

Newsletter

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GPO BOX 559



Council News

1. Conference Notices

Seminar on Continenence Care

Date: 16/11/1995

Time: 6:00 - 8:00 pm

Venue: Lecture Theatre

Ruttonjee Hospital

Speakers:

1. Promotion of Continenence Care

Dr. George Szonyi

President, Continenence Foundation Australia, NSW Branch

2. Managing people with Incontinence

Ms. Janette Williams

Continenence Advisor, NSW

3. Role of Physiotherapist in Continenence Care

Mrs. Pauline Chiarelli

Physiotherapist

For registration, please phone 25258308 or fax 25258929

Admission: Free

Refreshment will be provided

International Continenence Society 25th Annual Meeting

Date: 17-20 October, 1995

Place: Sydney, Australia

Registration Fee: A\$500

For Registration Form please contact Dr. MF Leung at 23794822

Workshop on Continenence Care

Date: 27 October, 1995

Time: 3-5pm

Place: Main Foyer, 1/F

Shatin Hospital

Speakers:

Management of Incontinence

Ms. Chan Sau Kuen,

Continenence Advisor, UCH

Urodynamic Study

Dr. Kwok Tin Fook

Senior Medical Officer,

Queen Mary Hospital

2. Research on the prevalence of urinary incontinence in Hong Kong

The Society is currently planning to launch a study on

the prevalence of urinary incontinence among residents in Hong Kong in conjunction with the Hong Kong College of General Practitioners.

The study will look at the prevalence of urinary incontinence among adult over age of 18. It will involve sampling from patients attending General Practitioners.

Information on Continence Care

I. Types of Incontinence

1. **Urge Incontinence** is involuntary loss of urine associated with a sudden strong desire to void. It may be caused by severe bladder infections, bladder stones, local tumours, diseases of the spinal cord or nervous system, a stroke, mental deterioration or overactive or unstable bladder function. Giggling or exercise may provoke this type of problem in people with unstable bladders. Almost always, sufferers also have to void frequently and urgently.

2. **Stress Incontinence** is the involuntary loss of urine following coughing, sneezing, lifting, bending or other physical exercise. It is the mechanical stress of the abdominal muscles acting on the bladder wall, working against the sphincter muscles which may be weak or malfunctioning. Stress incontinence is caused by partial incompetence of the urinary sphincters. The

condition is sometimes seen in men after prostatic surgery. It is however, much more common in women and may be the result of the trauma of childbirth, by changes in the position of the bladder or urethra, or as a consequence of ageing.

3. **Reflex Incontinence** is the involuntary loss of urine without bladder sensation and is associated with disease or the nervous system. This may be caused by spinal cord injury, slipped disc, multiple sclerosis, Parkinson's disease or diabetes mellitus.

4. **Overflow Incontinence** is involuntary urinary loss which occurs because the bladder is grossly distended or swollen. Usually as a result of an obstruction to the outflow of urine, pressure builds up in the bladder until it overcomes the "hold-back" power of the sphincters, allowing some urine to dribble out. Prostate gland enlargement or other obstructions may result in such overflow incontinence. Other conditions are disorders of the bladder muscle and diabetes.

5. **Continuous Incontinence** is involuntary loss of urine at all times. The sufferer is always wet. This is usually caused by an anatomical abnormality where the bladder, ureter or urethra opens onto the skin or into the vagina by an abnormal opening. This may be congenital, or be the result of birth injury, pelvic irradiation, tumours or trauma.

Often an individual may have more than one type of incontinence at any one time, or the pattern of leakage may change over a period of time.

II. The Severity

Incontinence may vary considerably in each individual. Sometimes it occurs rarely, sometimes frequently. Changes of climate, anxiety or menstrual periods may aggravate the condition. It may involve the loss of a few drops on occasion or up to half a litre of urine at other time. A simple way to judge the severity is by the average quantity of urine lost.

Slight incontinence is involuntary leakage of a few drops only. It may happen during vigorous exercise, and sometimes affects pregnant women or those who have recently given birth.

Moderate incontinence is leakage of significant amounts of urine and is often seen in stress or urge incontinence.

Severe incontinence is complete and involuntary emptying of the bladder and often results in people becoming housebound or institutionalised. Urge incontinence can be this serious, but it is common in those with reflex incontinence.

Other areas of incontinence will be discussed in future issues of the Newsletter.

CHARTER FOR CONTINENCE

The following is the Charter for Continence developed by The Continence Foundation and other organizations in United Kingdom. It serves as a reference for those who care about continence care.

The Charter presents the specific needs and rights of people with bladder and bowel problems. As a person with bladder and bowel problems you have the right to:

- be treated with sensitivity and understanding
- become continent if achievable
- receive a thorough individual assessment of your condition by a doctor or nurse
- be provided with a clear explanation of your diagnosis
- participate in a full discussion of treatment options, their advantage and disadvantages
- request specialist advice about continence care
- be provided with full, impartial information on the range of products which are available and how to obtain them
- expects products to have clear instructions for use
- receive regular reviews of treatment and be given the opportunity to change treatments if your condition has changed
- be made aware of any new treatments or products as they become available
- be provided with a personal contact point able to give you on-going advice and support