form of incontinence; over age 60 this rises to 30 to 35 per cent.)

Easton says if women with gynecological problems "had the same kind of lobby strength or public awareness as women who are having babies ... a lot more would be done." Right now, the major focus in gynecology is on obstetrics, he says, which is considered more glamorous and more financially and emotionally rewarding.

In his area, he deals with people "who are very upset and I can't do much to relieve their upset."

Mature women, he says, too, tend to be more passive and accepting of what comes their way. "The prostate problem gets a lot of attention," Easton says. "'Get your PSA,' you hear. But nobody is out there saying, if you think you have a pelvic floor problem, if you leak urine or stool, see your family doctor and ask for a pelvic floor specialist.

"These people are being relegated to the back of the line ... Housebound adults in diapers deserve as much attention as those with cataracts."

Protect your pelvic floor

Here are some ways women can improve the strength of the pelvic floor, suggests surgeon Dr. William Easton.

- Maintaining a healthy weight is important because it relieves stress on the pelvic floor.
- Avoid activities that damage the pelvic floor, like heavy lifting.
- Power walking is better than jogging. "Jogging is like a little sledgehammer on the pelvic floor every time those feet hit the pavement," says Easton.
- Kegel exercises strengthen the pelvic floor and can be done at any age. But it's important to do them right or they will have no effect. Never interrupt the stream of urine once you have started to empty your bladder. "Contrary to what you may have heard, this is NOT part of the pelvic floor exercise routine."
- Some people have difficulty finding and isolating the muscles they need to exercise. "A program of biofeedback and electrostimulation (artificially induced contraction of the right muscles) is available to help get you on track."

For more information about male and female incontinence, check the Canadian Continence Foundation website, www.continence-fdn.ca. For free information packets about incontinence call 1-800-265-9575.

UPCOMING EVENT!

Mature Women's Health Care: State of the Art Treatments for Common Problems

Friday, April 22, 2005, 8:00 a.m. - 4:00 p.m.

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To view the complete program please go to www.mtsinai.on.ca/seminars/ce

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