By Frances Stewart RN NCA
NCA’s are RN’s who have completed a recognized Continence Program that prepares them to assess clients and manage bowel and bladder problems. The role was developed in England in the early 1970’s as a method of dealing with the problem of incontinence in a conservative manner. The first program in Canada was established in 1994 by OMH in an effort to reduce the problem of incontinence in the community for those receiving home care.

The NCA Certificate Program is available through a Distance Education Program at McMaster University School of Nursing. There are now NCA’s practicing Canada wide with recent establishment of nurse run clinics. The problem is with funding of these Clinics.

We certainly need NCA’s as urinary incontinence affects over 2 million Canadians. 1 in 4 women over 65 and 1 in 10 men over 65. Incontinence is a treatable disease, but many people think it is a normal part of aging. But the wait time to see Specialists is long.

The role of the NCA is to establish continence and improve management of incontinence and quality of life. Each case must be assessed individually in order to develop a plan geared to the specific client.

They provide comprehensive assessment, identify contributing factors and develop a plan of management of incontinence. They focus on conservative measures to include pelvic floor exercises, prompted voiding, environmental and lifestyle interventions and pessaries. The NCA can break down the barriers to continence care with knowledge, new attitudes and availability of resources.

They shorten wait times for treatment requiring conservative treatment.

(Continued on page 2)
The NCA will complete a comprehensive assessment including incontinence history, symptoms, voiding patterns, fluid intake and risk behaviors. They will get a bowel history, medical history, and obstetrical history, history of previous treatments for incontinence, current medications and a functional assessment. A physical exam would be preformed to assess the pelvic floor and any sign of prolapse or vaginal atrophy would be ruled out. Then they will develop treatment objectives and implement a treatment plan.

Urinary incontinence is defined by the International Continence Society as a condition where involuntary loss of urine is a social or hygiene problem. 3 most common types are Stress incontinence, Urge incontinence and Mixed incontinence. Stress incontinence is a loss of urine with an increase in intra-abdominal pressure. Urge incontinence is a strong sensation to void with or without leakage. Mixed is a combination of urgency and stress incontinence. Contributing factors to urinary incontinence are weak pelvic floor muscles, childbirth, constipation, UTI, diet, obesity, medication, previous surgery and neurological diseases.

Conservative management includes diet and fluid changes, pelvic floor exercises (80-100 per day), avoiding constipation, prompted voiding, and pessaries, and if necessary referral to other Health Professionals. Other treatments include medication for OAB such as Uromax, Detrol LA, Ditropan XL, Vesicare or Enablex. Surgeries are another treatment option, usually a sling procedure such as TVT or TOT.

Case Histories:

#1  A 48 yr old client, who doesn’t want surgery, was using a pessary which falls out. She was told that there would be a three month wait. I saw her 3 days later and assessed her for a Gr 4 uterine prolapse, and refitted her pessary. She asked “Why aren’t there more nurses like you?” And said “THANK YOU, I couldn’t walk.”

#2  A 34 yr old female, complaining of leaking when running. She was wearing a pad and had urgency and frequency. She was voiding q2h and experiencing nocturia X2. She was a P1 G1 and wanted another child so surgery was not an option at this time.

On assessment she was consuming 3 coffee, 2 tea and 1-2 litres of water daily. Her symptoms worsened 1 week prior to menses.

She does 30 kegals daily, suffers from chronic constipation, experienced recurrent UTI’s X2, finds intercourse stressful (?dysparunia) and is up twice at night with 2 yr old.

Treatment plan includes- watching fluid intake, increasing pelvic floor strength, improving bowel function- try a stool softener, cranberry tablets and avoiding bubble baths to avoid recurrent UTI’s, try tampons when running and reducing times up at night with 2 yr old.

After 1 month she had reduced her caffeine and experienced less frequency and urgency. No UTI’s, was taking Colace for bowels and had made diet changes. Tampons were helping slightly when running ? pessary. Kegals still weak-can be referred for biofeedback. Her husband gets up with 2 yr old (now rare).

3 month follow up shows her urgency/frequency under control. Her constipation is better. I fitted her with an incontinence ring pessary and taught her self insertion and care.

She still needs to work on Pelvic floor muscles, biofeedback slightly helpful but is expensive. Her 2 yr old is sleeping through the night.

At 6 months she reports that the pessary is working well (75% better), constipation is better, no UTI’s. Intercourse is less stressful, and she will attempt pregnancy in the next year. She is happy with present plan and will be seen prn, mainly for support.

In conclusion: NCA’s are an effective low cost management strategy for incontinence. They provide minimally invasive management with an individually tailored plan. They are a good support structure and can refer clients as needed and are usually available sooner for consultation.

◙
Once again the Hamilton Chapter (Connie Prowse and myself), has hosted a successful night in urological education. The Hamilton chapter commits to hosting two yearly events, one in February and one in September. These events are fully sponsored and gratis for participants. September’s event focused on some of the new surgical technology available for the treatment of renal cancer. We are fortunate to have, at our disposal many pioneers in urology (see invitation insert) There was a total attendance of 38 nurses from around Southern Ontario. Invitations are sent out twice to all hospitals, clinics and Urologist’s offices from Kitchener to Toronto and down to the falls.

We recognize the significance in advancing practice through knowledge acquisition in the promotion of excellence in patient care.

Partners in Care
Elizabeth Bowman RegN, BScN, CNeph(c)
Hamilton Chapter President.

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**Listening isn’t a matter of intellect or genius...it’s a habit we can improve**

*TYPICAL HABITS OF TRAINED AND UNTRAINED LISTENERS*

<table>
<thead>
<tr>
<th>UNTRAINED LISTENERS</th>
<th>TRAINED LISTENERS</th>
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<tbody>
<tr>
<td>1. Tune out others, prejudice</td>
<td>1. Defers their judgment, listen for feelings</td>
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<tr>
<td>2. Quick to mentally criticize grammar/speaking style</td>
<td>2. Pay attention to content</td>
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<td>3. Try to talk when the should be listening</td>
<td>3. Listen completely first, make people feel valued.</td>
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<td>4. Listen for facts &amp; errors to prove others wrong</td>
<td>4. Listen for main idea disregard minor points</td>
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<td>5. Try to reply to everything – exaggerations and errors</td>
<td>5. Avoid sidetracking and sarcastic</td>
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<td>6. Fake attention</td>
<td>6. Give themselves internal cues to listen</td>
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<td>7. Try to do something else while listening</td>
<td>7. Realize listening ia a full time job - keep eye contact</td>
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<tr>
<td>8. Give up too soon</td>
<td>8. Listen carefully, give feedback, ask questions</td>
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<td>9. Distracted by emotional words, lose temper</td>
<td>9. Feel their anger but control it</td>
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<tr>
<td>10. Give little verbal response</td>
<td>10. Make affirmative statements</td>
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<tr>
<td>11. Unaware of talking/listening “speed limits” mismatch</td>
<td>12. Listen for emotions</td>
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It is time to recognize that “special” UNC nurse in your group. The one who has done that “extra something” for your chapter, your workplace, or your community.

Each year UNC proudly and publicly recognizes an individual who has made significant contribution through education, research or clinical practice or has achieved distinction through excellence in UNC promotion, UNC mentoring or other enhancement of the UNC Mission.

Over the years many of our finest nurses have been honored with this award.
We have some exceptional people within our ranks and they need to be recognized.

The Award of Merit will be presented at the Urological Excellence Conference in Montreal Quebec.

Urology Nurses of Canada needs your application for the annual awards that we are able to offer through the continued support of our corporate sponsors.

Awards available are:

**Editorial Award**

This award will be given to a UNC member who has written an article, paper or editorial that has been published in the past year and has not been previously published.

**Research Award**

This award is available to a UNC member proposing research related to urological nursing practice in one of the following sub-specialties: urodynamics, biofeedback, endourology, sexual health, uro-oncology or incontinence.

**Scholarship Award**

This award is available to a UNC member who wishes to further his/her education as related to the practice of nursing.

This year $1000 will be granted for each of the Editorial, Research and Scholarship awards. These awards are made available through unrestricted educational grants given via our Corporate sponsorship Program.

**The deadline for applications is August 31, 2007.**

**Urology Nurses of Canada**

The Urology Nurses of Canada extends an invitation to all nurses and allied health interested in urologic nursing to join the association.

The Urology Nurses of Canada is a National Association whose mandate is to enhance the specialty of urologic nursing in Canada by promoting education, research and clinical practice.

The activities of the Urology Nurses of Canada are designed to enrich members' professional growth and development.

The UNC hosts an annual conference each fall and convenes for an educational meeting at the Canadian Urological Association annual meeting each June.

Membership in the UNC now entitles you to receive 4 issues of Urological Nursing Journal, 2 issues of Pipeline, Annual Urological Excellence Conference information and discount on registration, UNC Membership Directory, UNC Constitution, UNC:

Standards of Urologic Nursing Practice and your personal access to UNC reports on the web.

**For more information about UNC, contact:**
Gina Porter, Membership Coordinator at membership@nbnet.nb.ca or visit [www.unc.org](http://www.unc.org).
UNC Representative 2005-2006

UNC Executive

**UNC Executive**
- **President:** Susan Freed
- **Past President:** Sue Hammond
- **Vice-President West:** Laurel McDonough
- **Vice-President East:** Emmi Champion
- **Vice-President Central:** Fran Stewart
- **Membership:** Gina Porter
- **Sponsorship:** Sandra Rowan
- **Treasurer:** Lisa Lynch
- **Secretary:** Brenda Bonde
- **Promotions:** Jill Jeffery

**UNC Provincial Representatives**

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<td>Laurel McDonough</td>
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<td>Alberta</td>
<td>Judy Pare</td>
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<td>Fran Stewart</td>
<td>VP Central</td>
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<td>Quebec</td>
<td>Carol-Anne Lee</td>
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<td>Emmi Champion</td>
<td>VP East</td>
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<td>Cathy Croken</td>
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Description of each position are available in the UNC Constitution. Information on UNC news, programs and reports can be located at www.unc.org

**Local Chapter news info: www.unc.org**

- **Victoria Info:** Sandra Rowan Tel: (250) 381-3747
- **Edmonton Info:** Liz Smitz Tel: (780) 407-6154
- **Calgary Info:** Colleen Toothill (403) 943-3748
- **Kingston Info:** Sylvia Robb Tel: (613) 549-6666 ex. 4778
- **Ottawa Info:** Susan Freed Tel: (613) 721-4700 ex. 3900
- **Montreal Info:** Carol-Anne Lee Tel: (514) 934-1934 ex. 35213
- **Halifax Info:** Emmi Champion Tel: (902) 473-2570
- **New Brunswick Info:** Gina Porter Tel: (506) 632-5720
- **New Foundland Info:** Sue Hammond Tel: (709) 368-0101

**How to form a local UNC Group**
1. Contact nurses and allied health in your area interested in Urologic Nursing.
2. Pick a topic and a speaker (for initial meeting).
3. Book meeting room
4. Contact local sales rep for potential support of meeting.
5. Advertise meeting and distribute information about the UNC.
6. Create local executive e.g. chairperson, secretary, treasurer.
7. Organize educational meetings/events.
8. Contact UNC provincial representative regarding local business meetings.
9. Encourage submissions of articles and upcoming events to “Pipeline”.

**Help Wanted!**

The UNC invites you to participate with some of the UNC initiatives including:

Authors of “Pipeline” Articles
The UNC was invited to participate and were asked to extend an invitation to Canadian Urology nurses.

35 nurses attended and several Urologists joined them for the sessions. Many timely topics were covered, including IC, ED, FSD and Pediatric Urology. Two panel discussions also included Nurses and Urologists sharing their experiences from both Canadian and American aspects.

Of course a great Fun night was held in the Canadian War Museum. Dinner and Dancing to the theme of 1940 Officers Club.

Lot’s of contact were made, and UNC made a good showing with five executive and one Provincial Rep participate in the conference. We have been invited to next year’s meeting in Rochester, New York.

The UNC was fortunate to be a very active part of the CUA meeting in Halifax this June

A UNC booth that was manned by the executive was provided by the CUA as a joint venture, which we have confirmed will also be in place at the 2007 meeting in Quebec City. We were able to “get our message” out that we are an active and inspired organization and hopefully encouraged more nurses in the field of Urology to join us.

It was a great opportunity to touch base with all the representatives of the medical companies as well as to be able to take part in the educational sessions that were being presented to the CUA members.

Several registration fees were donated by the CUA and we hope to encourage them to repeat this generous offer next year. The social functions were fun as well as the educational sessions being very informative.

A presentation hosted by the UNC was given on Botox by Dr. Jerzy Gjewski was well attended and enjoyed by those present.

We will continue to work with the CUA to keep up
Montreal hosted the Urologic Excellence Conference for 2006. Delegates from across the Country joined together to learn and meet with fellow nurses.

A welcoming reception complete with Salsa Dancers started everything off.

Friday morning after Opening remarks from Dr Armen Aprikian and our President Susan Freed, the program started with an enlightening talk on “Zen in Action” from a very active Dr Yosh Taguchi. We heard the latest on Urogynecology from Dr. Marie-Claude Lemieux. “Women’s’ Problems with Prolapse”. Lily Chin-Peuckert, the winner of the Scientific Presentation Award, presented her teaching ideas and a great video for children undergoing Mitroffinoff: “Easy Cath for kids”. Caroline Marchinonni Presented her efforts in Harmonization of Urethral Catheterization Procedures. The afternoon offered up some great concurrent sessions that were very hard to choose between.

On Saturday, Joanne Brodeur, Nurse/Lawyer talked about meeting legal expectations, “Nursing’s Annual Check-up”. She gave some excellent examples on the importance of documentation. Dr Peter Chan spoke candidly and informatively on the latest treatments for Erectile Dysfunction. We were again treated to very topical concurrent sessions. The final presentation from Fletcher Peacock encouraged us to “Water the Flowers, not the Weeds”.

Friday night we dined at the Burger’s and Benedicts and laughed together at The Comedy Nest.

Awards were presented- The winner of $1000.00 Editorial Award was Frankie Bates and the winner of the $1000.00 Scholarship Award was Gina Porter. Congratulations to both of you.

The Montreal Organizing Committee and volunteers are to be commended for all their hard work in putting together a very informative and fun-filled conference.

Did you know that there is a great line of clothing available with the UNC logo? Lab coats, fleece vests, scrubs and more.

Contact Jill Jeffery jjeffery@telus.net for a brochure
Coming Events

Canadian Urological Association
63rd Annual Meeting
June 24 – June 24, 2007
Centre de congres, Quebec City
Website: www.cua.org

Urology Nurses of Canada at the CUA meeting
Monday, June 27, 2006
16.00 – 18.00 hrs
Centre de conges
Details tba
Website: www.unc.org

20th Urological Excellence Conference
TRICKLE INTO VICTORIA, We’re not just tea & crumpets
September 27,28 & 29,2007
Delta Ocean Pointe Resort
Victoria, BC.
Website: www.unc.org

Canadian Prostate Cancer Network
“Prostate Cancer: A Decade of Promise-A Future of Hope”
4th Annual Meeting
July 27th -30th,2007
Westin Harbour Castle Hotel
Toronto ON
Website: www.cpcn.org

Society of Urologic Nurses & Associates
2007 Annual Symposium
“Sexuality, Intimacy and Pelvic Floor disorders”
March 14-17th, 2007
The Broadmoor at Colorado Springs
Website: www.suna.org

2nd CSSAM/ISSAM
North American Congress on The Aging Male
Montreal, QC, Canada, February 8-10, 2007.
Website: www.kenes.com/aging.

Ics2007
August 20-24,2008
Rotterdam, Netherlands
Event Organiser;
Patricia de Bont
Congress Consultants B.V.
P.O. Box 30016
68003 AA Arnhem

29th Congress of the Societe Internationale d’Urologie
September 2-6, 2007
Paris, France
Tel.: +1 514 875 5665
Fax: +1 514 875 0205
E-Mail: central.office@siu-urology.org
Web: www.siu-urology.org

Urology Nurses of Canada
Corporate Sponsor for 2006

Each year Urology Nurses of Canada [UNC] acknowledges and thanks our national Corporate sponsor for their continued support.
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