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CANADIAN NURSE

ON THE JOB WITH NURSE CONTINENCE ADVISORS

CNS CORE COMPETENCIES COME TO LIFE

REDUCING THE TREATMENT OF ASYMPTOMATIC BACTERIURIA

CNA

Inspiring confidence to overcome incontinence

Nurse continence advisors help their patients regain control

Frankie Bates and Gina Porter offer six specialized programs through the Urology Wellness Clinic.

The first time nurse continence advisor Frankie Bates met Annabelle* at the Urology Wellness Clinic in St. Joseph's Hospital, Saint John, N.B., the three-and-a-half-year-old was incontinent and unable to tell the difference between urinating and having a bowel movement.

Until she was toilet trained, Annabelle's parents couldn't send their daughter to daycare or school — and because of Annabelle's developmental delays, her parents were having difficulty getting her to grasp the need to use the toilet instead of diapers.

That's where Bates came in. She and her colleague Gina Porter treat children with bedwetting and daytime enuresis in what they believe is the only pediatric urology program in Canada run by nurse continence advisors (NCAs). During periodic visits over the next 18 months, Bates used a wet face cloth to teach Annabelle the difference between wet and dry. Bates then assisted Annabelle as she learned that she needed to change her pants when they were wet and to urinate and have bowel

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movements in the toilet.

"After treatment, she had complete bowel and bladder control," Bates says proudly. "She announced 'I can wear big girl panties now'

and pulled down her pants to show me her Little Mermaid panties. We had a great laugh!"

Annabelle is one of the many success stories Bates and Porter have seen. In addition to the pediatric program, they offer five other specialized programs through the Urology Wellness Clinic, including one providing continence treatment for men with prostate issues, another specializing in clean catheterization, one offering biofeedback and stimulation therapy and one for patients who receive TENS (transcutaneous electrical nerve stimulation) to treat overactive bladder and interstitial cystitis (painful bladder syndrome).

Like other NCAs across Canada, Bates and Porter also offer a program specifically for women. They help patients exercise their pelvic floor muscles to prevent incontinence and change behavioural triggers, such as modifying their caffeine consumption or adjusting fluid intake. They also use biofeedback equipment to assist patients in manipulating their pelvic floor muscles and other therapies to help them avoid surgery.

Porter and Bates estimate they have helped more than 80 per cent of their patients to either improve or completely overcome incontinence. Their practice is neither glamorous nor sexy — but it's deeply rewarding.

"We love our job," says Porter. "We get so many people coming in looking so lost, looking distraught almost. When you can have somebody walk out of your office at the end of treatment, give you a hug and walk up the hall with a smile on their face...it's addictive."

Bates and Porter are among 100 active members of the Canadian Nurse Continence Advisors Association. They are two of the original graduates of a one-year distance education program at McMaster University. More than 250 registered nurses have graduated from the certificate program, established in 1997 by Jennifer Skelly. The program consists of 10 curriculum modules, online work with tutors and a 75-hour practicum under the supervision of a certified NCA. It is the only university-based program to educate NCAs in North America.

Most of the RNs who enter the program are already working in urology, gynecology or geriatrics, says Skelly, who is the assistant dean of the nursing graduate program at McMaster. Because not every Canadian jurisdiction funds NCAs — one of the challenges in the field — Skelly does not advise RNs who want to change careers to enrol unless they are excellent

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advocates willing to fight to create a new position.

"Those who most commonly take the program and are most successful in managing to get funding for this type of position are nurses working in geriatrics at a clinic level, so they are seeing patients on an outpatient basis and may often have to help people with incontinence," she says.

Alberta, Ontario, Newfoundland and Labrador and British Columbia do finance positions for NCAs, most of whom work in hospitals. RNs from those provinces make up the bulk of Skelly's students.

Naomi Wolfman, another program graduate, has set up a private practice in Vancouver. She visits patients in their homes and works with them to change their diet and habits and to strengthen their pelvic floor. "The ideal approach to dealing with incontinence is to help patients access their own resources," says Wolfman, who enjoys seeing her patients expand their circle of activities when they conquer incontinence. "It empowers them."

Incontinence is a problem for 50 per cent or more of patients in long-term care, as well as for people with conditions such as diabetes, spinal cord injuries or multiple sclerosis. In addition, one in four women will experience incontinence at some point, perhaps during pregnancy or after menopause.

Despite the obvious need for NCAs, not all jurisdictions are prepared to set up clinics, says Skelly, and not all of the physicians with whom NCAs interact are willing to accept their advanced practice skills and broad scope of practice. The costs of establishing these positions and clinics are more than recouped, she insists, not only because more expensive surgeries are prevented but also because seniors will get up less frequently in the night to go to the bathroom, decreasing the risk of falls.

At the Pelvic Floor Clinic in Calgary, NCA Grace Neustaedter sees good outcomes treating women with pelvic floor disorders, such as prolapses of the bladder, uterus or rectum, stress incontinence or urge incontinence, due to factors such as child-bearing, chronic constipation, obesity and aging. She was already working with a urogynecologist when she discovered the certificate program and thought it would give her more credibility and understanding as she assessed and counselled women.

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Among the options Neustaedter presents to patients who don't want surgery is the use of a pessary. She educates them on how to use the device, which is inserted into the vagina to support and relieve prolapses and incontinence. Education is an important part of her role; she prepares teaching materials for patients and staff and makes presentations to community groups.

"Women are so appreciative and so grateful to receive the information," Neustaedter says. "It improves their quality of life, including their self-esteem and ability to be intimate with partners. If they are leaking and dirty down below, they don't feel attractive to anyone. If they leak when they do activities, they avoid doing them. They avoid going places if there are no public bathrooms readily available...so the impact of incontinence on their life is tremendous."

NCAs need strong assessment and troubleshooting skills, since the causes of incontinence vary from patient to patient and may require some sleuthing, Neustaedter says. Those considering this role also need to have patience, to be comfortable supporting patients, and to be straightforward and direct, so that they can normalize the experience of incontinence that many people share, she adds.

"That's the huge benefit of the classes we teach. Women feel like they're the only one — and then they come to these classes and realize that they are not alone." ■

**Name has been changed.*

LAURA EGGERTSON IS A FREELANCE JOURNALIST IN OTTAWA.