Metro Overview

Western Continence Service

Alesha Sayner – Senior Continence Physiotherapist

Joanne Cocks – CNC / Team Leader

Metro Overview – The West

- Population >770,000 people
- Growing at an unprecedented rate
- Is among fastest growth corridors in Australia
- Covers catchment area of 1560 square km's
- Diverse social and economic status
- Culturally diverse - more than 100 languages

Western Health

Western Health manages:

- Sunshine Hospital
- Footscray Hospital
- Williamstown Hospital
- Sunbury Day Hospital
- TCP at Hazeldean (Williamstown)

Western Continence Service

Staffing

- Continence Nurse Consultant / Team Leader 0.8 eft
- Continence Nurse Consultant 0.9 eft (2 x PT Staff)
- Continence Nurse Advisors 1.1 eft (2 x PT staff)
- Continence Physiotherapy 1.6 eft
- Medical : 2 x Geriatricians 1 session weekly (UDS)

Services offered

- General continence assessments & management plans
- Clinic appointments available at Sunshine, Williamstown & Sunbury
- Nursing assessments in the Home
- Pelvic Floor Physiotherapy
- Urodynamic studies
- Care pathways with Urology and Urogynaecology inc MDT Case conferencing
- Dietitian (through CBR)

Current waitlists

- Nursing waitlists 12- 14 wks Cat 3
- Physiotherapy waitlist 10-12- wks
- Urgent appointments (Nursing & Physio) 1- 2 weeks
- Urodynamic studies 3 wks

Metro Case Presentation 1

Joanne Cocks — CNC Continence Team Leader

Alesha Sayner — Senior Continence Physiotherapist

Western Continence Service
Western Health

Jim

- 72 year old
- 8th September 2017 referred by GP for
  - Assessment of worsening lower urinary tract symptoms
  - Advice on equipment/aids so can engage in community activities

Appointment (clinic based) booked 29th September

History

Medical History:

- MS – 1996; Dr Martin Scott
- IHD – Angio (Nov 14) distal LAD disease, 90% stenosis for medical therapy
- CCF
- PE
- Restless leg Syndrome- Dr Short
- Obese
- Recurrent UTI
- BPH- 2011
- Peripheral oedema
- OA
- Chronic back pain- L4-L5 nerve root compression
- Haemorrhoids – banding 2016
- Constipation
- Adjustment disorder with anxiety/depression

- Sept 2017 – Admission following a fall
- Scrotal injury
- Epididymo- orchitis with ?Urosepsis
  - IDC inserted
  - D/C home on Ciprofloxacin
  - TOV 12/9/17- passed: Urology

Medications

- Targin 10/5mg BD
- Paracetemol 1g QID
- Lactulose 30mls TDS/PRN
- Pramipexole 0.5mg daily
- Pregabalin 150mg bd
- Frusemide 80mg daily
- Amitryptiline 50mg daily
- Hexamine Hippurate 1g BD
- Atorvastatin 40mg daily
- Metoprolol 25mg BD
- Esomeprazole 40mg daily
- Cholecalciferol 1000units
- Movicol 1 BD
- Rivaroxaban 20mg daily
- Coloxyl and Senna 2 BD
- Clotrimazole cream TDS

Allergies
Duodart
Sertraline
Fluoxetine
Carbimazole

Assessment

72 year old living at home with wife, main carer. Very active in community.
Wheelchair dependant, hoist for all transfers, community care package.

LUTS: for 5+ years and getting worse
- Urinary urgency + incontinence
- Urinary day / night freq: 5+ / 3-4
- Uses bottle overnight independently
- Unable to access toilet due to mobility issues so voids in pads
- Reliant on carer to assist with pad changes (needs hoist to bed)

ICIQ-SF 16/21
Bother 10/10

Groin and perineal skin irritation: likely IAD
Containment: varied success with condom drainage , wearing pull ups
UTI's ~ x3 year
Fluid intake: 3-4 litres water & 3 cups coffee
Bowels: daily, type 3-4. Prone to constipation, aperients

Investigatons

- Not able to attend uroflow, PVR etc.. as unable to transfer to bed
- Renal u/sound 22/9/17 (GP)

- UDS 2012 – ‘lost to follow up’

Goals

To improve management of incontinence

To continue to access community activities without episodes of incontinence

Resolve Incontinence associated dermatitis

Initial Management Plan

- Fluid intake 2litres max
- Optimal Containment: to trial alternate sheaths and booster pads
- Skin care: Regime recommended
- Bowels: Regime recommended

Management

- Presented at **Combined MDT** meeting 2nd October 2017
- Urology able to obtain previous UDS

Plan Developed

10th Nov 2017 - VUDS attended (WTN Hospital) - DSD, Severe DO, BOO,

23rd Nov 2017 – H/V to teach ISC (WCS)

15th Dec 2017 - Rigid Cystoscopy & I/O Botox 200units (WTN Hospital)

- Continue ISC 4 -6x day
- Commence Ditropan 5mg TDS

Where is Jim at now… May 2018

- Continues ISC 4x day; wife assists as needed
- 1 x hospital admission for UTI
- Recommended to increase ISC to 5-6x – declines
- Skin healed & skin regime in place
- Accessing community activities (timing around ISC)
- Supplies through SWEP and CAPS
- Ongoing support by WCS
- Urology OPA Feb & May 2018

Metro Case Presentation 2

Joanne Cocks — CNC Continence Team Leader

Alesha Sayner — Senior Continence Physiotherapist

Western Continence Service
Western Health

Karen

- 56 years old
- Referred by Western Health Urology
  - Referral received 11/08/17
  - Initial continence assessment 13/09/2017
- Past history
  - G0P0, post menopausal (3 years) G0P0, HTN, T2DM (controlled), Vitamin D Deficiency, congenital vaginal septum
- Medications
  - Metformin, Repatan, Vitamin D

Presenting symptoms

Goals -

- **To not rush to the toilet**
- **To be completely dry**

- Occasional UUI of several drops en route to the toilet
- Occasional SUI of several drops with sit to stand
- Occasional insensible loss 50c piece size
- UI not large enough to require pads
- Voids D x 6-7, N x 0-1
- Post void dribble of several drops after most voids
- Occasional constipation – type 3 stool with strain. Generally well managed with Movicol x 1 sachet
- Appropriate diet and fluid intake

Investigations

ICIQ-SF 11/21
Bother 7/10

- Vaginal examination:
  - Observation at rest NAD
  - Minimal perineal movement on cough
  - External sensation – sharp/blunt NAD
  - Shortened vagina – septum
  - Tone NAD
  - Weak pelvic floor contraction, MVC 4 secs x 6 reps
  - Full relaxation
- Uroflow
  - Voided 268mls
  - PVR omls
  - Urinalysis NAD
  - Voiding time 47 secs
  - Max flow rate 15.1mls/sec
  - Avg flow rate 8.2 mls/sec
- Bladder diary
  - D x 7-8, N x 0-1
  - Input 1900-2850mls
  - Output 2550-3050mls
  - Volumes: 200-500mls

Management

- Prescribed Ovestin by Urology – unable to use internally due to septum, applying topically externally
- Voiding and defecation dynamics
- Relaxed voiding/ pelvic rocking
- Morning bowel regime/ Movicol in the evening
- Pelvic floor muscle training
- Bladder training

Outcome

ICIQ-SF 8/21
Bother 4/10

- Normalised bowel function
- Resolution of SUI/UUI
- Ongoing daily post void dribble and insensible loss
- PFM performance
  - Strength unchanged, however MVC improved to 7 secs
  - No internal therapy due to vaginal septum

Where to????

- Phone call to referring Urologist – contact made and plan established that day
- Consider anatomy in relation to symptoms
  - ? urethral diverticulum
  - Urodynamics studies arranged– booked within 3 weeks of referral
  - If Urodynamics does not show anything, request for pelvic MRI specifically looking for pelvic diverticulum
  - For Urology review mid-June