Day in the life of a Continence Advisor

The next instalment of our Day in the Life series, showcasing the various roles of staff across ABM, is an opportunity to celebrate Continence Awareness Week (24th-30th June), by explaining the role of a Continence Advisor.

Continence Advisors are clinical nurse specialists who assess and support adults and children who have bladder or bowel problems.

The majority of patients are seen in outpatient clinics, but for those with disabilities or difficulties getting to hospital, there are community continence advisors. Patients are referred for help by a number of sources, including GPs, hospital consultants, ward staff, social workers, health visitors and school nurses. Patients can also self refer.

Lynne Owen, Continence Advisor in Suite 17 at Singleton Hospital, said:

“I really love my job. Problems affecting the bladder or bowel can be really isolating for patients. Some may not leave their home for fear of wetting or soiling themselves. Others may limit the places they go in order to ensure there is a toilet nearby. A lot of the people with these issues think it is a part of getting older or something which they should just accept, but it isn’t. There is always something we can do to help them lead a normal life; whether it is something to cure the problem, help manage the symptoms or make them more comfortable. This is why I enjoy my job, because the smallest things make a great deal of difference.”

When Lynne’s clinic receives a referral, a patient usually has an outpatient appointment within four weeks. They complete a questionnaire and bladder chart beforehand, which documents how their problem affects them on a daily basis. During their appointment, Lynne talks through the
patient’s charts with them, gaining more information about their medical history. She follows this with a physical assessment and, if necessary, a scan if they feel that they are not completely emptying their bladder. She also takes a urine sample which is checked in the department and, if necessary, is also be examined by pathologists.

Urinary incontinence can be divided into two categories; stress incontinence or over-active bladder. Stress incontinence is a leakage of urine that occurs when there is sudden physical stress, such coughing, laughing, sneezing or sudden jolting movements causing increased abdominal pressure on the bladder. This condition is more common in women, especially following childbirth. An over-active bladder is when sudden contractions of the bladder occur, causing involuntary leakage.

Usually Lynne can diagnose which condition a patient has based on their questionnaires, assessment and examination. However, if indicated the patient may require a procedure called urodynamics or bladder pressure studies.

Lynne explained:

‘This technique is only used for more complex cases or prior to surgery. To carry out urodynamics, a catheter is inserted which slowly fills the patient’s bladder with fluid. During the procedure we ask the patient to cough, and at some stage in the filling phase we may notice a rise in pressure indicating the type of incontinence.

“Once I have established the patient’s condition, I work with them to produce an individual treatment plan. This may include improving the quality of their fluid intake by drinking more water and reducing their caffeine drinks. I may also teach bladder training which encourages the individual to slowly attempt to lengthen the time between each visit to the toilet, with the use of distraction or suppression techniques. I also teach pelvic floor exercises, as they can help strengthen the muscles which control the bladder and bowel. If they aren’t performing these correctly, I can explain how to correct this.

“For patients with bowel incontinence, I may also recommend that their GP prescribes appropriate medication to be used alongside the methods we teach.
”We also hold a pelvic floor clinic with an Urogynaecologist. In this clinic we assess women who have suffered an extensive tear during childbirth or have other bladder or bowel difficulties.

“For patients with more complex conditions, we hold combined clinics. This clinic is led by an urogynaecologist, an urologist and a colorectal surgeon as well as other members of the team. We use the expert knowledge of these specialists to develop an appropriate, individual treatment plan”

Lynne also sees children who may have bladder or bowel problems, and she specialises in childhood constipation and soiling. This condition can be just as isolating for a child and their parents; a soiling problem can prevent a child from socialising or even attending school. She works with the child and parents to develop toileting routines and may advise small changes to diet, fluid intake and routines which could have a huge impact. Lynne also uses pictures and books to help younger children understand why they find it difficult to use the toilet and how to overcome their fears.

As well as holding outpatient clinics, Lynne and her team also see patients on the wards. The team may assess them and provide the necessary advice to the patient, carer or nursing staff to help manage the problem.

Lynne said:

“As well as treating patients ourselves, the ABMU Continence Team provide support and training for clinical staff. The team hold regular study days across the Health Board where we teach trained nurses how to assess and perform urinary catheterisation. We also run a ‘Back to Basics’ continence day for both trained staff and health care support workers. The day focuses on all aspects of dealing with incontinence such as respecting dignity, planning care and appropriate assessment. The dates of these training sessions are intranet.

“The role can be extremely rewarding as we know that the advice we give can make a huge difference to that person’s life.”

If you think what you do in the Health Board isn’t widely known and you would like to take part in ‘A day in the life ....’ or you would like to suggest a job role to be covered, please contact communications.department@wales.nhs.uk.