Collagen Implant Recently Approved by FDA for Incontinence

The Collagen Implant was approved by the United States Food and Drug Administration (FDA) for use in treating urinary incontinence. Collagen is a family of naturally occurring proteins that make up the connective tissue found in the bone, muscle, cartilage and skin of humans and animals. The Collagen Implant consists of highly purified collagen derived from cowhide. The first use of collagen dates back almost 100 years when the substance came into use for sutures to close incisions. More recently, collagen has been used as an anti-bleeding agent, a temporary covering for severely burned areas and as an implant for correction of scars and wrinkles.

As a treatment for incontinence, collagen has been approved to treat people suffering from stress urinary incontinence (SUI) due to intrinsic sphincter deficiency. Most people who have stress urinary incontinence experience leakage of urine when they cough, laugh, sneeze, run or lift a heavy object. This leakage occurs because abdominal pressure overcomes the ability of the urethral sphincter to retain urine. Collagen implants injected into the tissue at the neck of the bladder increases bulk in the walls of the urethra, thus allowing for tighter closure and less, or no urine leakage.

Most patients who can be helped by Collagen Implants can be treated as an outpatient with the procedure being done under local anesthetic. It is expected that most patients will require periodic injections to maintain the improvement or dryness these implants achieve.

Although approval has now been granted by the FDA for general use of this procedure, until enough physicians are trained in the procedure, individuals in some locations around the country may not yet have access to the Contigen Implant.

Patients wishing to be evaluated should expect to complete a thorough urological work-up which will include urodynamic tests. Once it has been determined that a patient is a good candidate for this procedure, a skin test will be required.

Continued on next page

AARP Works with Simon Foundation

The Simon Foundation recently developed an incontinence program for the American Association of Retired Persons, entitled Promoting Continence to Older Americans. This program also supported the writing of a training manual to be used by AARP's Health Advocacy Series to encourage their volunteers to include incontinence as an important topic for health promotion.

"Incontinence affects many older Americans," states Mary Connolly, an AARP staff member and the project director. "We are delighted to be launching a program to educate older adults about all that can be done to restore continence."

In addition to the training manual, AARP's new program will also include a docudrama soon to be released by the Simon Foundation for Continence. This video is called "A Time For Action." The focus of this video is to educate and motivate viewers to seek professional help for their incontinence.

Neil Resnick, M.D., a Simon Foundation Governing Board member, who is Chief of the Gerontology Division and Director of the Continence Center at Brigham and Women's Hospital in Boston, is the medical expert in the video. Dr. Resnick and a cast of actors show viewers three easy first steps to take in order to help themselves prepare for and to feel comfortable in seeking medical help.

Editor's Note: "A Time For Action" will be available to Simon Foundation for Continence members in the near future. Please watch upcoming editions of the Informer for ordering information.

Readers who would like to know more about AARP's Health Advocacy Programs should contact Health Advocacy Services/AARP, 601 E Street NW, Washington, DC 20049 for further information.
Constipation: A Look at Its Causes

Constipation is a symptom which can mean different things to different people. Some people complain about the stool itself while others complain about infrequent bowel movements. For most people episodes of constipation end without seeking medical care. Some people however, suffer from chronic constipation which should be assessed by a physician.

Surveys show that one person in six complains of constipation. Often there are other symptoms associated with constipation such as: headaches, tiredness, bad breath, loss of appetite, skin problems, bloating of the abdomen. Constipation can become the entire focus of the affected individual’s attention. This focus sometimes results in excessive use of laxatives. “In the United States alone, $330 million dollars a year is spent on over-the-counter laxatives,” states Charleb and Markwell, authors of Let’s Get Things Moving: Overcoming Constipation. Because information about bowel function is not a common topic of conversation, many people are in the dark concerning what is normal. Normal frequency of bowel motions lies somewhere between three times a day and three times a week. For many people defecation occurs once a day, in the morning. Most individuals establish a regular schedule for their own body and therefore will quickly notice a change in bowel movements.

Sometimes the cause of constipation can be found and put right simply by looking at lifestyle changes. Travel, especially across many time zones is an easily identifiable cause. When we travel we are likely to eat different foods and at different times which often plays havoc with our normal bowel routine.

But you don’t have to leave home to have significant changes in your routines and pace of life. Hectic lifestyles can cause stress and lead to tension which in turn affects bowel motility. For some, their hectic pace of life causes them to ignore the need to empty their bowels. Others may feel inhibited using the toilet at work.

Changes in eating patterns associated with weight reduction programs, fasting, or reduction of fluid intake can all affect the bowel. Certain medications may also cause changes in the bowel, as will a sudden period of inactivity such as hospitalization. Women may find they have problems with constipation each month during certain parts of their menstrual cycle. As you can see, the reasons for episodes of constipation can be many and varied.

Constipation can lead to fecal impaction. Fecal impaction is when the rectum becomes packed with feces. This impaction may cause the lining of the rectum to become irritated leading to excess mucus which leaks out. This leakage is often mistaken for diarrhea. A full rectum may also push on the bladder causing urinary symptoms. Thus keeping the bowels healthy can help to avoid many problems.

People who suffer from constipation should ask themselves if they eat enough fruit and vegetables. Keeping a log of fluid intake will also provide an indication as to whether you are consuming enough fluids to help keep your bowels healthy.

Most Americans are aware that experts often talk about increasing fiber intake, but many are not aware of how fiber helps to alleviate constipation. The cells of all plants contain fiber. Since the body does not digest fiber it acts as a sponge in the digestive tract, absorbing water and producing a softer, bulkier stool. Some high fiber foods are: peas, baked beans, prunes, baked potato, broccoli, carrots, apples, bananas, brown rice, peanuts, breakfast cereals with high bran content, whole grain breads and a host of other fruits and vegetables. Note that if you receive a lot of your fiber intake from vegetables it is important not to overcook them which can alter the form and usefulness of their fiber.

There are many other strategies which can decrease the risk of constipation which will be covered in upcoming editions of the Informer. Your doctor can also suggest ways to improve your bowel health and should always be consulted if your problem persists.

Collagen
Continued from front page

be given prior to treatment to ascertain if an individual is allergic to collagen.

Several other treatment options for stress incontinence have been discussed in previous issues of the Informer. These treatment options included Kegel exercises, medications, and surgery.

The 1992 Clinical Practice Guidelines: Urinary Incontinence in Adults, issued by the Agency for Health Care Policy and Research recommends that whenever possible, the procedures which are least invasive should be tried first. People with incontinence should always ask their health care provider about all the alternatives for curing and treating incontinence before selecting a treatment protocol that meets their needs.

Editor’s Note: The Simon Foundation endorses the 1992 Clinical Practice Guideline: Urinary Incontinence in Adults. However, we do not endorse specific treatments or product options. Individuals wishing more information about a particular treatment option for their situation should consult a physician or other health care professional who is interested and knowledgeable about incontinence. The Foundation is happy to help readers locate such a professional.

For a copy of the Guidelines mentioned above, write Center for Research Dissemination and Liaison, AHCPR Clearinghouse, P.O. Box 8547, Silver Spring, MD. 20907.

REQUEST
FOR MEMBERSHIP

Yes, I would like to be a member of the Simon Foundation for Continence.
Please mail to me the Foundation’s quarterly newsletter, The Informer.
Enclosed is $15.00 for my membership.
I understand that all mailings will come to me in an unidentified envelope.

The Simon Foundation
P.O. Box 815
Wilmette, IL 60091

Name _____________________________
Address ___________________________
City _____________________________
State ________ Zip Code ___________

NOTE: Your annual membership will begin with the next edition of the Informer. Contributions and membership in the Simon Foundation are tax deductible.
NEW BOOK AVAILABLE...
“Let’s Get Things Moving: Overcoming Constipation” is a self-help book for young and old. Written by Pauline Chiarelli and Sue Markwell, two Australian physiotherapists, this book covers: how the well-functioning bowel works, possible causes of constipation, and improving dietary habits through increased fiber and adequate fluid intake. Like all conscientious authors, Pauline and Sue caution that their advice is not to take the place of a full examination by your own doctor. Let’s Get Things Moving is available from the Simon Foundation for Continence and can be purchased by sending a check for $9.95 to The Simon Foundation, Post Office Box 835, Wilmette, Illinois 60091. (Postage and handling are included in the price.)

BE A PEN PAL...
Following are people who have written The Informer to join the Foundation’s pen pal club: Robert B. Cook, 1330 Kanawha Blvd. East, Apt. 203, Charleston, W.VA. 25301; Henry Parker, 2605 State Street, Salem, Oregon 97301; David Keil, 10 W. Wilburn Avenue, Greenville, S.C. 29611; Valerie Renee Williams, 2330 Barton Chapel Road, Augusta, Georgia 30906-9504; and James J. Cook, 326 S. Quincy Street, Apt. 1, Green Bay, WI. 54301 (age 38).

KEEP UP WITH THE NEWS...
Incontinence is the featured topic in the latest edition of Perspectives in Health Promotion and Aging, a publication of the National Eldercare Institute on Health Promotion. Perspectives looks at effective approaches to encouraging Americans to promote healthy behaviors and practices. This particular issue on incontinence may be of interest to all Informer readers, professionals and laypersons alike. The issue's guest editorial was written by Cheryle B. Gartley. For a copy of the issue on incontinence only, send $2.00 for postage and handling to The Simon Foundation, Post Office Box 835, Wilmette, Illinois 60091. Professionals interested in receiving future editions of this publication should send inquiries directly to the National Eldercare Institute on Health Promotion, AARP, 601 E Street N.W., 5th Floor-B, Washington, D.C. 20049.

ATTENTION WOMEN:
Two separate studies are recruiting patients for clinical trials. A device manufacturing company is seeking women between the ages of 18-75 whose lifestyle has been affected by a loss of bladder control when they exercise, sneeze or cough. Individuals who volunteer will join a research study which involves the use of an experimental device to prevent the involuntary loss of urine. If you are interested in participating, please contact Jami Smith to find a research site near you. Call 1-800-532-7919, 8am-5pm EST Monday-Friday.
The second study involves the application of a transvaginal probe near the muscles of the pelvic area. You must be able to visit one of the following cities for treatment and follow-up: Portland, OR; Indianapolis, IN; Chicago, IL; or Baltimore, MD. Call 1-800-548-3482 for details.

JOIN AN EDUCATIONAL/SUPPORT GROUP...
The I Will Manage (IWM) program continues to bring together people with incontinence and health care professionals who are knowledgeable about treating incontinence. Please watch this column in future editions for new program locations. Then simply call or write for specific times and dates:

Long Island College Hospital
Brooklyn, New York 11201
Coordinators: Lynda Dowd, RN, and Theresa Bransky, BS
718-780-1520

West Boca Medical Center
Boca Raton, Florida
Coordinator: Nancy A. Miller, Physical Therapy Resources, Inc.
305-763-7644

Day Kimball Hospital
Brooklyn Medical Center
63 Canterbury Road
Brooklyn, CT. 06234
Coordinator: Lucinda H. Hogarty
703-779-3594

St. Mary's Hospital
Women's Pavilion
Post Office Box 1628
Grand Junction, CO. 81520
Coordinator: Lisa Lockwood
303-244-2266

Fairview Southdale Hospital
6401 France Avenue, South
Edina, MN 55435-2199
Coordinator: Amy Anderson, R.N.
612-924-4500

THANK YOU.
(Editor's Note: This issue of The Informer was underwritten by an educational grant from Home Delivery Incontinent Supplies Co., Inc. The Simon Foundation for Continence does not endorse specific incontinence products or medical treatments. Inclusion in this column in no way implies endorsement.)

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Dear Simon:
I am a 21 year old college student. My gynecologist tells me that I have a combination of stress incontinence and urgency. My mother and many of my friends have the problem, making me wonder if this is expected and normal in women. I have tried Kegel exercises but they have not helped much. As a cheerleader, I need to conceal the fact that I am wearing products. I could use any advice you can give.

South Carolina

Dear South Carolina:
Incontinence is never normal, in either sex at any age! Your letter attests to the need for the public education which the Simon Foundation has been promoting for the last decade. Please consult a physician who is interested and knowledgeable about treating incontinence. A knowledgeable health care professional can determine if you are doing the Kegel exercises correctly, and also explain the many new treatments available today.

Dear Editor:
As a nocturnal enuretic of over 50, I have learned a lot about handling problems regarding privacy. My wife and I spend a considerable amount of time in campgrounds and on boats. Maintaining my privacy and dignity in public facilities and close quarters is always a challenge. I do not use disposables or reusables because of such issues as expense, and their recognizability in places such as coin laundries. For absorbency I use a hand towel. Over it, I wear an old fashioned brief rubber pant. Sleeping bags are a little more challenging. Wrestling with a plastic or rubber sheet in one is a real bummer. Under those circumstances, I wear a rubber bloomer over the rubber brief. I can quickly slip the bloomer off and step into trousers in mere seconds. Thus, there is no need to remove the brief or towel as they are well concealed. This is important when campers and boaters must be able to take immediate action in inclement weather to deal with emergencies.

When events require it, the towel gets rinsed in seawater or in a bucket of fresh water laced with liquid bleach. Either disposes of the tell-tale odor problem long before it begins. One thing about parks and marinas: everybody is used to seeing wet towels in buckets, on clotheslines, or in dryers. The rubber pants and sheet can be wiped with a damp towel in the privacy of your tent or cabin.

Mr. Beckwith

Dear Mr. Beckwith:
Longtime readers will surely recognize your name. Good to hear from you and once again thank you for some good advice. I’m sure others will find your resourcefulness inspirational when planning their own activities. When reading through all the letters the Foundation receives concerning how people curtail their lives because of incontinence, I often wish for a perfect world where none of us would feel the need for clever disguises. Until that day, good advice is the next best thing.

Dear Editor:
I must ask how we, as members of the Foundation, can continue using the word “accident.” My diapers become wet neither by accident nor on purpose. As a baby some forty plus years ago, I’m sure I had my share of accidents that I don’t remember. Currently, there are occurrences. Perhaps someone can nominate a better fundamental word, free from shame or guilt that candidly portrays an involuntary incontinence episode.

Rhode Island

Dear Rhode Island:
It’s tough to convert people to new vocabulary. Recently a physician mentioned to me that having heard my lecture on using better vocabulary he began asking his patients if they had episodes of incontinence. After some puzzlement, all of his patients suddenly looked as if a light had dawned and responded, “Oh, you mean an accident!” Given how new words seem to sweep through the teen-age world, you wouldn’t think that finding new vocabulary for incontinence could be such an uphill battle! Readers, any suggestions?

Dear Simon Foundation:
I’m writing in response to the letter in the Fall ’92 Informer asking how to inform one’s children about incontinence. I too have had problems with incontinence for many years. I had a chronic prostate infection which flared episodically and caused severe urge incontinence. Four years ago I developed severe chronic cystitis and lost almost all control of my bladder. Two years ago I was diagnosed with cancer. My bladder was removed and replaced by a segment of large intestine. I gained much of my urinary continence back, but the surgery caused me to have occasional bowel incontinence. I’m diaperever the time. I have adjusted reasonably well to it. You see, I’m still ALIVE, and my cancer is gone!!! Everything else is fluff!

I had the problem of explaining my recurrent use of diapers to my son when he was the age of your kids. It’s certainly scary, but the kids really don’t get upset by medical problems which aren’t life threatening. I’ll bet you’ll find that either they already know that you are incontinent or they’ll ask a couple of questions and dismiss it as simply a part of your lifestyle! Living up to the high expectations of our kids is really a figment of our imaginations, because they’ve seen you in both good times and bad.

It wasn’t easy the first time, but I gritted my teeth and jumped right into the pond. Tell your kids that you are uncertain about talking to them, but that you’ll tell them anything about incontinence they want to know. Don’t fear that you’ll lose face to them, but remember that they want the absolutely best for you in everything.

Finally, if you feel you’d like to contact someone who is “out of the closet,” feel free to write or call me. I have several pen-pals that I write to already, but I’m always happy to help other folks. My best to you and your family.

Paul Gennrich
1109 Hickory Street
Hinesville, GA.
31313

Dear Paul:
Most of us with incontinence have a corner on the market when it comes to trepidation. As Roosevelt once said, “There is nothing to fear but fear itself.” It just takes most of us all our lives to learn the wisdom behind these words, especially as they apply to incontinence. I’m sure you will receive several letters. You set such a fine example of what all our priorities should be that we can all learn a great deal from your letter. On behalf of all our readers, thanks for writing.