> Spire Cardiff Hospital

Hospital working on a scheme to empower women

NEW approaches to understanding and treating incontinence, with an aim of preventing surgery and empowering women, are being developed at Swansea's Singleton Hospital.

The prevalence of incontinence in Wales may be as high as 60%, which means it affects nearly a million women across the country.

But this could be an underestimation because such issues often go under-reported to GPs.

Stress urinary incontinence, such as leakage on coughing, sneezing, lifting, and even laughing, can inhibit many activities like walking, exercising, or just getting up out of a chair.

Leaks can be anything from a few drops of urine to saturation of garments to complete bladder evacuation.

The Singleton specialist continence team often comes across self-help strategies that women use to cope with their problems.

Mair Whittall, clinical physiotherapy specialist in women's health at Singleton Hospital, said: "The use of panty-liners or pads in underwear is something that nowadays seems to be inappropriately normalised.

"I am dismayed at the thought of this somehow being acceptable, and I don't think wearing pads should be normal, however sexy the underwear."

Experts in the field say the NHS pad budget runs into millions, and it has been estimated that each woman with incontinence personally spends about £400 a year on them.

The National Institute for Health and Care Excellence (NICE), which advises on appropriate treatments, states that absorbent products, hand-held urinals and toilet aids are not "treatments" for incontinence, but only coping strategies pending treatment, or adjuncts to ongoing therapy.

NICE recommends at least three months of supervised pelvic floor muscle training as first-line treatment for urinary incontinence, and that women should be referred to specialist units providing qualified appropriate help.

Singleton Hospital has a specialist multi-disciplinary team to help women with incontinence which includes urogynaecologists, specialist physiotherapists, a surgical nurse practitioner and continence nurse specialists, as well as a research psychologist.

The team delivers a structured programme of physiotherapy, education, and information through group sessions and individual assessments.

The programme is designed to impart knowledge and develop awareness, as well as provide a safe medium in which women can ask questions and decrease their sense of isolation, embarrassment, and vulnerability.

Mair added: "We aim at the highest level of confidentiality, but many ladies seem to be so grateful, after maybe initial trepidation, to share problems, experiences and tips."

Much of the programme relates to exercising and toning pelvic floor muscles, which wrap around the underside of the bladder, bowel, and vagina and link with other muscles to provide pelvic and back support.

They play an important role in bladder, bowel, and prolapse management, and in back care.

Mair added: "Doing this under supervision is really important.

"Sufferers sometimes feel that they should be able to improve with the help of only a pelvic floor exercise leaflet, but this can often lead to a sense of failure, as pelvic floor exercises can be difficult to do properly, especially when starting."

Mair said she is determined that adequate resources should be in place to provide the "much-needed" specialist conservative management to possibly avoid costly surgery and medication.

Anxiety and depression often go hand in hand with common long-term conditions – and incontinence is no exception.

Dr Lisa Osborne, research psychologist at Singleton Hospital, said: "A consequence of these psychological problems is that they make the person feel disempowered, like there is nothing they can do to improve their situation, and they reduce a person's motivation to engage with many aspects of their lives, including ongoing treatment – especially treatments requiring them to actively participate, like physiotherapy exercises."

A study published in the journal Obstetrics and Gynaecology by the Singleton team noted that anxious or depressed patients referred to the physiotherapy service for continence issues were much less likely to complete treatment, and had weaker recovery on completion than patients with the same physical problems who were not anxious or depressed.

Their work now not only considers the women's physical symptoms, but also commonly accompanying psychological issues.

Professor Phil Reed, a psychologist at Swansea University, said: "Without recognising these aspects of the patient, and helping patients to overcome these as barriers to treatment, getting the patient to engage with their treatment may be very difficult."

under-reported issue.

"It is not just about the embarrassment factor however, if your bowel is dragging and pulling due to lack of support, it can cause a lot of pain when doing things like running, or having intercourse, so this problem can really have a big impact on a patient's life.

"The largest group of sufferers are women post-childbirth, for a variety of reasons, mainly because childbirth effects the pelvic floor and things are not as strong and supportive as they used to be."

However, not having children does not make you exempt to the condition.

Mr Phillps encourages anybody who experiences symptoms "to understand that there is a wide overlap with some other more serious conditions so anyone with these problems should always get them checked out to find the underlying issue and get some reassurance".

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There are two main types of bowel incontinence. Type one is to do with bowel control, which is where people leak stools, gas and liquid rectally. Naturally, this is an area that may cause great embarrassment.

Type two is more about bowel support. This occurs when people cannot open their bowels properly, which can leave the individual feeling very uncomfortable.

Mr Phillips said: "There is a combination of approaches which are possible to help increase support for people whose undercarriage area has become weakened, generally through childbirth.

"Pelvic floor exercises are one approach, combined with changes to diet, exercise and lifestyle. Colorectal surgeons will often work together with a gynaecologist to look after the patient holistically, as patients often have urinary issues as well."

Mr Phillips added: "Faecal control can be a very tricky area. One of the treatments we offer at Spire Cardiff is pelvic floor mesh work. It involves laparascopic and keyhole surgery. There are only two surgeons in the whole of Cardiff offering this treatment, mainly for people experiencing difficulty opening their bowels.

"The mesh can provide good results; around two-thirds of patients who have the treatment see an improvement to some degree. It is a 15cm x 2cm mesh stitched into the sides of the rectum to support the pelvic area internally and is a very tricky and delicate surgery to do."

Both consultants emphasise that incontinence, although embarrassing, is common and treatable – patients are encouraged to openly discuss their symptoms with a GP to assess the most appropriate action.

It is important to address lifestyle issues such as excessive caffeine intake, smoking and obesity, which can make their problem significantly worse.

The array of treatments available includes both conservative methods through a specialist physiotherapist, or in some cases surgical intervention:

- Stress urinary incontinence
- Pelvic floor muscle training
- Losing weight if obese
- Lifestyle changes
- Surgical treatments including mid-urethral tape and stitches to support the bladder

Urgency urinary incontinence

- Changes to fluid intake, diet and lifestyle
- Bladder retraining and behavioural therapy
- Medication – drugs which quieten the bladder muscle
- Nerve stimulation treatment
- Botox injections to the bladder

Bowel incontinence

- Pelvic floor exercises
- Changes to diet, exercise and lifestyle
- Surgical treatments including pelvic floor mesh repair, pacemaker in the buttock
- Medication treatments

In order to reduce the embarrassment surrounding this area, people are encouraged to talk about the subject without shame.

Mr Phillips concluded: "People need to know they are not alone in this issue and there are things we can do about it. We can really improve symptoms effectively in many cases."