

Quality Care

A Quarterly Newsletter from the National Association For Continence

IN FOCUS

Multiple Sclerosis... and Bladder Health

Margie O'Leary, MSN, RN, & Michael Chancellor, MD
of the University of Pittsburgh Medical Center

Multiple sclerosis (MS) is a lifelong, potentially disabling, disease that causes damage to nerves within the brain and spinal cord. There are many symptoms that can occur as a result of injury to nerves. These include fatigue, visual disturbances, coordination problems, pain, tremor, numbness, spasticity, and bladder and bowel disorders. Bladder disturbances occur in more than 80% of people with MS. They may be temporary or persistent, and symptoms can vary from one person to the next. ***The good news is that many bladder problems may be addressed, and all may be managed so that they do not control your life and daily activities.***

Because urination problems may be embarrassing and even frightening when they first occur, it is important to grasp how the bladder functions under normal circumstances in order to understand why these symptoms are occurring. This will enable you to discuss your symptoms with your primary health care provider just as soon as you begin to experience them. This is an essential first step in managing these circumstances.

How the Bladder Normally Works

The bladder, found in the pelvis, is really just a muscular storage bag to hold urine. As the bladder fills with urine, it stretches. When the bladder is full, it triggers nerves, which send a signal to the brain via the spinal cord. The brain processes this information and in turn

continued on next page . . .

from our guest editors

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E. Lisa Neu, RN, BS, CANP-BC, is in private practice in Ellicott City, Maryland. She received her NP training at Wichita State University. She also serves as a nurse educator for several companies including ACMI Corporation and Medtronic, Inc. She is an active member of the International Society of Pelvic Neuromodulation and the American Academy of Nurse Practitioners. Presently, she is the Northeast Regional Director for the Society of Urologic Nurses and Associates, and she serves on NAFC's Project Advisory Council.

Almost all neurologic diseases can affect the function of the bladder and urethra (lower urinary tract). Sometimes the urinary system is the first area where symptoms occur associated with nervous disease, as is seen in 1 in 10 sufferers of Multiple Sclerosis (MS). Many other neurologic problems such as Parkinson's disease, stroke, and spinal cord injury are associated with urinary symptoms, which may be progressive, or which may wax and wane depending on the state of the neurologic disease.

The two main urinary symptoms associated with neurologic disease are urinary incontinence or inability to empty the bladder (urinary retention). Urinary incontinence occurs because the bladder cannot store urine and expels urine against the person's will (either associated with the strong need to urinate – urinary urgency, or not). This type of bladder problem is commonly associated with people who have suffered a stroke and who have had some other injury that has affected the brain – such as a brain tumor or brain hemorrhage. Urinary retention, or incomplete bladder emptying, occurs due to either a bladder contraction that occurs without appropriate relaxation of the urinary control mechanism – urinary sphincter, or because the urinary bladder is unable to contract effectively due to injury from the underlying neurologic disease. This problem is commonly encountered with people who have had spinal cord injury or surgery in the pelvis, which has damaged the nerves that control bladder function. ❖

sends a message back to the bladder, telling it to contract in order to release the urine. Another message is sent to the sphincter muscle at the base of the bladder, telling it to relax. This permits a free flow of urine out of the body via the urethra. Once the bladder contraction has successfully pushed out the urine it has stored, the bladder relaxes again to begin refilling, and the sphincter muscle tightens again to hold the bladder neck closed and prevent leakage.

For most people, once voluntary control over the bladder is mastered at an early age, it is maintained for life. For other people, a variety of conditions, such as MS, stroke, Parkinson's Disease, and back and spinal cord injuries can contribute to symptoms of urgency, frequency, incontinence, infection, and/or retention.

How MS Affects Bladder Function

MS can affect the bladder in a number of ways. MS lesions within the central nervous system interrupt the transmission of messages to and from the bladder and the brain. These lesions may be present in the brain, spinal cord, or both. Symptoms of bladder dysfunction in MS include urgency, frequency, urine leakage, hesitancy, slowed stream, incomplete and double voiding, and/or the inability to void after feeling the urge.

There are three primary bladder control problems that occur as a result of MS: 1) Overactive Bladder (OAB); 2) Sphincter Dyssynergia (SD); and 3) Underactive Bladder (UB).

1. *Overactive Bladder (OAB):* This is the most common bladder control problem experienced by people with MS. The bladder begins to contract when only a small amount of urine is present. The feeling of urgency becomes more frequent over time. Nocturia (getting up more than twice to urinate during the night) may also occur. Sudden, uncontrollable urgency and the loss of urine, called urge incontinence, may even occur. Treatment focuses on relaxing the bladder and minimizing contractions so that the bladder may hold more urine for a longer period of time between intended voiding.

2. *Sphincter Dyssynergia:* In this condition, urine becomes trapped within the bladder because the urethra is contracting instead of relaxing at the same time that the bladder is trying to contract to empty. Treatment is twofold. First, the focus is to empty the bladder, as high pressure in the bladder over time can cause bladder or kidney damage. The second goal is to relax the bladder so that the bladder can hold more urine.

3. *Underactive Bladder:* Nerve damage can weaken the bladder, and as a result, the bladder cannot squeeze out the urine that causes urinary retention. The bladder continues to fill and expand. Eventually it may overflow, allowing leakage of urine, or overflow incontinence. Even if voluntary urination occurs, the bladder doesn't empty all the way, causing urinary retention.

Another problem for females, with or without MS, is the prolapse ("falling down" or bulging) of the pelvic organs. The prolapse can contribute to urinary retention because of the blocking of the natural flow of urine. Surgery, pelvic floor rehabilitation, or pessaries are ways to manage this problem.

Early screening and proper diagnosis of any and all bladder health problems are considered critically important in this chronic and progressive disease. Symptoms can be similar in all three cases noted, and proper diagnosis is essential. In addition, the MS patient is more susceptible to urinary tract infections and may suffer pelvic discomfort because of sensory disturbances. It is very important to maintain a close dialogue about your urinary health during your health care visits. ❖

This article includes excerpts from a new booklet, "Continence For People Living with MS", to be published by the National Association For Continence next month.

Bladder Health Week—Help Raise Awareness!

November 17 through 21 marks National Bladder Health Week – a week established by the Bladder Health Council and dedicated by medical professionals to promoting the importance of good bladder health. This year's focus is on urinary incontinence – one of the most pervasive bladder health issues. During this week, NAFC will launch its new Bladder Health Forum, an electronic message board where patients and professionals can “chat” while visiting NAFC's website about urinary health. (See page 14 for details.)

While NAFC launches its new Bladder Health Forum, we encourage you to raise awareness about urinary incontinence during this special week.

1. Evaluate Your Own Bladder Health

- Take time to reassess your own bladder health. Now is the perfect time to schedule a check-up with your healthcare professional.
- Re-invigorate your Pelvic Muscle Exercise routine.

2. Help Others Who Have Bladder Health Problems

- Reach out to a family member or friend who you know or

think has a bladder health problem. You have access to NAFC and new treatment options, so share your knowledge.

- This newsletter awakens us to the prevalence of urinary and bladder health problems—they are widespread, under-reported, and under-treated. So, leave your newsletter at work or at your community center—let people know that NAFC is a resource to them!

3. Contact Your Legislator!

- November, also being an election month, awakens your duty to alert your elected officials about bladder health research concerning the causes and preventions of this condition that affects so many people.
- Refer to the introductory letter in this newsletter and look at the number of individuals affected by incontinence. That's a lot of people! Tell your representative about that number and ask him or her to co-sponsor the TRU Act (Training in Research in Urology Act) in support of additional research in bladder health.

There is so much that we can do to raise awareness about bladder health issues. It's time for us to take a stand and take control—not just today but all year long! ❖

Parkinson's Disease – What are the symptoms?

- Tremor, or shaking, often in a hand, arm, or leg.
- Stiff muscles and achiness.
- Slow, limited movement, especially when the person tries to move from a resting position.
- Weakness of face and throat muscles. Talking and swallowing may become more difficult, and choking, coughing, or drooling may occur.
- Difficulty with walking and balance.

Other symptoms...

- Decreased dexterity and coordination.
- Cramps in the muscles and joints.
- Oily skin or increased dandruff.
- Digestive and urinary problems. Constipation is common. Controlling or starting urination may be difficult, and urination may be frequent and at times urgent.
- Up to one-third of people may develop dementia and confusion, similar to Alzheimer's disease, late in the course of Parkinson's disease.

For more information, contact the American Parkinson Disease Association at 1-888-400-2732 or at www.apdaparkinson.org.

Diabetes – Who's at risk? What are the symptoms? How to stay healthy with diabetes?

Risk factors that make you more likely to develop high blood sugar and diabetes:

- Obesity (being overweight)
- Older than 45
- Sedentary lifestyle (not exercising)
- Unhealthy diet (high-carbohydrates, low protein)

Some ethnic groups have a higher risk of developing diabetes. You are at great risk if you belong to one of these groups:

- Native American
- Hispanic American
- African American

People with diabetes frequently experience the following symptoms:

- Thirst and increased appetite

- Frequent urination
- Weight loss
- Blurry vision
- Skin infections
- Wounds that don't heal
- Extreme fatigue



Daily habits to stay healthy with diabetes:

- Follow the eating plan that you and your healthcare provider have established.
- Get at least 30 minutes of exercise each day. Ask your doctor which activities are best for you.
- Take your medicine at the same time each day.
- Check your blood sugar every day, writing the number in your record book. Call your doctor if your numbers are too high or too low for 2 to 3 days.
- Check your feet for slow-healing cuts, blisters, sores, swelling, redness, or sore toenails.
- Brush and floss your teeth and gums every day.
- Do not smoke. ❖

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| Lentils, cooked, 1/2 cup | 7.8 |
| Rye wafers, 3 crackers | 7.6 |
| Artichoke, fresh, boiled | 6.5 |
| Potato, baked with skin, 1 medium | 4.9 |
| Figs, dried, 1/4 cup | 4.6 |
| Acorn squash, baked, cubed, 1/2 cup | 4.5 |
| Blueberries, fresh, 1 cup | 3.9 |
| Wheat bran, crude, 2 tbsp | 3.1 |

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LINKS

American Diabetes Association

The mission of the American Diabetes Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. With more than 17 million Americans afflicted with this disease, the Association is a vital resource for these people and their families, as well as for the healthcare professionals who care for them. The Association works toward its mission through funding diabetes research, advocating for patients' rights on legislative and legal issues, and providing a wealth of information through publications, a national call center, and various national and local awareness efforts across the U.S.

The following are some specific examples of how ADA is working for the diabetes community:

- **Diabetes Forecast**, the Association's monthly consumer magazine, reaches more than 900,000 people each month with information ranging from managing diabetes care and

making healthy lifestyle choices to new treatment breakthroughs and delicious recipes.

- **1-800-DIABETES**, the Association's toll-free National Call Center, provides valuable and timely information about diabetes care and personal support, as well as information for people seeking diabetes resources in their own communities.
- **www.diabetes.org**, ADA's web site, is the leading source of diabetes information on the internet.
- The Association actively reaches out to communities and groups most at risk for diabetes - African Americans, Latinos, and Native Americans - through community-based programs, advocacy, publications, and other initiatives. ❖

For more information, visit www.diabetes.org or call 1-800-DIABETES (1-800-342-2383).

American Diabetes Association
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A HEALTHY BALANCE

The Protective Property of Fiber

Nancy Muller
Executive Director
National Association For Continence

Dietary fiber is a group of substances found only in foods derived from plants. There are two major categories of fiber – soluble and insoluble – which are thought to have different effects on health.

Soluble fiber, found in fruits, oats, barley, and some beans, dissolves in water and is degraded by bacteria in your colon, and therefore increases stool volume and stool water content. Soluble fiber forms a gel in your intestines, which regulates the flow of waste material throughout your digestive tract. It slows stomach-emptying time, delaying the absorption of glucose from your blood stream and has been shown in repeated studies to lower cholesterol. Increasing dietary fiber intake, independent of fat intake, is an important dietary component for the prevention of fatal heart disease.

The insoluble fibers are more likely to be used in the treatment or prevention of constipation, which can have a direct effect on urinary health. Chronic constipation can increase symptoms of overactive bladder because constant straining and abdominal pressure weaken the support of bladder and pelvic organs.

Insoluble fiber passes through your digestive system largely unchanged. Examples are found in cereals, wheat bran, and the stalks and peels of fruits and vegetables, with the intake of vegetables demonstrating the greatest protective effect against both colorectal and breast cancer. Insoluble fiber accelerates intestinal transit, increases fecal weight, slows starch hydrolysis, and delays glucose absorption. With larger, softer, and more frequently moving feces, your intestinal walls are scoured and waste matter is removed. Experts believe this action reduces the risk for colorectal cancer and certain types of benign tumors.

Most Americans eat only about 10 grams of dietary fiber each day, when the suggested range for adults is 25-35 grams spread over the day. Eating fiber-rich foods at each meal is ideal and easy, since fiber is found in a variety of food sources. Most health authorities do not recommend that people take supplements of individual fibers unless there are overriding reasons in the view of a physician. The use of purified fiber supplements is discouraged as well. Most importantly, when fiber intake is increased, water intake must be increased as well. You will know that you are consuming enough fiber and fluid when your stools are large and soft. We do not recommend reliance on laxative pills. Mineral oil is not advised either because it substantially reduces the absorption of nutrients.

In closing, more fiber will work for mild constipation. However, the elderly and mobility-impaired individuals may suffer fecal incontinence, or seepage, with increased fiber. In cases of severe stool impaction, the bowel may need to be cleared over days and days, according to experts such as Chris Norton, PhD, of the UK. ❖

BOTTOM LINE

Neurological Disorders Get Help From Physical Therapy

Cheryl Wisinski, PT

Partner, Family Physical Therapy Services

Omaha, NE

Bowel health problems are common concerns for patients with neurological disorders such as Multiple Sclerosis (MS), Parkinson's, or Diabetes because these disorders interfere with interactions between the brain and the nerves in the body, such as those supplying the muscles of the pelvic floor. The pelvic floor muscles include the puborectalis muscle and external anal sphincters. These control the storage and passage of feces.

The sphincter (circular muscles around the rectum) and the puborectalis muscles must relax to have a bowel movement, and they stay contracted to prevent one. This balance is controlled by the pressure created in the rectum, which is sensed by nerves in the body and the brain's decision of whether or not to respond to this sensation.

This delicate neurological balance is interrupted in MS where there is poor sensation or sensory awareness, pelvic floor muscle weakness, and hyperreflexic bowel (continually feeling the urge to have a bowel movement). Diabetes also affects sensory nerves of the rectum. External Sphincter Dyssnergia (a disturbance of the balance between the nerves of the rectum and the brain) results from failure to relax the external anal sphincter and puborectalis muscle when sensing distension, or pressure in the rectum. Fecal incontinence occurs due to muscle weakness, constipation, and/or diarrhea. Peristalsis is the pumping action of the smooth muscles of the colon, which moves feces through the bowels. When this is affected, the feces move more slowly, causing constipation.

Physical Therapy can be helpful for these patients in numerous ways. Constipation is addressed by getting patients moving and teaching abdominal contraction exercises to assist in peristalsis. Pelvic floor muscles are those deep muscles that cradle the rectum and work with the circular sphincter muscles, which open or close, to control passage of waste. There are numerous techniques for strengthening pelvic floor muscles that may be utilized, such as electrical stimulation to the muscles, pelvic floor weights for strengthening, and a home exercise program to strengthen the pelvic floor. A personalized abdominal strengthening program is also crucial for these patients, since they need it to assist the pelvic floor muscles and also promote bowel movement. EMG/Biofeedback is also extremely helpful in working on dyssnergia and retraining pelvic floor muscles to perform active contractions and relaxations.

If you know someone needing this type of help, look for a physical therapist who specializes in this area. These members can be found in the Section on Women's Health through the American Physical Therapy Association (APTA), www.apta.org. Specialists may also be located through NAFC's Continence Resource Service at www.nafc.org or by telephoning 1-800-BLADDER (800-252-3337). ❖

Common causes of constipation

- Not enough fiber in diet
- Not enough liquids
- Lack of exercise
- Medications
- Irritable bowel syndrome
- Changes in life or routine such as pregnancy, older age, travel
- Abuse of laxatives
- Ignoring the urge to have a bowel movement
- Specific diseases such as multiple sclerosis and lupus
- Problems with the colon and rectum
- Problems with intestinal function



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¹R.A. Bologna, A. Gonsky, J.C. Lukban, L.M. Tu, A.S. Holberg, & K.E. Whitmore, *Urology* 57-6A, 119-120, June 2001 (Abstract)

Odor Control

Katherine Jeter, EdD & Nancy Faller, RN, MSN, CWOCN

What causes urine to smell bad?

Normal urine does not necessarily have a foul smell. Many people with bladder control problems limit the amount of fluids they drink in hopes of reducing troublesome leakage. This causes the urine to become highly concentrated, and it will appear dark yellow and have a bad odor. Drinking six to eight glasses of water per day can prevent your urine from having an unpleasant odor.

Infection can also cause foul-smelling urine. If a strong or foul-smelling odor exists, contact your physician for diagnosis and treatment of a possible urinary tract infection.

Some foods, beverages, and medications affect the smell of urine. This depends on each person's body chemistry, but everyone seems to identify asparagus and coffee as producing a stronger, more distinct odor. Some medications may also change the way your urine smells or looks.

What can I do about it?

Internal deodorant tablets, such as *Derifil*[®] or *Nulla*[®], are taken by mouth and have proven useful to many incontinent people. It usually takes time (2 to 14 days) to get satisfactory results.

Vitamin C is another effective urine deodorizer. Speak to your healthcare professional about this; it might not be good for you to take Vitamin C because of other medical conditions you have or other medicines you are taking. You should not substitute the Vitamin C in tablets with Vitamin C in citrus fruits and juices. Citrus fruits and juices may cause your urine to be irritating to your bladder and may cause a bad odor in the urine too. If you have a normal, healthy bladder and you experience **no** problems with frequency or pain before or during urination, good juices for you to drink are cranberry, cherry, apple, pear nectar, and other non-citrus juices.

How do I control odors?

The best way to control odors is a combination of good hygiene and the use of commercially-prepared cleansers and deodorants. Overall body cleanliness and the use of fresh, clean undergarments daily is essential. After voiding or bowel movements, wipe from front to back. Clean the area at each pad or appliance change with a gentle cleanser — rinsing and

drying thoroughly. If the skin is dry or reddened, a moisturizing cream may be used. For further skin protection, a protective ointment (not urine soluble) may be applied to the skin as a final step.

What if I wear incontinence products?

When you buy disposable absorbent products, make sure there is an odor-reducing material in the pad or garment—**not a perfume** but rather a material that actually prevents odor from forming.

If you wear absorbent products or collection devices, the urine and stool must be contained. A properly fitted adult brief or a pad held in place by a stretch mesh brief or an incontinence pant will insure that odor is not offensive to anyone nearby. Urine collection devices, such as a condom catheter, external pouch, or leg bag, should be leakproof and air tight. All reusable parts should be disinfected regularly with a commercial cleaner or with a solution of one part white vinegar to two parts water. Do not use bleach, as it does not dissolve urine crystals the way vinegar and commercial cleansers do. It's best to clean appliances the way the manufacturer recommends.

Always dispose of products in an airtight container. When traveling or sharing a house with others, dispose of each incontinence garment in a plastic bag with a zip-style seal.

How can I get rid of odor?

When stool or urine gets on your bedlinens or clothing, wash them immediately. Baking soda or white vinegar added to the wash water may eliminate odor in clothes and linens. Use one or the other, not a combination of the two. If you are using white vinegar in the wash water, follow it with one or two cold water rinses. Clothing made of 100% polyester may have to be thrown away because it is difficult to get the smell out of this fabric.

The air around you deserves attention. Use an air freshener that neutralizes odors, not one that leaves a strong smell of perfume. Potpourri and incense, available in grocery stores, drug stores, and card shops, will keep your house smelling fresh. Sometimes people are not aware that an odor is present. If you are incontinent, find someone you trust to tell you honestly if there is any odor anywhere. ❖

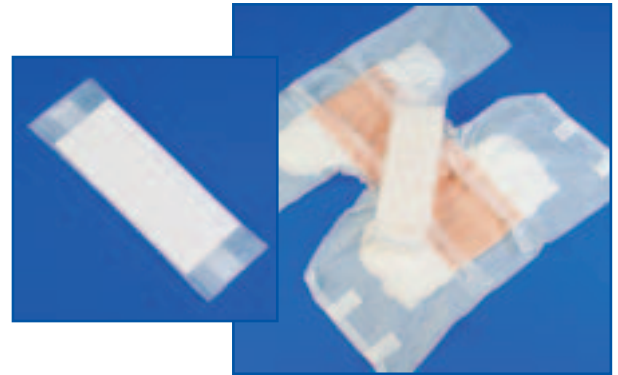


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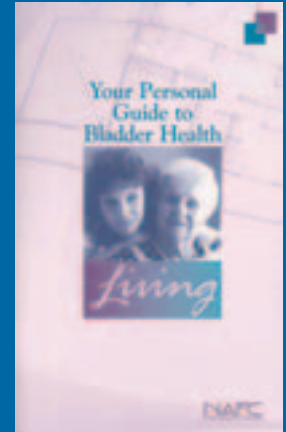
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PERSONALLY SPEAKING

My Husband has Parkinson's Disease—a Wife's Story

When my husband was diagnosed with Parkinson's Disease 10 years ago, he was a successful lawyer as well as an active abstract artist. Frank's symptoms came on gradually, but the dementia-like symptoms affected him the most. With time, he became completely dependent on me for his well-being.

I laid out his clothes for him every morning and helped him get ready for bed at night. Frank had incontinence, but he refused to wear absorbent products. As a result, the odor was very obvious. He got up many times during the night and even fell on occasions, breaking bones in his hand at times. Finally a doctor friend spoke "man-to-man" with Frank, convincing him to wear absorbents—not only for his hygiene but also for his safety. This made all the difference in the world, and he quickly realized that we were all better off.

In essence, caring for Frank was like having a child in the house again, except this time I was 30 years older than when we

married and unable to give him my full attention. Three days a week, Frank went to a senior daycare setting, while I did my daily errands. For a few hours during those days, my mind was at ease, knowing that Frank was being cared for.

Unfortunately, Frank's symptoms became worse with time, and he could no longer distinguish life-threatening situations from mere accidents. Once, he left a bathroom faucet on and flooded the bathroom. In his sleep, he would unknowingly thrash around, harming not only himself but also me. One evening, Frank caught a newspaper on fire in our kitchen, when turning off the stove. This was the last straw—Frank needed more attention than I could possibly offer. He moved into an assisted living community, where he could get the 24-hour care that he needed.

Now, I visit Frank weekly. Some days he knows who I am, and others he hasn't a clue. But finally, I can focus on my own health needs. I don't feel any guilt over living separately from my husband because I did everything I possibly could for him throughout our marriage. ❖

—Joan

A COLLECTIVE VOICE

Sandra A. Black, PhD
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Diabetes Mellitus results from the body's inability to produce or effectively use enough insulin, a hormone that the body uses to convert food into glucose. As a result, glucose in the blood becomes elevated, commonly referred to as high blood sugar. Diabetes has reached epidemic proportions: an estimated 17 million adults in the U.S. currently suffer from the disease. Although there are four categories of the disease, type 2 diabetes is by far the most common, affecting over 90% of all diabetics. The early symptoms of diabetes develop gradually and often go unnoticed until serious damage has already been done. Complications include ulcers, blindness, amputations, kidney and heart disease, stroke, hypertension, and infections, as well as urinary and fecal incontinence.

Diabetes can be present at all ages and in all ethnic groups, however, several subgroups of the population are at high risk, including members of most non-white culturally diverse groups, particularly Native Americans, African Americans, Mexican Americans, and Puerto Ricans. They also include individuals with a family history of diabetes, the poor and uneducated, older adults, women, those who are obese or physically inactive, and those with high levels of stress or depression.

Importantly, many of the groups at highest risk for diabetes suffer from greater disease severity. Both Mexican Americans and African Americans, for example, are more likely to develop diabetic complications and to die from the disease. Depressed diabetics are more likely to develop complications, other chronic health conditions, and disability, as well as die prematurely. These disparities or inequalities have been attributed to a variety of mechanisms beyond genetics, including poor nutrition, overweight, poor health behaviors such as smoking and alcohol consumption, and limited access to health care, particularly in middle-age when many individuals are at highest risk for developing diabetes.

The following are recommendations for actions to address the disparities resulting from diabetes:

- Standard clinical practice must include effective treatment and prevention programs.
- Screening and other interventions must begin in the pre-diabetic years.
- Those groups at highest risk must be empowered to take control of their own health.

Control of diabetes is a highly demanding endeavor, requiring substantial vigilance, lifestyle change, medication adherence, and motivation. Those that suffer most from the disease are often those least prepared to deal with it. This means that early detection and increased awareness of the disease is paramount. All individuals at risk for diabetes must be helped to develop the skills necessary to prevent or manage the disease. ❖

FROM THE PATIENTS

Roger Dmochowski, MD, & E. Lisa Neu, BS, RN, CRNP-BC

1. I have had diabetes for more than 20 years. Now, I have to get up at night to use the toilet 2-3 times but can go for hours during the day without needing to go... What's happening? This is wrecking my sleep and my husband's.

As you know, diabetes can affect our bodies in many ways. The answers to your concerns need to be carefully addressed. Blood sugar control does impact the bladder particularly if the levels are elevated. You may be experiencing higher than desired levels at night and the body's way to get rid of this is to increase urine production. Another area to look into is your pelvic health. Do you have any problems with constipation or diarrhea? This could also signal issues with diabetes control that has impacted the nerves and muscles of the bowel and bladder. Menopausal women need special attention in this arena because as estrogen levels fall, many changes within the vaginal tissue can occur, including weakening of the muscles and prolapse (falling or tipping) of the bladder takes place. This can lead to incomplete emptying of the bladder and some faulty signals too!

A thorough examination, including review of your blood sugars may be most helpful. To help keep the bladder from getting too full, try using timed voids. Go to the bathroom at a 2-3 hour time interval to sit quietly and let the bladder empty. This may lessen the amount of urine in the bladder and help with less nighttime trips.

2. My husband has Parkinson's Disease and needs a walker to get around most of the time. We still try to travel, but he has had "accidents" trying to get to a restroom. We just aren't ready for diapers! Isn't there something else we can do besides a catheter, as our doctor suggested?

Yes! I applaud both of you for making the effort to seek out other management options for your bladder control concerns. Parkinson's slows down the muscle coordination, therefore the ability to get to the bathroom is affected by the simultaneous signals to use the toilet and the physical ability to get there successfully and dry!

There are several male briefs that are washable and absorbent up to one cup of urine. One such product is called Healthdry. Another product is a unique pair of underwear with a fitted condom device that expands like a balloon. It can easily be emptied without being removed. The AlphaDry garment requires the penis to be measured for a correct fit but is very easy to put on, comfortable, and allows a man to feel like he is still wearing more normal briefs. There are also adhesive pockets that can be applied inside underwear to help contain small leaks. For your husband, a good option would be to try one or both of these products and continue to stay as active as he can.

3. My doctor has told me that I need to catheterize my bladder as part of the treatment for my bladder problems,

which have been caused by a severe lower back injury. Why is this important?

Spinal cord injuries are often associated with loss of coordination between the bladder and urinary sphincter—when the bladder attempts to contract and empty itself, the urinary sphincter also contracts. As a result, the bladder is unable to empty itself, and therefore only small amounts of urine are produced normally. This leads to large amounts of urine being withheld in the bladder, causing risk of urine backflow into the kidneys and risk to overall kidney function. If the bladder is not effectively emptied, bladder stones and urinary tract infections can also become problematic.

One of the goals of treatment is to empty the bladder, which can be often done with a technique called clean intermittent catheterization (CIC). With this technique, a person or caregiver places a catheter into the bladder on a scheduled basis. This is done using soap and water rather than gloves and sterilization techniques. This treatment is often permanent, but has been shown to preserve the function of the kidneys and decrease the risk of urinary infections and other urinary problems in comparison with catheters, which are left in the bladder or when the bladder is not emptied. Most physicians incorporate this technique for their patients with this problem.

4. I have MS and recently noticed a change (more urgent urination) in my urinary symptoms after being stable for several years. Does this mean anything?

Yes, this can indicate a change in your MS. The urinary system is often the organ system that changes its function when a person experiences an exacerbation of the MS. It is not unusual for a person with MS to note that their bladder, which was very stable on intermittent catheterization, suddenly changes, and they begin experiencing worsening urinary incontinence. This change indicates some form of disease progression and must be evaluated by both your urologist and your neurologist to determine what the next best steps are for your care. For example, you might need the addition of medications and or other diagnostic testing to help sort out these issues.

5. My father has Parkinson's disease and urinary incontinence as well as frequent urination. Is this typical?

Parkinson's disease affects the bladder and urinary control mechanism, however the most significant problem is with bladder storage of urine. These symptoms commonly occur in older men without Parkinson's, and it is crucially important to assess the contribution of the Parkinson's and any underlying prostatic disease. These problems often require urologic evaluation and intensive follow up. Often drugs to relax bladder contractions are used (such as anticholinergics like oxybutynin or tolterodine), but care must be taken to exclude prostate enlargement so as not to convert the problem to one of urinary retention. Other options include the possibility of medication for the prostate (doxazosin or tamsulosin) and even prostatic surgery—which should only be undertaken after extensive evaluation. ❖

Urinary Incontinence — What Every Man Should Know

Theodore V. Benderev, MD
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Women are not the only ones who experience incontinence—men are greatly affected as well. While exact numbers are not available, we do know that 1.5 to 5 percent of all men between the age of 15 and 64 are incontinent. In men over the age of 60 living at home, 5 to 15 percent have incontinence.

The bladder is a muscular pouch that stores urine and contracts to release urine. The sphincter muscle surrounds the exit of the bladder at its connection with the urethra (the tube that carries the urine through the prostate and out through the penis).

Types of Incontinence:

- *Stress incontinence* is defined as the loss of urine with activities such as coughing and laughing and when severe, can even occur with activities as mild as walking. This type of leakage generally occurs in men from injury to the sphincter, which may occur during the radical removal of the prostate gland for cancer.
- *Urge incontinence* is defined as an uncontrollable urge to urinate. Urge incontinence can be caused by an overactive bladder that contracts unexpectedly and is not controllable by the man. The unexpected contractions of the bladder can be caused by damage to the nerves surrounding the bladder or by an enlarged prostate.
- *Mixed incontinence* is a mixture of both stress and urge incontinence.
- *Overflow incontinence* is diagnosed when the prostate is blocking the urethra so much that urine backs up within the bladder, and only that urine which can overcome the blockage is able to exit.
- *Functional incontinence* is the inability to reach the bathroom before leaking urine because of a physical or mental disability.

Treatments of Urinary Incontinence:

The best treatment for incontinence depends on a precise diagnosis being made by an experienced urologist or other healthcare provider. There are many effective treatments available for male urinary incontinence. In general, they can be separated into those for urge incontinence and those for stress incontinence.

Urge Incontinence:

- Avoid foods that irritate the bladder such as spicy foods, citrus fruits, coffee, and alcohol. Patients are frequently instructed to increase their intake of water to dilute the urine, which decreases the irritation of the bladder.
- Pelvic floor exercises can be taught to the patient to strengthen the sphincter muscles. The patient learns to

tighten his sphincter during the urge to urinate. This tightening can prevent the loss of urine and also serve through a reflex mechanism to calm the bladder. Biofeedback and/or electrical stimulation of the pelvic floor is sometimes utilized to improve the effectiveness of the pelvic muscles.

- Medications such as tolterodine (*Detrol®*) and oxybutynin (*Ditropan XL®*) are given to calm the nerves that supply the overactive bladder. Terazosin (*Hytrin®*), doxazosin (*Cardura®*), and finasteride (*Proscar®*) are other medications that can reduce blockage of the bladder by the prostate.
- Prostate resection (surgery) is performed when medications are not used to relieve prostatic obstruction.

Stress Incontinence:

- Pelvic floor exercises (see above).
- Collagen injected under the lining of the urethra using a small scope and local anesthetic. A series of injections are usually necessary, but improvements in incontinence have been reported in up to 70% of men.
- An artificial urinary sphincter can provide significant satisfaction for those men with the complications of severe stress incontinence after removal of the prostate (prostatectomy). The artificial sphincter has three components that are surgically implanted: (1) a cuff that is placed around the urethra; (2) a pump, which is placed within one side of the scrotum; and (3) a small reservoir placed within the abdomen to hold the fluid for the system. Special care is taken during surgery to minimize the risks of malfunction and infection of the sphincter. While many patients still occasionally leak small amounts of urine after this procedure, studies have shown that 80 to 95 percent of men are satisfied with the results of their sphincter placement.
- The “male sling” is a newer generally outpatient surgical procedure. The procedure involves placement of synthetic mesh under the urethra for support. This sling material can be placed through a small incision below the scrotum. This simpler technique can be effective in milder cases of incontinence.

Management Options Include:

- A condom catheter (a rubber or silicone condom-like device) placed over the penis and connected to a tube and urinary bag.
- Absorbent pads and briefs that have been specially designed for men and are readily available to be worn under clothes.
- A penile clamp placed around the penis to close off the urethra and prevent the loss of urine.
- A foley catheter, which is placed through the urethra into the bladder. This catheter greatly increases the risk of infection in the patient and should be generally chosen as a last resort in the management of incontinence.

The man with incontinence who is willing to seek help can usually be cured or significantly improved. If leakage and dissatisfaction persist despite initial treatment, patients should be encouraged to request that their physician direct them toward additional help. ❖

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After Dribble: A Common Problem for Men

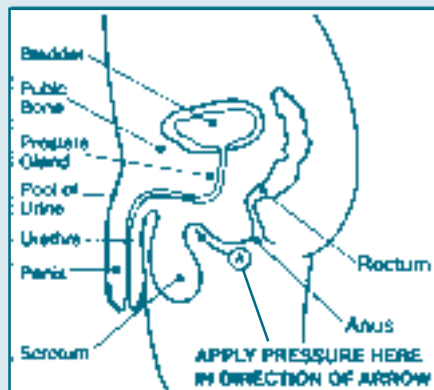
Men of all ages can be bothered by the dripping of urine after they urinate, also referred to as post-void drip or after dribble. Despite the familiar routine of waiting and shaking the penis after urinating, many men still end up with wet and stained underwear and trousers.

When excess urine is not completely expelled, it collects in the urethra and involuntarily spills out. In this case, the urethra (the tube leading from the bladder to the tip of the penis) is not being emptied completely by the muscle surrounding it.

The best way to deal with the problem is to push the last few drops of urine from the urethra with the fingers before the final shake. A simple technique and illustrated diagram follow.

Five Steps To Aid The Drip

- Step 1:** Pass urine as usual and wait a few seconds to let the bladder empty.
- Step 2:** Place fingertips of one hand about one inch behind the scrotum and apply upward pressure at point A (see diagram).
- Step 3:** Gently but firmly move the fingers toward the base of the penis under the scrotum. Be sure to keep pressure in the midline.
- Step 4:** Repeat the procedure twice to ensure that the urethra is completely empty.
- Step 5:** The urine has now been pushed forward into the penile urethra. Squeeze or shake the penis in the usual way. The last few dribbles will then be released. With practice, this technique can be done neatly and discreetly.



If this technique is put into practice correctly, the problem of after dribble may be greatly reduced. ❖

IN THE SPOTLIGHT

Nancy Muller
Executive Director
National Association For Continence

What brought me into the world of continence care a decade ago was its compelling story: so many millions are affected, but so few are seeking and finding satisfactory solutions. I quickly learned that part of the problem lies in the complexity of causal factors themselves. For example, management and treatment options for a 45-year-old man recovering from radical prostate cancer surgery differ from those most appropriate for a 45-year-old mother of three with prolapse and stress urinary incontinence. Generic, one-size-fits-all consumer education materials are not terribly meaningful.

Recently, an elderly man whose wife has MS called our headquarters to ask, "what's new?" As we talked about his wife's symptoms and research underway with Botox® injections and implantable devices such as Interstim®, he abruptly stated, "The most important service that NAFC provides to people in our situation is to give us hope."

The need to offer concrete and relevant hope – and to speak with credibility through the voice of experts in the context of a specific disease process or condition – has spawned

Continence For People Living With MS. Early on, the concept of this publication was shared with Nancy Holland, EdD, Vice President of Clinical Programs for the *National Multiple Sclerosis Society*. She responded without hesitation that such a publication was desperately needed for the estimated 400,000 Americans confronted with this illness.

This booklet marks a new chapter in NAFC's approach to public education, representing the first in a whole new family of educational materials that are disease-specific and thus targeted to the intended audience. This should impart meaningful hope that is being sought out.

I am especially grateful to our lead authors, Margie O'Leary, RN and Michael Chancellor, MD, with valuable input as well from contributing author Mary Dierich, MSN, NP. Members of NAFC's Board of Directors that served in an editorial and clinical advisory capacity were: Jan Busby-Whitehead, MD, Deborah Lightner, MD and Jean Wyman, PhD. I also thank Emmeline Cooper, Jami Hawley, and Renate Weich Moore for their contributions and suggestions, as well as Mary Hewett, PA.

This undertaking would not have been possible without the sponsorship of the Mentor Corporation. I appreciate the company's longstanding support of NAFC's mission and its belief in this project. Call 1-800-BLADDER to order this exciting new publication. ❖

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November is National Family Caregiver's Month

This year, National Family Caregiver's Association (NFCA) wants to bring specific attention to the day-to-day lives of family caregivers across the nation, and you have a chance to be part of it.

November is National Family Caregiver's Month, and it is a time to thank, support, assist, educate, and celebrate our nation's more than 50 million family caregivers. And there are lots of ways that organizations and individuals can get involved.

One of the most effective ways to shed light on the lives of family caregivers, celebrate their effort, and provide family caregivers with an outlet for expressing their feelings and needs is by giving them the opportunity to tell their stories—and that's what NFCA is doing. Help them collect caregiver stories. To learn more about National Family Caregiver's Month, visit www.nfcacares.org or call 1-800-896-3650. ❖

FROM THE HEADQUARTERS

2nd Annual Women's Educational Forum

Because pelvic and bladder disorders are widespread – yet so misunderstood – NAFC feels compelled to go directly to the public with our message. Last year, we held our first Women's Educational Forum on Lifelong Pelvic and Bladder Health in Houston, Texas. This event was designed for women of all ages, to create awareness about the risk factors associated with the loss of bladder control and ensuing incontinence. Celebrity guest, Debbie Reynolds, and the Deputy Assistant Secretary for Health (Women's Health), US Department of Health and Human Services, Dr. Wanda Jones, spoke at this event.

With last year's broad industry support, coupled with enthusiasm from women, NAFC presents its 2nd Lifelong Pelvic and Bladder Health Forum. This event will be held in Charleston, SC on March 6th of next year. Nationally renowned experts will discuss topics such as: strategies for prevention of bladder control problems, early intervention through diagnosis and treatment, and improving the public's knowledge about how to maintain good bladder and bowel health.

Defying the limits of time, space, and distance, this event will be accessible by webcast at www.nafc.org. Call 1-800-BLADDER to learn more or to reserve your space today. I hope to see you there! ❖

–Nancy Muller
Executive Director

Looking Forward

Stay tuned for these upcoming articles in our next quarterly issue of **Quality Care**.

In Focus

- Pediatrics and Incontinence

Special Features

- Alarms & Signaling Devices
- NAFC names Continence Care Champions
- NAFC's webcast of its 2nd National Women's Educational Forum on Lifelong Pelvic & Bladder Health
- How to order NAFC's expanded and updated pelvic muscle exercise instruction kit

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- Get encouragement from others who suffer from some of the same experiences.
- Discover how treatment has enabled others to go back to doing the things they used to do and enjoying the activities they once did.
- Share your story with people who are also affected by this condition.
- Find out more information about your symptoms and what you should do if you have a bladder control problem.
- Find out what is happening on the medical front and keep informed on new information relating to bladder control issues.

Welcome

Incontinence is a very personal issue which affects as many as 25 million Americans – young and old, male and female. At the **Bladder Control Problems Discussion Forum**, you can talk to others who share your same problems and concerns. The more information you have, the better you can understand this “quality-of-life-threatening” condition and manage the impact it has on your life.

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This web tool has been provided to NAFC through the generosity of Ortho-McNeil Pharmaceutical, Inc., the distributors of DitropanXL® for overactive bladder.

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Distraction & Relaxation Techniques

You can gain control over your urinary urgency and bladder by practicing the following simple techniques:

1) Direct your attention away from the bladder and towards some other area of the body. Deep breathing is a particularly effective distraction/relaxation technique. Try it. Take five slow, deep breaths while seated comfortably. Concentrate on how it feels to move the air in and out of your lungs rather than how your bladder feels. Repeat as necessary until your bladder urge subsides.

2) Distract yourself from emptying your bladder by playing simple word or number games. You may want to count backwards from 100 by fives or do a crossword puzzle.



3) Get involved in a mental task that requires concentration. Handiwork or letter writing are both good choices.

4) Give yourself a pep talk! Come up with some reinforcing phrases which you can repeat whenever necessary. Positive familiar phrases repeated often can work wonders to reassure as well as to relax.

5) Focus directly on the muscles you want to relax. Properly executed pelvic muscle "squeezes" actually work well to quiet the bladder. Some people find that one strong squeeze does the trick, while others find five strong, quick pelvic squeezes effective. Instructions on pelvic muscle exercises and bladder retraining are available from NAFC

at 1-800-BLADDER (1-800-252-3337).

Remember it is important to record all urgency episodes and the length of time you successfully "held off the feeling" in your Uro-Log diary. It is important to note the feelings of urgency and the moments of success, as this will give your healthcare provider concrete information for making duration improvements. ❖

Did You Empty Your Bladder?

As we age, we suddenly think about things we took for granted and appreciate them when they function like they used to. A good night's sleep is one of those things. A dry day is rapidly becoming a popular second in the "I remember the old days when..." category. Most people don't realize that they actually do not completely empty their bladder when urinating. If less than four ounces remain in your bladder until the next trip to the toilet, that doesn't pose as a problem. If, however, more than four ounces (approximately 60 cc) remain, you may have a retention problem. Consult the box for signs of incomplete bladder emptying and for tips to improve bladder emptying. Think seriously about establishing a bladder health routine for yourself.

Why is retention a problem?

Excess urine of more than four ounces left in your bladder, like standing water, gets polluted. Harmful bacteria have a place to grow in this holding spot. It is the perfect environment for polluted urine to cause a urinary tract infection.

Is there a problem if I have to go to the bathroom frequently?

If you only empty your bladder partially, causing you to urinate more than once every three hours, or more than eight times in a single 24-hour period, you might have a problem.

What happens if I cannot empty my bladder completely?

You may experience overflow urinary incontinence. In this instance, the bladder is stretched beyond its normal capacity. In an effort to deal with the overflow, it involuntarily contracts, forcing some of the urine out. If the bladder is forced into this pattern often because you are trying to hold your urine in lieu of urinating, it soon becomes the norm, and a vicious cycle has started.

Urinating effectively requires coordination between muscles, nerves, and the brain. The voiding part of the bladder combines two main parts – the body of the bladder (detrusor muscle), which contracts to force the urine out and the circular muscle at the opening (sphincter) that is normally contracted to hold the urine in. The sphincter muscle must relax to urinate. Nerves detect when the bladder is full and voiding starts. The urethra is the tube that carries the urine from the bladder to the outside of the body. The chart below contains some helpful tips on improving your ability to fully empty your bladder. ❖

Signs of Incomplete Bladder Emptying

- "Feeling" that you did not empty your bladder
- Abdominal swelling below your navel (belly button)
- Abdominal tenderness below your navel
- Frequency and urgency
- Weak urinary stream
- Inability to empty the bladder without "bearing down"

Tips for Improving Bladder Emptying

- Urinate on schedule even if you do not feel the urge to do so (e.g. every 3-4 hours).
- Try different positions to see which one gives you the best results.
- Try "double-voiding": Go to the bathroom and urinate. Wait a minute. Try to urinate again. This technique will usually reduce the amount of urine left in your bladder.
- Talk to your healthcare provider about medications or catheterization.