

tricky situations!

Answers to your questions about common continence concerns!

Q I am having a lot of trouble wiping my bottom after a bowel motion. Lately I have had bladder infections due to bacteria from the other area. I am unable to wipe from the front or back, as I simply can't reach! Can you recommend any products or solutions to assist? I use old towels cut into strips to ensure I am clean and don't infect myself. But I am sure there must be a better way!

MARION, SOUTH ISLAND

A Thank you for your letter, Marion. While you may feel alone with your problem, it's one faced by many people. It can be harder to clean our bottoms after a bowel motion if we have arthritis, reduced mobility due to disability or ageing, or are recovering from major surgery or an injury. But there are a range of solutions to help you stay clean and infection-free.

1 You can now buy 'flushable' wipes at the supermarket. These are damp and contain skin conditioners to thoroughly clean

your bottom. You could use loo paper to start, and finish with the wipes. Or, try making your own chemical-free washable wipes at home ... see Wendy Nissen's recipe for these on page 33.

2 Visit your area's disability information centre (find details at www.nzfdc.org.nz) or mobility stores to check out lightweight plastic and/or metal wiping aids. These typically inexpensive tools will firmly grip loo paper or wipes, and have long handles so you can easily reach your bottom for wiping. To release soiled materials into the toilet, just click a button on the handle!

3 Consider a 'wash and dry' bidet, which replaces your toilet seat and will wash your bottom thoroughly with soap and warm water ... then provide a soothing 'blow dry'! Reader feedback about these devices has been very positive. They range in price from hundreds of dollars to thousands, depending on features. As a rule they are easy to

install, connecting (with luck) to your existing water and power outlets.

4 Talk to your doctor, practice nurse, or local continence service about 'bowel opening' medication or high fibre products to ensure motions are soft and easily passed. This will make wiping easier. Your local continence advisor can also recommend ideal positioning on the toilet to help you empty your bowel (learn more about this at the New Zealand Continence Association website or by phoning its national helpline; calls are answered by a continence nurse during business hours). Details for the site and toll-free helpline can be found on the NZCA banner (right).

5 Funding may be available to help with the purchase of aids, including a bidet device, if you can't wipe your bottom without assistance. Talk to your hospital Occupational Therapist or needs assessor about this. >

WIN!

Hands Free!

Enter our Milford International giveaway for a 'warm wash and dry' bidet worth \$1,299! To learn about the product, see *Useful Things*, page 12.



0800 650 659
for bladder & bowel problems

www.continence.org.nz



Oops!



Bladder weakness is not unusual. Don't let it stop you getting on with life.

At times like this you just hope you've chosen the best protection. 1 in 3 women experience bladder weakness, so it's good to know that New Zealand pharmacies now have a range of protection products developed by a leading international healthcare company. The Moli range from Hartman. With Moli, you'll feel totally secure.

Every feature of MoliMed (pads) and MoliCare (pants) has been thoroughly researched and clinically proven, for your complete peace of mind.

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Q I support my elderly grandparents. Nana has dementia and is looked after by my Granddad. They are barely coping as Nana's needs increase. Granddad gets a few weeks of respite each year, and personal care assistance every weekday, but I don't feel this is enough, as Nana now needs help with showering and toileting. Granddad has to remind her to go to the toilet every few hours, including at night. She uses pull-up continence briefs, but often forgets to put these on or to change soiled ones. The situation is getting out of hand, with poos and wees soiling their furniture, carpet, bedding, and clothes. What products, at a minimum, should they have to manage Nana's continence issues in their home? Nana receives some continence products through the local hospital, but I think my grandparents need more help with this situation. What should we do?

AROHA, BY EMAIL

A Your grandparents have probably coped well up until now with their support services and continence products. But with your Nana's growing needs, their situation should be reviewed by their needs assessor and your hospital's continence advisor. You are right to be concerned, not just about your Nana, but about your grandfather's increasing caring responsibilities. He will need plenty of help, of all kinds, to continue his caring duties at home. For continence, it sounds as though some seat, bed, and clothing protection would be useful. There are many excellent products available, both disposable and washable. Funding assistance may be available. Ask the continence advisor, who can also talk about toileting strategies for your Nana. A new needs assessment to consider their increasing needs can be arranged directly with their usual assessor, or via their GP.

Q My Mum lives in assisted living and uses Depend continence pads for her urge incontinence. After seven children, this has been quite a problem; she now wears two pull-ups at night, one on top of the other, to manage the problem. Mum gets frequent urinary tract infections (UTIs), which drag her down. When she thinks she is getting an infection the facility tests her urine, but often finds she is infection-free, even though she experiences the symptoms. At 85, and wobbly on her feet, we worry this problem will tip her into needing residential care. Her GP has said the skin around the urethra can become very thin for women with age, making them prone to infections. A few years ago, when Mum needed rehab after a fall and was confined to bed, an inexperienced trainee catheterised Mum (it was the first time she had carried out this procedure). Mum's problems seem to have started about that time. Could she have been damaged, or do many elderly women have this recurring problem? We would value your advice.

ELEANOR, BY E-MAIL

A As people get older it is not uncommon for them to experience bowel and bladder issues, including symptoms of an active bladder ... needing to urinate more frequently or quickly (urge incontinence). Ask your Mum's GP about oral medications to help the bladder relax and be less overactive. It's true that with ageing there are changes to the skin around the urethra, which can become very thin and make one prone to irritation and infections, particularly after any invasive procedure such as catheterisation. The GP may consider prescribing some cream for your Mum to apply to that area, which might ease this problem. You should also ask the registered nurse at the healthcare facility whether they test your Mum's urine themselves when she is experiencing UTI symptoms, or send it to a laboratory for testing; if the latter, do they note her symptoms on the lab form? This extra information can be useful in confirming a diagnosis of UTI. Check with your Mum or the facility that she has a regular soft bowel habit. Hard motions or an irregular bowel habit can contribute to some of the problems you describe. If your Mum has had three proven UTIs over a three or four month period, she may need a check by your local hospital's urology department. This can be organised through the healthcare facility, your Mum's GP, or contact your local continence advisory service. The continence advisor can talk about some other strategies to help your Mum manage her bladder concerns. If you don't know how to contact your nearest continence advisor, phone the NZ Continence Association helpline, (0800) 650 659.

Q My husband has bowel and bladder incontinence. Last year he began to take antidepressants, and since then has developed chronic diarrhoea. Dealing with this is enormously stressful for us both. We're scared to leave the house! I have also become worn down through lack of sleep, all the washing, and the physical strain of helping him in the toilet numerous times a day. The GP says the diarrhoea is not caused by the antidepressant, but it started when he began taking this medication. Can the Continence Association make comment, and also, if one has to live with this problem, how can we best manage it?

FIONE

A This must be a distressing situation for you both. Talk to the GP about using medications such as Loperimide to firm up your husband's bowel motions. Loperimide slows bowel activity and is often taken in conjunction with bulking laxatives like Metamucil, which can help to firm up bowel motions. If the onset of your husband's diarrhoea coincided with taking the antidepressant, ask the GP if you can try an alternative brand or type of medication. You can also contact your local continence advisory service for ongoing support. A dietician may also offer suggestions to help you solve or manage this problem.

