



會訊 第十一期
二〇〇一年十一月

主編：阮鳳姿
編輯：李偉娟 陳秀娟
顧問：梁萬福醫生 范強醫生

【編者的話】

阮鳳姿

一年容易又中秋，轉瞬間，香港理遺學會已踏入第七年。自一九九六年起我便參與香港理遺學會，並且負責學會會訊的編輯工作，一做便是五個年頭了。如果大家有留意每期會訊的話，不難發現無論會訊的版面設計，又或是內容及編幅的製訂都不斷地改變，為的只有兩個願望，就是希望藉著這份會訊達到：(一)作為學會和會員間的溝通橋樑，(二)並且能為讀者搜集與理遺科有關的新資訊及新科技。

回想當初接受此項工作時，有驚也有喜，驚和喜都源於我要面對一份很有創意但自己又沒有太多經驗的工作。幸運地，編委會有好幾位熱心又有經驗的同工一齊參與這份有意義的工作，當然更重要的是希望得到各會員及讀者的積極投稿，在此我再次熱切期待收到各方的投稿，因為這點正是會訊成功的關鍵所在。

至於今期會訊的內容主要介紹不同款式的“Scrotal Support”，介紹其餘幾位學會委員，最後還有社區復康網絡的李小霞姑娘簡報早前在六月至七月間舉行的“失禁護理講座及工作坊”的一些花絮。

New Sling Support for Scrotal Edema

Yuen Fung Chi Grace, Occupational Therapist, Ruttonjee & Tang Shiu Kin Hospitals
Wong Kam Wing Dane, Occupational Therapist, Princess Margaret Hospital

This article aims at describing to our readers a new sling support for scrotal edema. This gadget is modified from a model recently designed by an American occupational therapist (Benjamin 1999)¹. As far as we are aware, it is not a usual practice to use sling support for scrotal edema. We would like to share with you our experience in prescribing this gadget.

Scrotal edema can become very uncomfortable and cumbersome to such a degree that may affect the ambulation and functional performance of patients. Generally, scrotal edema is treated by medication such as diuretics and elevation of the scrotum with towels while the patient is put in supine position (Blackley, 1994; Gwynn & Williams, 1985)². However, the drawbacks are apparent. First, the prolonged bed-rest can result in frailty and confinement. Secondly, the convex supporting surface of the towel often makes patients feel very uncomfortable. Thirdly, it will necessitate a lot of manual work for nursing staff to readjust the position of the towel roll as it is difficult to secure the position of scrotum with the towel.

Some therapists may prescribe to patients with scrotal edema standard athletic scrotal supporter which is worn around the waist. However, the athletic scrotal supporter cannot provide adequate support for patients with large and heavy scrotum (e.g. a scrotal diameter of 6 to 7 cm). Further, the contact surface of the waist-belted sling is small and therefore the pressure on the waist can sometimes be rather irritable, especially when there are wounds around the waist.

What are the criteria of a good design of scrotal support? These criteria are set out as follows (Sachse & Teague 1990)³:-

- comfortable
- conforms to contours of the scrotum
- provides constant and reliable support
- minimal application time
- easy to apply and remove
- easy to clean
- allows ambulation
- minimal involvement of hospital staff and can be used by patients at home
- can be adapted for use with ice packs and other local therapeutic measures
- custom fitting allows for variations in the amount of edema and anatomical differences

Sling Support - New Design

This scrotal sling is made of 2 different types of elastic fabrics (cloth of prosthetic sock and lycra). The design is simple to be fabricated by fitting patient with a supportive pouch which creates an absorbent barrier between the edematous scrotum and the upper thigh. The pouch will be attached to a pair of shoulder straps of cloth webbing and hook-and-loop fasteners. The shoulder straps are easily adjustable so that the pressure on the patient's shoulder and the traction of the skin can be minimized. The new design of sling support can be seen from the following pictures.



Posterior View Anterior View Lateral View

It is our experience that edema tends to resolve effectively with the combination of this new design of scrotal support and ambulation. Patients' feedback is generally good. They can apply the device easily by themselves at home. Unnecessary embarrassment can be avoided. The sling increases patients' ability to ambulate and to perform other functional activities.

¹ Karen D. Benjamin (1999). A Sling Support for Scrotal Edema. *The American Journal of Occupational Therapy*, P. 392-393

² Blackley, P. (1994). An unusual use for a new ostomy pouching system. *World Council of Enterostomal Therapists Journal*, 14 (3), 22-23.

³ Hans E. Sachse, M.D., Maj. Julius L. Teague, M. C. (July 1990), Testport: New Type of Scrotal Support. *Urology* 31, Number 1, 89-90

Scrotal Support

Cheng Yat Loong, R.N., BBA, B. Sc., Queen Mary Hospital

Introduction

Scrotal support is one of the most commonly prescribed treatment for surgical condition involving scrotum. The aim of this treatment is to apply mild local pressure on the scrotum in order to prevent haematoma formation and reduce scrotal swelling. Apart from the benefit of fixing the scrotum in place, use of scrotal support can reduce pain generated by the swing of scrotum during mobilization.

Conditions indicated for the application of scrotal support include: varicocele, hydrocele, epididymitis, orchitis, inguinal hernia, post vasectomy, and chemical or thermal trauma involving scrotum.

The treatment is safe; nursing care during the implementation of scrotal support includes observation of the intensity of scrotal pain and scrotal oedema. Usually pain and swelling will subside after the application of the support. If pain and swelling increase, thorough examination of the patient by surgeon is necessary.

Choice of scrotal support

The success of the treatment depends on the well fitting of the support. Commercial available scrotal support for sport use usually can serve that purpose. However due to the difference in body size and scrotal size of patients, various sizes of scrotal support must be available for fitting. In hospital setting, the stocking of various sizes of scrotal support is only possible in major urology center in the consideration of cost.

Temporary scrotal support configured by paraffin gauze, gauze, and Elastoplast. They are the materials very commonly used for supporting the scrotum. Advantage of applying temporary scrotal support includes the ease of availability of materials, well fitting and ease of application during surgical procedure.

Application of temporary scrotal support

The principles of application of scrotal support are as follows:

- Well fitting and secure well at position
- Avoid excessive traction or pressure on skin
- Hygiene consideration

During the application of the support, it must be fitted well to hold the scrotum and apply mild pressure on the scrotum. For the fixation of the scrotum, the support must be firmly secured by Elastoplast on the surrounding normal skin. However during the application of the Elastoplast, the protection of the skin is very important in order to avoid excessive pressure or traction which lead to skin breakdown. Finally the patients' daily hygienic need such as passing urine and bowel opening must be taken into consideration during the application of the support. Education on how to maintain daily hygienic needs must be performed after the application of temporary scrotal support.

Application procedure

1. The patient must be thoroughly examined by the surgeon before the application of the scrotal support.



2. Inspect the scrotum and perineum area for any skin lesion and record the conditions.

3. Shave pubic hair.

4. Apply paraffin gauze and dry cotton gauze to cover the whole scrotum.



5. Secure the gauze by Elastoplast. First secure the bottom part of the scrotum and the end of tape secure on the pubic area. Then secure the bottom part of the dressing with Elastoplast to the both sides of inner thigh. If the patient does not have any buttock sore, additional security of the bottom part of the scrotum by applying Elastoplast and secure to both buttocks.



6. Finally secure the rest of the dressing by applying Elastoplast with the application of mild pressure on the scrotum.

7. Frequent inspection of the scrotal support at least once every shift is necessary to observe for any displacement of the support or detachment of the Elastoplast from the skin. The use of support should be stopped if scrotal swelling and pain subsided.



Bibliography

- Darzia, 1995, Endoscopically guided surface repair of inguinal hernia, *British Journal of Surgery*, 82(4), 515-517.
- Fell, 1994, Scrotal disorder, ED Laker C, *Urological Nursing*, Swtari Press, 1994.



COUNCIL MEMBERS



Name: *Professor Yeung, Chung Kwong*
(Council Member)

Post: Professor and Chief of Paediatric Surgery, Department of Surgery, The Chinese University of Hong Kong

Professor Yeung is currently the Professor and Chief of Paediatric Surgery, Department of Surgery, the Chinese University of Hong Kong. He has established Hong Kong's first Combined Spina Bifida Clinic as well as the Children Continence Care Center in Prince of Wales Hospital. Professor Yeung has special interests in paediatric minimally invasive surgery and paediatric urology,

especially in the field of children continence care. He has been a pioneer in the development of many innovative laparoscopic procedures in infants and young children. He is currently the Vice President of the International Paediatric Endosurgery Society and member of the Editorial Board of the Paediatric Endosurgery & Innovative Techniques Journal. He is President-elect of the Asian-Pacific Association of Paediatric Urologists as well as a committee member of the International Children's Continence Society. He is the chairman of the Board of Paediatric Surgery and Honorary Secretary of the College of Surgeons of Hong Kong. He is also Editor of the official journal of the College. Professor Yeung has published very widely and is member of over 40 learned international societies.



Name: *Dr. Yip, Shing Kai*
(Council Member)

Post: Associate Professor of Obstetrics and Gynaecology of The Chinese University of Hong Kong

Professor S K Yip is an Associate Professor of Obstetrics and Gynaecology at The Chinese University of Hong Kong. He was trained at The Chinese University of Hong Kong and received the degree of MBChB in 1987. Thereafter he developed a special interest in urogynaecology. Following his MRCOG qualification

in 1993, he continued to develop his interest in all aspects of urogynaecology, including pelvic floor reconstructive surgery, psychosocial research in urinary incontinence, and the management of genitourinary prolapse. Professor Yip now heads a busy and productive tertiary referral urogynaecology unit at Prince of Wales Hospital. He has a heavy clinical workload dealing with complex urogynaecological problems in a regional tertiary referral unit teaching medical students, training junior doctors and undertaking clinical research. Apart from being a Council member of the Hong Kong Continence Society, he is also the Secretary of the Urogynaecology Board of the Hong Kong College of Obstetricians and Gynaecologists.



Name: *Dr. Cheon, Willy Cecilia*
(Council Member)

Post: Senior Medical Officer
Department of Obstetrics and Gynaecology Queen Elizabeth Hospital

Dr. Cheon Willy Cecilia is the Head of Urogynaecology Team of the Department of Obstetrics and Gynaecology of Queen Elizabeth Hospital. She has special interest in urogynaecology and gynaecological endoscopic surgery. Apart from her service as a Council member of the Hong Kong Continence Society, she holds other positions such as Chairman of the Urogynaecology Board of the Hong Kong College of Obstetrics and Gynaecology and Council member of the Asian Pacific Continence Advisory Board. She has been a Council member of the Hong Kong Continence Society for more than 5 years. She is deeply impressed by the tremendous work that has been done by the Society in the promotion of continence care. She will continue to try her best to support the Society.



Name: *Lau, Terrence*
(Council Member)

Post: Physiotherapist
Jockey Club Kowloon Rehabilitation Centre of Kowloon Hospital

Mr. Terrence Lau is a physiotherapist of Jockey Club Kowloon Rehabilitation Centre of Kowloon Hospital. He is currently involved in delivering outpatient services, including occupational rehabilitation program to patients of various conditions. With over 15 years of professional experience, Mr. Lau has vast experience in delivering continence care to neurological and geriatric patients. Mr. Lau has been instrumental in facilitating the formation of the Society and has taken up the post of Honorary Treasurer since 1996 until 2001.



Name: *Lee, Wai Kuen*
(Council Member)

Post: Nurse Specialist (Stoma Care)
Queen Mary Hospital

Miss Lee has been working as a full time Stoma Care Nurse in Queen Mary Hospital since 1990 and has become the Nurse Specialist (Stoma Care) of Queen Mary Hospital since 1994. The scope of her work includes stoma, wound and incontinence care. She is dedicated to promoting stoma care and continence care. Her job includes delivering talks and organizing related courses. She is one of the Editorial Board members of this Newsletter. She enjoys cooking very much although she is a new learner.



Name: *Yuen, Fung Chi Grace*
(Council Member)

Post: Occupational Therapist
Ruttonjee and Tang Shiu Kin
Hospitals

Miss Yuen has been working in geriatric settings since 1993. Her current duty at Ruttonjee and Tang Shiu Kin Hospitals includes geriatric services to both in-patients and day-patients. She is dedicated to providing services to the elderly. She has been actively participating in the activities organized by the Hong Kong Continence Society in order to promote continence care in Hong Kong. She is the Chief Editor of this Newsletter. She has special interest in the prescription of aids and equipment to help patients manage their incontinence problems.



Name: *Dr. Pei, Kee Wai Conrad*
(Hon. Secretary)

Post: Chief Medical Officer
Healthgate Medical Center

Dr. Pei is a geriatrician. He previously worked at Queen Mary Hospital and TWGH's Fung Yiu King Hospital. He will start his own private practice at Healthgate Medical Centre in Sheung Wan. He continues to have a strong interest in continence care and plans to set up his own continence and urodynamic services at his medical center in addition to other elderly services.



Name: *Dr. Tam, Cheuk Kwan*
(Hon. Treasurer)

Post: Senior Medical Officer
Department of Rehabilitation &
Extended Care
Wong Tai Sin Hospital

Dr. Tam has specialized experience in the fields of Rehabilitation Medicine and Geriatric Medicine. He set up the Continence Promotion Team and Urodynamic Clinic in Wong Tai Sin Hospital in 1994. Most patients are disabled and / or elderly whose incontinence problems have long been concealed by diapers or foley catheters. The team aims at curing incontinence if possible and if not, managing incontinence in the most optimal way so as to minimize the disability and handicap resulting from incontinence. He is also interested in setting up an Internet website for continence care.

香港理遺學會 香港復康會社區復康網絡 失禁護理工作坊

香港復康會社區復康網絡，有見於失禁患者及家屬的祈望，聯同香港理遺學會，於二零零一年六月九日至七月十四日，合辦了一個「失禁護理講座及工作坊」。講者包括理遺學會副主席梁萬福醫生，伊利沙伯醫院泌尿外科顧問范強醫生，基督教聯合醫院理遺科專科護士陳秀娟姑娘，九龍醫院物理治療師劉澤恆先生及律敦治及鄧肇堅醫院職業治療師阮鳳姿女士，出席人數合共六十三人。是次活動除知識講授外，更注重參加者是否能把所學知識充份吸收，並應用於日常生活上，以達至學以致用，故活動中安排了實習示範，個案討論及實物介紹。雖然活動舉辦期間多次遭逢惡劣天氣，參加者依然踴躍出席。席間講者對組員的提問細心聆聽並詳細解答；即場實習示範環節，組員表現積極及主動；介紹失禁用品的時候，組員表現關注留心，樂於參予示範，活動完畢後參加者均表示增廣見聞獲益良多。

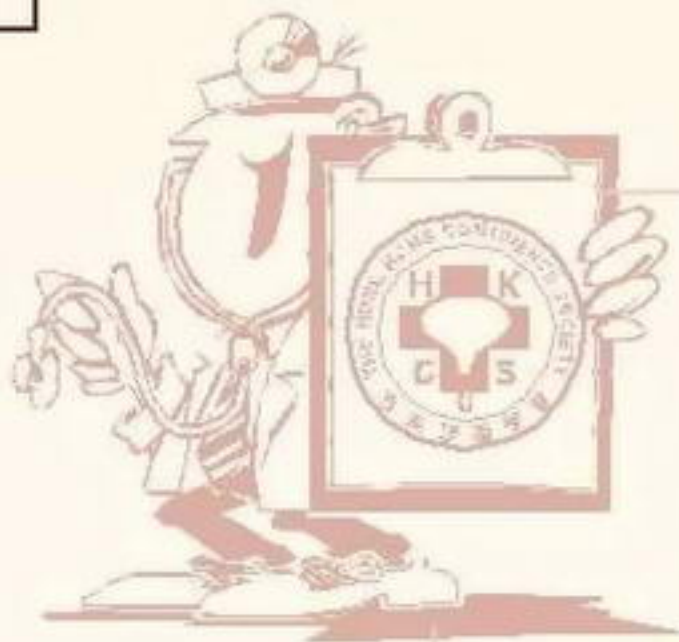
可惜礙於資源及場地有限，工作坊對象只限腦科病患者及其家屬，令不少非腦病患者如產後失禁、氣喘病、前列腺等患者非常失望。

是次活動得以順利完成，有賴各方協助，特此鳴謝香港理遺學會及各參予人仕。

李小霞姑娘(註冊護士)
社區復康網絡



活動匯報



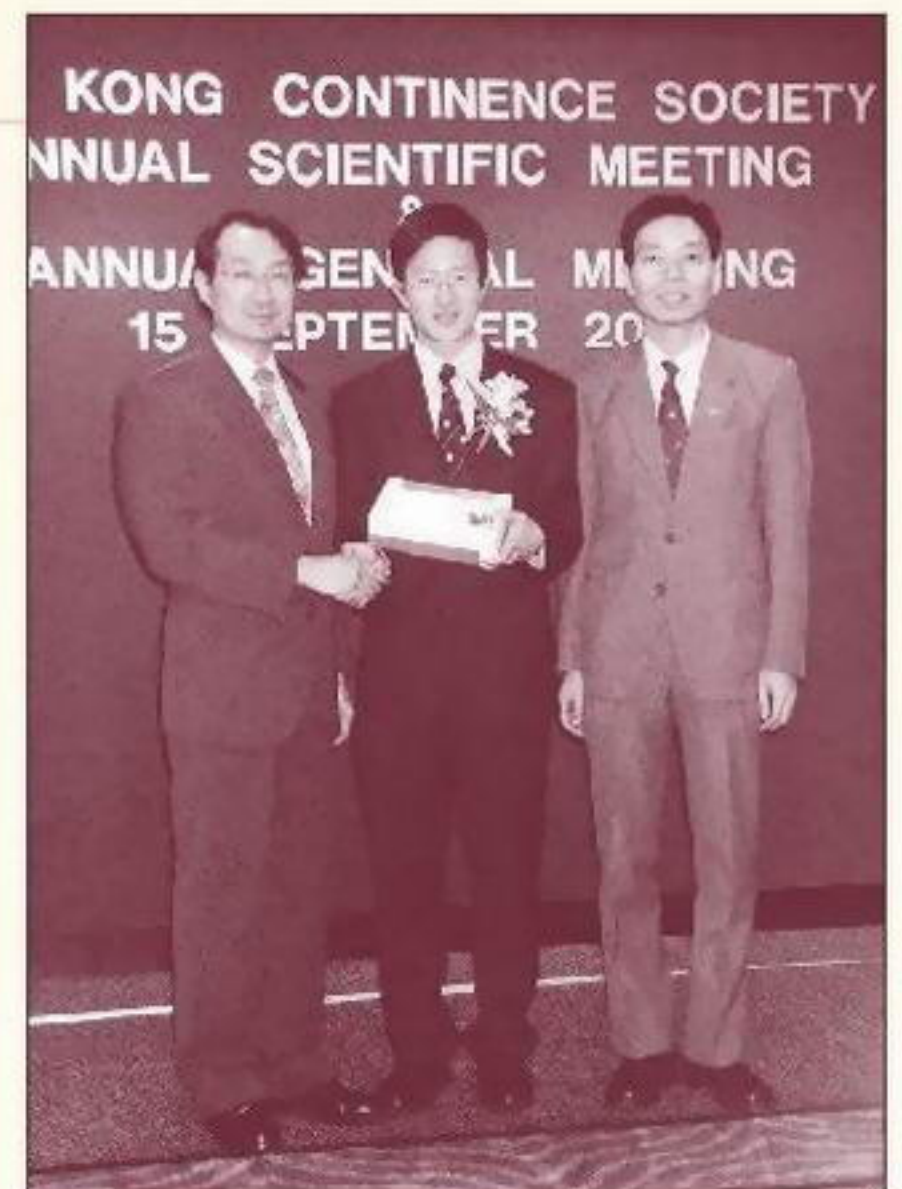
活動匯報

Hong Kong Continence Society Ltd.

Annual Scientific Meeting and
Annual General Meeting, 15 September 2001



Ms. Lee Wai Kuen (Nurse Specialist of QMH) and Ms. Anna Tang (Nurse Specialist of KWH) also presented in the meeting. Their topics are "Colonic Irrigation" and "Nursing Management of Fecal Incontinence".



Dr. David Lam (Surgeon of UCH) presented the topic on "Fecal Incontinence" in the meeting. Our President and Vice-president presented a souvenir to him.

Hong Kong Continence Society Limited Council Member 2001-2002

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- Dr. Leung Man Fuk (Vice President)
- Dr. Pei Kee Wai Conrad (Hon. Secretary)
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- Ms. Maisie Wong
- Prof. Yeung Chung Kwong
- Dr. Yip Shing Kai
- Ms. Yuen Fung Chi Grace



活動預告

Certificate Course on Continence Care for Registered Nurses 2001

- > Date: 5 November 2001 - 17 November 2001
- > Venue: United Christian Hospital
- > Organizer: Jointly organized by United Christian Hospital of Hong Kong and Royal Prince Alfred Hospital of Australia.

Pelvic Modulation Society First Annual Course

- > Date: 12 January 2002 - 13 January 2002
- > Venue: Ponte Vedra Inn And Club
Ponte Vedra Beach, Florida
- > Course Directors:
Paul D.M. Pettit, M.D.
Steven Siegal, M.D.
- > Course Description:
Lectures, Videos, Case presentations and Panel discussion on neuromodulation of pelvic floor disorders.

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