

DRY NEWS

The Newsletter about Enuresis and Incontinence and related conditions
Published by Malem/Medstat & The Enuresis Advisory Service Vol 16

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The 16th newsletter

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&
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**The Vibro
Watch provides
another option**

See:

**“Time to go”
Page1**

**Malem Queen Square
Stimulators** have been
available in Australia
for some years and
catheterization is often
avoided when used. The
bladder stimulator with
timed voiding using the
Fibro-Watch provides a
new option (*page 2*)

New

Musical Potty Training
(*page 4*)

Time to go

Timed emptying

– an underused strategy in continence management

In those clinics that attempt to “train” bladders with timed or fixed-interval micturition this is most often done with careful instructions and the use of a domestic clock or personal watch. The availability of the Malem Vibro-Watch , developed specifically for continence care, now provides options that are much easier to implement and put into practice at home, work or school. Also when the Vibro-Watch is combined with a Malem Queen’s Square bladder stimulator there is an exciting potential to introduce management that should further reduce the use of intermittent and permanent catheterization.

Continued Page 2

This email arrived at MalemMedstat office recently:

“My son attends the Royal Children’s’ Hospital Continence & Stomal Therapy department regularly. He has continence issues. We bought a Malem Vibro-Watch watch six months ago on the advice of our continence nurse. Initially the watch was a bit tricky to set up but once we had the technique right there wasn’t a problem. It has worked brilliantly and made a huge difference for my son. He wears it to school every day. He dropped it and the back came off the watch and broke into two pieces. Is it possible to replace the back of the watch? The watch itself still works. Would you please let me know as soon as possible as he really depends on it at school for toileting reminders.”

Mrs VD, Melbourne, Vic.

The next day the new back arrived by express mail from Malem Medstat

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Why train the bladder? What training? How to train.

There are several reasons for bladder training. There may be unwanted symptoms of frequency, needing to wee at night (nocturia), rushing to the toilet (urgency) or incontinence. In some with one or more of these problems training can modify control of bladder emptying. The bladder is controlled from the spinal cord and this can be modified by the brain. Toilet training is an established part of the care of infants and this often includes some bladder training, to speed up the spontaneous learning of control. Bladder training has a role in some with daytime or night-time wetting (enuresis) and in some of those with incontinence (leaking or lack of control) from a range of problems. Bladder "training" is also relevant to minimise potential damage in some disorders as when there is a leaking valve in the bladder (ureteric reflux) or difficulty in emptying the bladder eg retention of urine - as in some neurological and other conditions.

The Malem Vibro-watch

The Malem Vibro-Watch was developed to facilitate the use of timed micturition to overcome the problems of implementing timed micturition using standard clocks and watches. The Malem Vibro-watch is set up either to alert at a set interval eg every 3 hours with a vibration that is the prompt to visit the toilet for voiding or the alert can be at set times eg 0800, 1130, 1430, etc.

The alert is a vibration, not an audio-sound, and this allows it to be used discreetly in schools and public places or at night with a sleeping partner or sibling. The watch can be worn by a child or by a parent or carer and can alternate between them if appropriate.

There is an option on the Vibro-Watch to have the vibrating alert keep repeating until turned off, eg after attempted or completed micturition. There is also an option to provide a short alert on every hour, which can be used to encourage the wearer to think "should I go".

There are several other uses for the Vibro-Watch – especially as an alerting system, eg for taking medications. This can be relevant in the management of many conditions, eg Epilepsy and Parkinson's disease, when missing even a single dose of medication may interfere with effectiveness. The watch can also be used as a stop-watch. The Fibro-Watch also tells the time!

The many uses of a Fibro-watch in everyday life should help encourage families to invest in one to assist in continence management as the watch will be useful for other things when continence is established.

The Vibro-watch has 2 colours usually stocked to select from and 2 others can be ordered. The groovy design means that a Vibro-watch could even be used as a fashion item, with no indication as to the primary use. The older person who prefers a more conservative and less cool image can select the black and not the pink. The athletic can wear a blue watch as a stop watch.

More details of the Vibro-watch and the Queen's Square Bladder Stimulator can be obtained elsewhere on this web-site or by calling June or Colin on the Malem-Medstat information line at the Enuresis Advisory Service.

Telephone: 1800 803756 (from overseas: +617547850)

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Malem Medstat in 2008

The good news from Malem Medstat in 2008 was that the Malem products continue to keep their reputation as very reliable and cost-effective alarms. The range of alarms continues to increase. The Malem was the first alarm developed as a body-worn alarm by Dr Hilal Malem, working with our Medical Director, Dr Martin Knapp, and first reported for use to “cure” enuresis in the British Medical Journal in 1982.

There are now more than 20 choices of Malem alarm, including a range of body-worn alarms, bedside alarms and wireless (distant) alarms. The commonest use is for continence management, especially nocturnal enuresis (bed-wetting), using postage-stamp sized wetness sensor. There is increasing use of this alarm for daytime enuresis and also to assist with continence problems in the elderly.

An alternative sensor detects movement and alarms at the change from lying to upright. The Malem movement sensor was developed to assist carers concerned about nocturnal or unwanted departure from bed as in the management of sleep-walking and in the care of dementia. A Malem movement alarm and a wireless signal to the carer may allow a person with dementia to be cared for at home and delay or avoid a move to an institution or can allow the parent of a child who ‘walks’ in their sleep to themselves sleep better at night.

The most recent sensor fits to a child’s potty or to the toilet bowl and links to a Malem alarm that with a “wee” plays a recording of a favourite tune or of mum’s voice to reward the arrival of the urine in the correct place

News from the Malem Medstat office

In the Malem-Medstat office in Queensland June has had huge support from Colin. This has been essential recently due to June’s major surgery and very troublesome complications.

Colin’s input has enabled the office to maintain the next day policy for most orders. Colin is now almost as expert as June in responding to the rather few problems that persist after a visit to our web-site.

Medical support from our Medical Director, Dr Martin Knapp, is now less often needed, There are now knowledgeable Continence Advisors in most parts of Australia. He plans, having recently reduced his clinical work, to write more articles to share his experiences from over 40 years of research and clinical work in topics related to continence. He is still hopeful that more advisors will initiate and complete evaluations and research into new products as they are released. There is more and more good research into continence and its management internationally. In Australia there is still rather little research into alarm use or into the use of bladder timing or of bladder stimulation. More needs to be done.

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MORE ON BLADDER TRAINING

This item includes more detail and is written for the health care professional,
The article may also be of interest to carers and others who are prepared for some technical vocabulary.

There can be one or more objectives when “training” a bladder.

Delaying bladder emptying:

Training can increase the volume contained in the bladder before the urge to pass urine is experienced, increasing *bladder emptying volume*.

The *true bladder volume* may be greater than the bladder emptying volume as can be estimated if the bladder is filled by catheter during anaesthesia – when there will be less inhibition of bladder filling by spinal cord reflexes modified with “instructions” from the brain).

Bladder emptying volumes at home often vary substantially, sometimes with only intermittent low emptying volume - but the lower emptying volumes may be clinically important. Cystometric measurements are often modified by the clinical environment so many prefer to use a urine volume chart, on which the clock time of each micturition is recorded together with the volume of urine passed. These volumes are the *bladder emptying volume* and are used to plan management strategy and for evaluating responses to training or medication.

Reducing bladder emptying volumes.

Training an overfilling bladder to empty at a lower volume results in micturition before reaching full capacity. This may allow bladder volume to decrease. Sometimes strategies to minimize bladder capacity are ineffective but techniques for emptying the bladder early, eg planned timed micturition, need to be continued to reduce risks of progression and potentially the need for intermittent or permanent catheter use. Early emptying may result from instructing the person to go to the toilet the very first time they feel a “full” bladder, or before that sensation at a predetermined time. That predetermined time can be at a constant interval since last emptying, eg three-hourly in a person who usually “goes” four or five hourly. It is more physiological to vary the predetermined times for bladder emptying as there are big variations in the rate of urine flow at different times of day and, especially, at night. These strategies are difficult to implement using standard watches and alarm clocks.

A specialised reminder watch has been designed for bladder training - the Malem Vibro-Watch – and is being recommended by an increasing number of clinics in Australia and elsewhere . When training to obtain more complete bladder emptying the Queen’s Square Stimulator can be used as well.

Reducing residual volumes.

In some conditions the objective of bladder training is to reduce or eliminate residual urine, especially when there is ureteric reflux or partial urine retention. These conditions may be helped by having a smaller bladder volume at micturition, as described above. When there is ureteric reflux and in some other conditions with residual urine “*double micturition*’ is usually the primary strategy used – when there is a second attempt at bladder emptying after the first attempt is completed. In those with a delayed, reduced or absent sensation of the “need to go” there is often also a tendency to residual urine, with the greater risk of infections. In some earlier micturition at a lower bladder volume can be initiated, at a planned time, with or without the use of percutaneous *bladder stimulation* . Vibration using the Queen’s Square Stimulator helps initiate micturition and then is maintained until flow ceases to achieve greater emptying . This method is supported by the clinical studies from the prestigious Queen’s Square Neurological Hospital in London, who established a reduced need for catheterization in many, but not all, patients, confirmed by cystometric study of post-micturition residual urine. The vibrator was used as an alternative to intermittent catheterization .

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Timed Emptying

There are a range of opinions on how best to train a bladder. Among the more popular is the use of timed emptying. A strategy based on providing a “target” time, usually based on the recorded frequency of going to the toilet. Timed emptying can be suggested to extend the time between micturitions, with a longer period between toilet visits than the recorded time on the bladder emptying chart, with the intention of increasing bladder emptying volume and decreasing urinary frequency. This is especially useful when there is nocturia or enuresis. When instructions are followed timed micturition results in the collection of more bladder urine between each micturition and, hopefully, after a period on this programme an increase in bladder size, or at least in bladder emptying volume, even when timing ceases. In continence difficulties that are made worse by low or variable bladder emptying volumes *Improvement may result if a reasonable “target” time is given for toilet visits. In some*

children with enuresis, especially daytime enuresis, the low bladder emptying volume is a major contributing factor and can make them less likely to become dry with alarm management. Extending the time between micturitions with timed emptying, by fixing emptying times, can be a useful supplement to increasing fluid intake – the most common strategy suggested. Increased emptying volume may make “cure” with alarm management more achievable.

Timed emptying can also be suggested to authorize a bladder visit at a time that is planned - to anticipate bladder emptying volume or bladder-leaking volume. This strategy can be helpful when an individual suffers incontinence when a particular volume of urine is reached in the bladder – common in urge incontinence. Bladder leaking can be anticipated by an instruction to go to the toilet *before* bladder-leaking volume is reached.

*Martin Knapp MD FRACP Physician and
Medical Director
MalemMedstat*

Special Needs Children

Experience has convinced our Medical Director that some special needs children can be as easy to toilet train as others, if the correct strategy is chosen and applied with enough enthusiasm. It may take a bit longer but there are huge benefits. Specialists in this area are urging parents and carers to start toilet training earlier in special needs children, before they are overwhelmed with the need to learn many skills at around school age. Bladder control is mostly the balance between the bladder and the spinal cord neural output and with little intellectual input, Conditioning methods, including enuresis alarms, work well in many special needs children. Non-auditory alarms and recorded voice instructions are sometimes needed eg in Autism.

<i>Check</i>
www.enuresis.com.au
<i>before you call the office.</i>
<i>There are new choices.</i>
<i>Also we are sad to report that prices have changed - due to currency exchange alterations.</i>