

Thank you for referring Mr Scott for continence assessment. At his initial appointment, Mr Scott voided 100ml and had a PVR of 610ml. At age 78, Mr Scott's bladder capacity is expected to be between 250 and 300ml and in this age range, a PVR of <100ml is considered normal. A PVR of 610ml, means that his bladder is retaining urine, is distended beyond its capacity and is likely overflowing. Mr Scott is therefore at risk of hydronephrosis and kidney infection due to possible reflux of urine through his ureters and bladder infection due to pooling of urine in the bladder. The risk of bladder infection will increase in Mr Scott's case, if his sugar levels are elevated to the point where he spills sugars into his urine. Oxybutynin is contraindicated as it will only contribute to Mr Scott's urine retention problem.

As Mr Scott had such a large PVR and in/out catheterization was performed to drain the excess urine from the bladder.

I advised him to take his hydrochlorothiazide at 2pm in the afternoon to promote elimination of excess fluids in the late afternoon and early evening and thereby reduce nocturia.

Certain voiding techniques can improve bladder emptying if the person has a neurogenic bladder (possible in diabetic patients) or a bladder that does not completely empty. I taught Mr Scott voiding strategies to help improve his continence.

The first technique used was trigger voiding, whereby voiding is initiated by tapping over the suprapubic region seven or eight times in rapid succession, waiting for a few seconds, then repeating. The application of rhythmic tapping is thought to produce a summation effect on the tension receptors in the bladder wall and activation of the reflex arc via the afferent discharges produced. This technique will help overcome Mr Scott's difficulties in urinary hesitancy.

Mr Scott was also taught double voiding, a technique to help reduce his PVR and prevent his bladder from overflowing. To double void, a man should empty his bladder, wait a few moments, and try to void again. Straining or pushing to empty is not recommended.

Other suggested behaviour changes included avoiding fluid prior to bedtime or before going out and consuming a reduced amount of fluids that worsen urinary frequency (eg, caffeine and alcohol).

I assisted Mr Scott in selecting the smallest pad to contain his output should he have an accident. He agrees to keep a voiding diary and to re-visit me in one week. The pads are expensive on a pension, and I have assisted Mr Scott in applying for a continence subsidy.

Mr Scott appreciated being able to talk openly about his continence problems and obtaining some practical advice on how things can be improved. He is feeling much more hopeful. I asked Mr Scott if he would like to speak to someone further, but he declined.

Once again, thank you for your referral of Mr Scott.

Yours sincerely,

James Colburn

Continence Advisor