BLADDER AUGMENTATION PROCEDURES
By Charles M. Feinstein, M.D.
Director, Urinary Continence & Dysfunction Center,
Bethesda Hospital

There are times when the bladder's capacity to store urine is markedly reduced. The size of the bladder may be extremely shrunk or the bladder may empty when there is only a small amount of urine present. Examples of such problems may be from one of the following: severe urinary infections, urinary tuberculosis, neurogenic bladders, radiation injury to the bladder and damage from chemotherapy.

In such cases, the bladder is unable to store urine, and may be resistant to management by the usual medications. If this is the case, special procedures are used to enlarge the bladder. Segments of large or small bowel can be used as a type of "cap", put onto the roof of the bladder to greatly increase the bladder's ability to store urine by increasing its size.

These surgeries are technically difficult, and may have postoperative complications which include pyelonephritis (kidney infections), intestinal obstruction, renal deterioration, and possible continued urinary incontinence. For this reason, the procedure is sometimes combined with the implantation of an artificial urinary sphincter.

These procedures can be very useful in patients whose kidneys are in danger of deteriorating from severe neurogenic bladder. The difficulties can be resolved without the patient having to wear an external bag for urine collection.

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INCONTINENCE OF THE BOWEL

Like urinary incontinence, it is difficult to arrive at the exact number of people who suffer with fecal incontinence. Due to their own embarrassment, many people do not report bowel incontinence to their physician. Yet, accurate diagnosis can lead to a high cure rate. With proper medical help, good management techniques can be investigated which will help control this condition.

Bowel incontinence is a symptom which has an underlying cause. Christine Norton, a British nurse, cites three broad categories of causes in her book Nursing for Continence: an underlying disorder of the colon, rectum or anus; neurogenic; or fecal impaction.

Ms. Norton (who is writing about the British population) believes it is likely that one in every two hundred adults in the community suffer from bowel incontinence. She also asserts that 10-20% of those in institutions encounter the prob-

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PSYCHOLOGICAL TREATMENT APPROACHES FOR ENURESES
by Diane Rosenbaum, Ph.D.
Medical Psychologist

There are various forms of treatment for nocturnal and diurnal enuresis. Most psychological treatment approaches are based on the assumption that enuresis is the result of a learning deficit. Therefore, many treatment approaches involve the use of behavior modification. Sometimes behavior modification approaches are used in conjunction with medication and/or an elimination diet.

Children can be treated by one or a combination of the following behavior modification programs:

Reinforcement Program - Children can be rewarded for continence or for more frequent voiding on the toilet. Depending on the age and interests of the child, he or she can be given stickers, money (particularly for older children), primary reinforcers such as food, special privileges or special time with their parent(s). Parents

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"THE SOLUTION STARTS WITH YOU"
BASED ON THE BOOK
MANAGING INCONTINENCE

"Sound...speed...marker...mark. Quiet on the set! Action!" Martha Teichner of CBS News walks across the set and Scene 24, Take 3 begins. Half way through the scene the Doctor muffs his lines. "CUT!"

Those are the sounds of a movie in the making. We spent hot August days on an even hotter set, to make another dream come true. For over two years the Simon Foundation has been pursuing this gigantic endeavor, writing, producing, and of course raising the funds to make a movie which would bring to the American public a picture of what incontinence means in our society today.

(Continued on page 2)
Psychological Treatment (continued)

should be required to pair these rewards with praise of the child's efforts and progress. Children and parents can monitor the child's progress on a chart.

Urine Alarm - The urine alarm is a widely used technique for treating enuresis. There are two types of alarm, one that attaches to the child's underpants and one that is placed in the child's bed under the bottom sheet. The latter is often called the bell and pad. The alarm is sensitive to urine and will sound upon the child's wetting. The alarm that attaches to the child's underpants can be used for treating diurnal as well as nocturnal enuresis. Research has shown that the bell and pad procedure is superior to no treatment and short-term psychotherapy and Imipramine. The urine alarm can be used in conjunction with a program of positive reinforcement. While the alarm is relatively high for the bell and pad procedure, it resolves enuresis in 75 percent of children. However, the alarm usually requires approximately two to four months for success and can be disturbing to family members, especially for training of nighttime continence. Hence, this technique may result in noncompliance.

Dry Bed Training - This combines a number of behavioral procedures, including 1) the use of the urine alarm, 2) cleanliness training (e.g., cleaning self and changing the bed), 3) positive practice - practicing the behavior in using the toilet, 4) nighttime awakening, 5) retention control training - child is given fluid each hour and asked to hold it until the next hour, and 6) positive reinforcement. Dry bed training is superior to other types of treatment and has the lowest rate of relapse of all treatments, with a relapse mean of 18 percent. Due to the complexity of this procedure, it is performed in the hospital if all other treatment approaches at home have failed or if the family is unlikely to be able to comply with home-based treatment.

Dry Pants Training - This is a modification of dry beds training but occurs during the day and can be used to treat diurnal enuresis. This program has been found to be particularly valuable with developmentally delayed individuals.

Urine Retention Training - This is a program designed to increase the child's bladder capacity by encouraging the child to try to "hold" and retain his or her urine for progressively longer periods of time. The child could receive positive reinforcement for increasing delays in urinating. While this technique has been shown to increase functional bladder capacity, it has not been found to consistently decrease nocturnal incontinence.

Urodynamic Biofeedback - This technique can provide the child with a learning situation whereby physiological processes or sensory cues associated with urinating which are out of the child's awareness can be presented to him or her on a moment to moment basis through biological feedback. The child is given the opportunity to learn to control the physiological mechanisms associated with wetting.

Other psychological forms of treatment include:

Support - Follow-up with the service provider significantly improves the success of treatment. Follow-up may in fact represent the placebo effect. Nevertheless, support to families by phone and through office visits seems to improve treatment outcome.

Psychotherapy/Family Therapy - When behavior modification approaches have failed, and it is clear that family dynamics or psychodynamic issues are contributing to the enuresis, family therapy and/or parent counseling may be indicated. Additionally, if a child is severely emotionally disturbed, treatment of the child's psychiatric disturbance is often indicated before the enuresis itself is treated.

The Solution Starts With You (continued)

"The Solution Starts With You" is a docudrama about real people, their families, and their doctors and nurses. It is a moving story about how they are coping with very real situations. In the movie you'll meet Bill Baldwin, he's the best grandfather ever according to Danny. But Danny's family doesn't think grandfather should come for Christmas anymore, not after what happened last year. And Bonnie's avoiding her friends, the ones that want her to join them jogging. Marge and her husband are experiencing stress in their marriage for the first time, and Todd's mother is at her wits end.

This is a drama for everyone - doctors, nurses, the nursing home administrator, the incontinence product sales force, and of course people with the problem. All of us have so much to learn about incontinence. One out of twenty-five Americans have this problem, it affects us all.

Many of the Simon members who have already received our help write to ask how they can help others to become aware that cures and management techniques are available for incontinence. Now you can use this movie as a tool. Show it to your church auxiliary, your bridge club, your local retirement community, your hospital, your Simon Foundation "I WILL MANAGE" support group, your Rotary meeting. Spread the word that incontinence is a problem for many people in our society and that an educational film is now available.

For a brochure including purchase and loan information, send a business sized, self-addressed stamped envelope to "THE SOLUTION STARTS WITH YOU," The Simon Foundation, Box 835, Wilmette, Illinois 60091. The film will be available in October 1986.
KEEP IT UP . . . Your letters containing suggestions for articles, innovative ways of managing incontinence, and plain old support are appreciated. One reader recently shared this admonishment: “Enjoy life! This is not a rehearsal.”

Although time prohibits us thanking each and every one of you, your financial support is especially appreciated, whether its two dollars or two hundred.

If every single reader sent us just one dollar, several programs waiting for funding would have a good beginning. Remember there is strength in numbers. That’s what the Simon Foundation is all about.

INCONTINENCE OF THE BOWEL (continued)

lem. For many, especially older persons, severe constipation with impaction of feces is probably the commonest cause of bowel incontinence. The patient may often experience a continuous leakage of stool. If the patient is misdiagnosed as having diarrhea, the doctor might prescribe a drug which will only aggravate the condition. Like urinary incontinence, it is very important to find the cause of fecal incontinence.

The causes may be ones that can be simply corrected, such as lack of enough fiber in the diet or dehydration. Or the cause may be more significant, such as endocrine disorders or cancer.

Often times, people do not know which medical professional to turn to with this problem. A good place to begin is with your geriatrician or internist. He or she might recommend another specialist called a gastroenterologist. If you have been troubled by bowel incontinence, don’t delay. Put down the Informer and make the appointment right now.

Upcoming issues will have more information about incontinence of the bowel as we perceive that more of our members need help in this area. An additional resource for the layman is: The Bowel Book, by David Ehrlich, 1981, Schocken Books, 200 Madison Avenue, New York City, 10016. Readers from the nursing profession will find Christine Norton’s book a good resource: Nursing for Continence, 1986, Beaconsfield Publishers Ltd., 20 Chiltern Hills Road, Beaconsfield, Bucks, HP91PL, England.
LETTERS TO THE EDITOR

Dear Simon Foundation:

I developed a severe incontinence problem in February of 1984 due to the removal of a malignant prostate. Your newsletter has given me a lot of support and information. The same month your newsletter told about the Sphincter 800, my doctor mentioned it to me. The sphincter was put in place in February of 1986 and activated in April of 1986. It has been extremely successful.

I would be glad to correspond or talk to anyone who is considering a sphincter implant. Keep up the good work.

Mr. Lyman Shawler
Box 2-S R.R.1
West Union, IL 62477

Dear Mr. Shawler:

On behalf of all our members out there seeking help, we appreciate your offer to share your experiences. Often times the letters we receive ask us to not mention their names and of course we comply. Your openness may lead the way.

Dear Informer:

I have received every issue of the Informer and have also read Managing Incontinence. I think that they are a great step forward. However, I have one criticism. I feel too much emphasis is placed on operations and devices. How about those of us who cannot be cured or choose not to take the risk of surgery when a cure is not guaranteed? We need to be encouraged and reassured that wearing adult diapers, briefs or other absorbent products is OK... provided we have seen a doctor and know what is causing the problem, and what the options are. I sometimes feel left out when reading these articles because I choose to use adult diapers.

I would also like to see some space given to ideas for using these products. I'm sure some of the readers have ideas which would help us all. One thing I would like to see is a container for soiled pads in the handicapped stall of the men's rooms.

J.D.

Dear J.D.:

You said the key words: "as long as people have seen their doctor and know what is causing their incontinence problem." We certainly don't want you to feel left out. We'd be very happy to print ideas from readers on creative ways to dispose of incontinence products. And just for the record, this editor has absolutely no prejudice concerning decisions to use incontinence products rather than choose a surgical option. She has made that same choice for herself. Thanks for writing.

CONTINENCE CLINIC NUMBERS INCREASING RAPIDLY

As anticipated, the Informer article several months ago entitled "Continence Clinics Sprunging Up Around the Country" has generated responses from several more clinics who wish to be added to the list.

As medical professionals and hospitals become aware of the numbers of people suffering from incontinence, Continence Clinics to meet the needs of this problem are being developed. Urologists, geriatricians, hospitals and research facilities are devoting staff and equipment to diagnosis and treatment.

The following list of such clinics is a service of the Foundation and in no way should be considered an endorsement of an individual clinic because it is listed in this publication.

If you or someone in your family is incontinent, it is vital that you seek medical attention. Incontinence could be a symptom of a serious undiagnosed medical problem.

CENTRAL NEW JERSEY CONTINENCE CENTER
Robert Wood Johnson (Rutgers) Medical School
Academic Health Science Center
New Brunswick, NJ 08903
201-937-7974
Restrictions: None
Hospital Affiliation: Robert Wood Johnson University Hospital
Staff: Urologist, Registered Nurse
Treatment: Full range of urodynamic evaluation, medical and surgical treatment of voiding dysfunction and incontinence in children and adults.
Opened: 1984
Waiting time to be seen: Approximately 1-2 weeks.

ARIEH BERGMAN, M.D.
FEMALE UROLOGY AND URODYNAMICS
CALIFORNIA MEDICAL CENTER
LOS ANGELES
1338 South Hope Street
Los Angeles, California 90015
213-742-5970
Restrictions: None
Hospital Affiliation: USC School of Medicine
Staff: Gynecologist, Urologist and Registered Nurse
Treatment: Full range of facilities for urodynamic evaluation and treatment of incontinence.
Opened: 1985
Waiting time: One week.

SOUTH GEORGIA UROLOGY ASSOCIATES
1004 W. Ward Street
Douglas, Georgia 31533
912-384-0162
Restrictions: None
Hospital Affiliation: Coffee Regional Hospital, Dorminey, Jeff Davis, Irwin and Bacon County Hospitals.
Treatment: All types of incontinence and sexual disorders.
Opened: 1979
Waiting time: None.

URODYNAMICS LABORATORY
Des Moines General Hospital
603 East 12th St.
Des Moines, Iowa 50307
515-263-4285
Restrictions: None
Hospital Affiliation: Des Moines General Hospital
Staff: Two Urologists and a Registered Nurse
Treatment: Full range of treatment and evaluation for incontinence, voiding disorders, and impotency.
Opened: 1980

THE FRANKEL CENTER FOR URINARY CONTINENCE
AM/North Texas Medical Center
1800 N. Graves
McKinney, TX 75069
214-548-9855
Restrictions: None
Staff: Board Certified Urologist, Registered Nurse
Treatment: Diagnosis and treatment of all types of incontinence.
Opened: 1980

CLEVELAND METROPOLITAN GENERAL/HIGHLAND VIEW HOSPITALS
CONTINENCE CLINIC
3905 Scranton Road
Cleveland, Ohio 44109
216-459-3803
Restrictions: None
Staff: Physician Specialist, Nurse Specialist, Geriatrician, Social Worker, Urologist
Treatment: Full range of facilities for evaluation and treatment of incontinence problems.
Opened: 1984
Waiting time for appointment: None.

NORTHERN CALIFORNIA INCONTINENCE MEDICAL CLINIC, INC.
(Three Locations)
2089 Vale Rd., Suite 25
San Pablo, CA 94806
415-724-0632
or:
10 Orinda Way
Orinda, CA 94563
415-254-2450
or:
2150 Ayian Way
Pine, CA 94564
415-724-0632
Restrictions: None
Hospital Affiliations: Brookside Hospital in San Pablo, Doctor's Hospital in San Pablo, Doctor's Hospital in Pinole and Alta Bates-Herrick Hospital in Berkeley.
Staff: Urologists, Registered Nurse
Treatment: All types of incontinence, urodynamic studies, appliance clinic for the fitting and supply of male appliances, and teaching facilities for the training of other professionals.

URODYNAMICS LABORATORY OF THE NORTHWEST UROLOGY CENTER
Jacksonville Hospital, Room 249
Jacksonville, AL 36265
205-435-1871 or 1872
also:
1419 Leighton Avenue
Anniston, AL 36201
205-236-2183
Restrictions: None
Hospital Affiliation: Jacksonville Hospital, Northeast Alabama Regional Medical Center, St. Margaret's Memorial Hospital.
Staff: Urologist, Urodynamic Technician, Physician Assistant.
Treatment: Full range of facilities to evaluate and treat all forms of urinary incontinence.
Date Opened: June 1985
Waiting time for appointment: Within 7 days.