



POLIO AUSTRALIA

2017 POLIO HEALTH
AND WELLNESS
RETREAT



'Hold On' Continence Advice

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OVERVIEW

My role and timeline of the Polio Disease.

Bladder Incontinence.

Bowel Incontinence.

Discussion.

MY ROLE

Continence Care and Advice.

Wound care and Skin Care.

WHAT IS POST – POLIO SYNDROME

Polio is a viral disease (Polionmyelitis) that affects the nervous system.

Post Polio Syndrome. – The people who have this syndrome are those who have suffered Polio.

POST POLIO SYMPTOMS

Muscle Weakness

Fatigue

Skeletal Deformities – curvature of the spine

Weakness in swallowing

Nerve pain

Respiratory difficulties

TIMELINE

1789 – First Description of Polio in Europe

1911 – First became a notifiable disease in Australia.

1937 – The Iron Lung developed in Australia.

1938 – Highest Incidence in Australia.

1956 – The Vaccine used in Australia.

1970 – Many people who has suffered Polio began reporting new symptoms.

CONTINENCE MANAGEMENT.

Research

Journal of Rehab Medicine. (2013)

41% of Men respondents, 19% had bladder related continence issues.

73% of women, 61% suffered bladder incontinence.

(Kay L, Bertelsen M. 2009)

(Johnson VY and Hubbard D 1996) – 242 females and 88 males with Post Polio. 87.2 % female and 73.9% experienced urologic problems.

CONTINENCE MANAGEMENT.

Research.

Poor research with people who have Post –Polio and continence management.

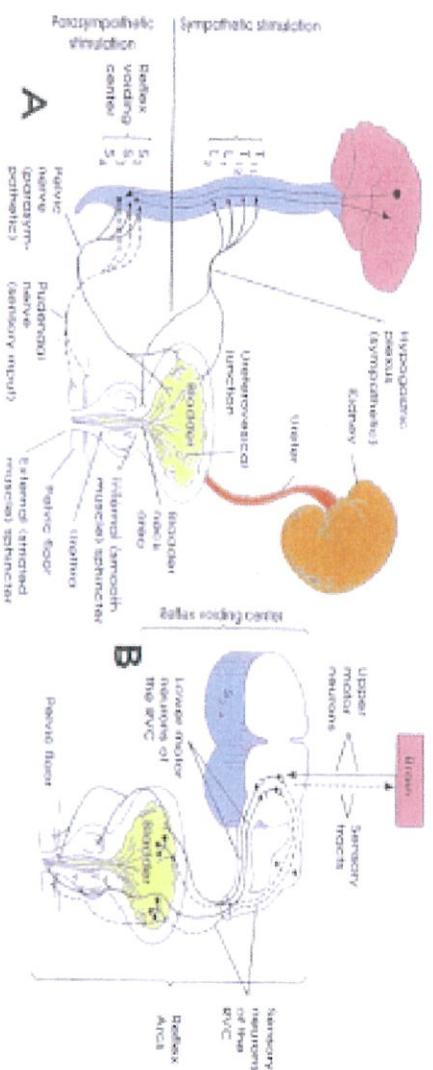
**** Neurogenic Bowel and Bladder*****

(Parkinson Disease, Spinal Injuries, Multiple Sclerosis, Transverse Myelitis.)

THE BLADDER

Process of urination

Adapted from Nelson, A., Zeigler, C., Lowe, L. (2001). Nursing Practice Related to Spinal cord Injury and Disorders. A Core Curriculum. Eastern Paralyzed Veterans Association



A: Isomerization from the cholesteric to a smectic C phase. B: The helices are in relation to the helix-coiling center.



BLADDER MANAGEMENT

2 Functions of the bladder.

STORAGE –

which controlled by the Sympathetic Nervous System.

VOIDING –

which is controlled by the Parasympathetic Nervous Systems.

These two nervous systems work hand in hand.

BLADDER DYSFUNCTION

Impairment of Nerves.

Impairment of Muscles (Detrusor muscle – which mainly affects emptying of the bladder)

Poor Pelvic floor muscles.

Infections –Urinary Tract Infections.

Urine Production – Poor circulation – (Leg Oedema)

PICTURE OF LEG OEDEMA



Edema (swelling) of
the ankles and feet

BLADDER TREATMENT

Containment – pads, pull up pants

Conduction Devices - Catheters – Indwelling Catheter, Supra Pubic Catheters, Intermittent Self Catheters.

Maintain Regular Exercise.

BLADDER TREATMENT

Continence Nurse Review.

Fluid Balance – 2 litres per day minimum.

Managing fluid intake before bed.

Bladder Diary- Developing fixed times voiding.

Bladder Ultrasound – Residual flow

***** SKIN MANAGEMENT*****

BLADDER TREATMENT

Medical Advice

- Formal Bladder Ultrasound.

Antibiotics

Compression stockings.

BLADDER CONTINENCE

SVG – citric, ph balance. Below 7 more acidic, higher risk.

Mircodox. Several infections.

BLADDER TREATMENT

Urology Review

- Medications – Oxybutynin, Botox
- Urodynamic – Urine flow.

BOWEL CONTINENCE

Factors That *Affect* Bowel Continence.

- Parasympathetic stimulation and Sympathetic stimulation
- Muscles
- Disease
- Habits
- Food Intake
- Fluid Intake – 2 litres per day.

FACTORS AFFECTING BOWEL CONTINENCE

Timing

Routine

Exercise.

THE BOWEL

Neurogenic related Bowel

- Neurogenic bowel dysfunction is a result of disruption to autonomic nervous system control and may affect rectal sensation, sphincter function and colonic motility

- Neurogenic bowel dysfunction encompasses both medical consequences and quality of life issues

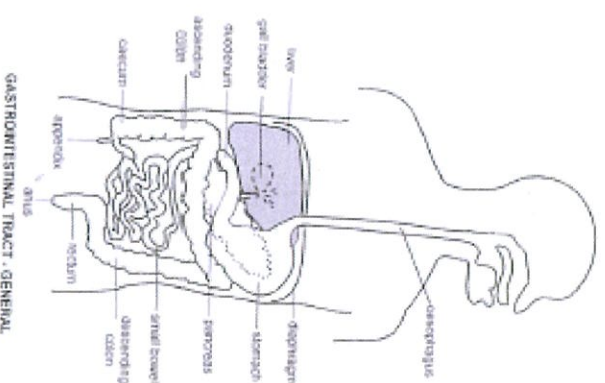
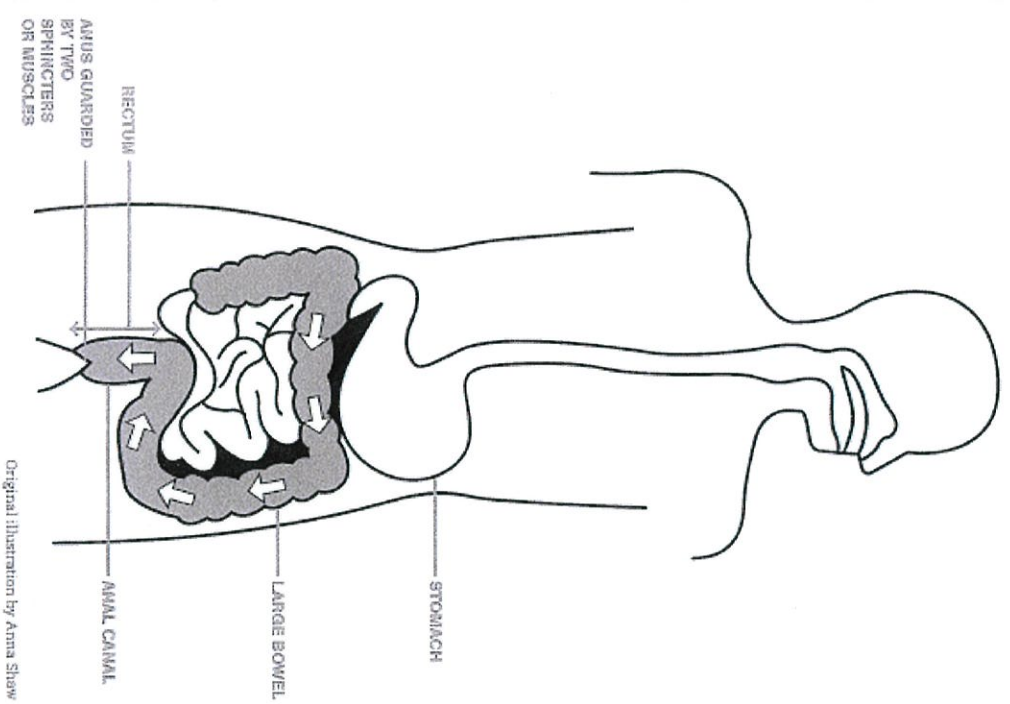


Image sourced from: <https://patient.info/iv/diagram/gastro-intestinal-tract-diagram>



The digestive system



BOWEL MANAGEMENT TREATMENT

Diet – 20 to 30 grams of fibre per day.

Containment Devices
Pads and Pull up Pants.

Timing – Regularity.

BOWEL MANAGEMENT TREATMENT

Positioning on the toilet .

Maintaining a bowel Chart in correspondence with the Bristol Stool Chart.

Fibre

Will be of value in the case of:

- Most patients
- Mild Haemorrhoids
- Irritable bowel syndrome
- Anterior mucosal prolapse
- Rectocele

Will be of limited value (unpredictable response) in the case of

- Primary megacolon
- Long-established megacolon
- Severe impairment of neurological control

Major Causes of Constipation

1 Drugs*

To prevent coagulation, commence the patient at

- Opiates**
eg:
Morphine
Codeine

For infrequent or low dosing
Step 5
For resator during

- Antidepressants
Antipsychotics
Antihistamines

Especially interesting field notes

- Cholestyramine
et al.

Increasing fluid intake where necessary. Appropriate compensation via fluid loss and dehydration.

- e.
 pro
 Verapamil
]
 Methyldopa

Step 2

- * For further

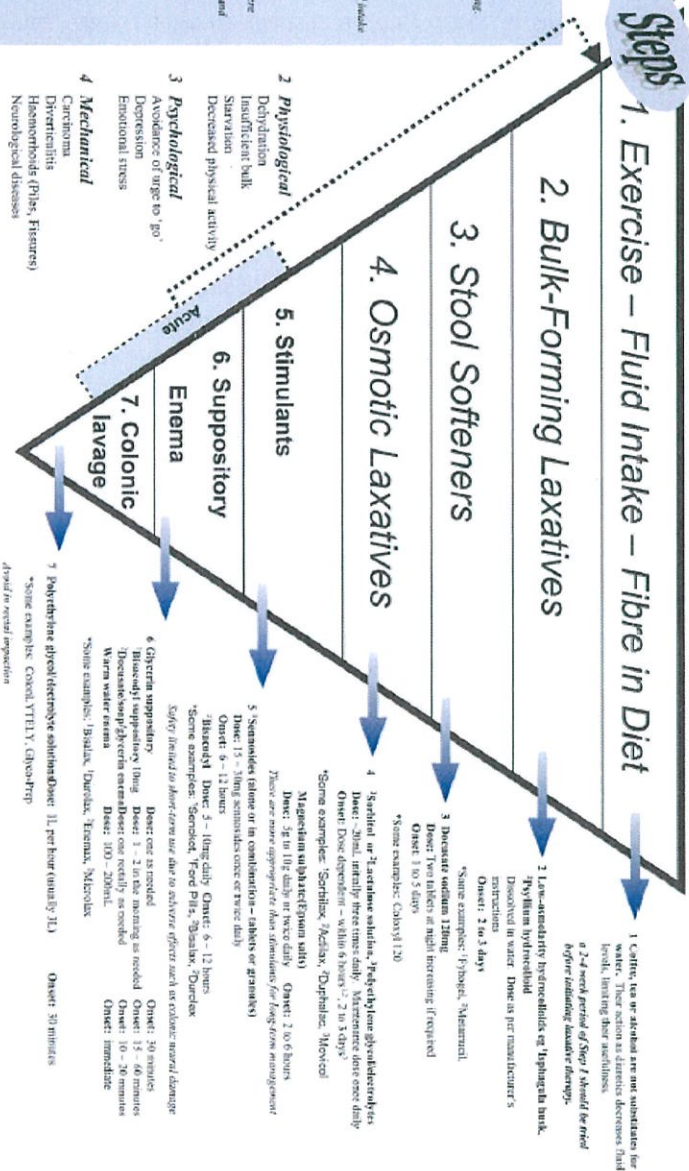
Step 1

* For further information, or examples of other implanted medications, consult relevant texts or your pharmacist.

Steps

Unless the patient has a recognised cause for their constipation (e.g. drug therapy), they should be commenced on Step 1 of this ladder for the prevention or treatment of constipation, ensuring an adequate trial is given for each step before progressing down the ladder. In acute constipation, start at Step 5 or 6. Once constipation is resolved, move back up the ladder to Step 1, possibly combined with one medication from Steps 2–4. **Sneci**

Specific Treatment



* The list of trade-names is not exhaustive and is for example only. No recommendation intended.

Figure 2: Stepping out of constipation algorithm

BOWEL CONTINENCE TREATMENT



Medications



Coloxyl – stool softener



Senekot (Senna) – pusher



Movicol – fluid in the upper bowel.

BOWEL CONTINENCE TREATMENT

Enemas – Mircolax, Mircolette, Bisalax

Suppositories – Duralax, Bisacodyl

Bowel Irrigation – Peristeen Irrigation.

BOWEL CONTINENCE TREATMENT

Bowel Investigations – Colonoscopy.

Malone Irrigation.

Colostomy.

BRISTOL STOOL FORM SCALE

Essential requirements



- ☒ Right Consistency
- ☒ Right Amount
- ☒ Right Place
- ☒ Right Time
- ☒ Initiated by a reliable Trigger



Ungar, G.H. (1984) Bowel management in Neurological Dysfunction, Patient Management, 83-94



Adapted from concept by Prof DCA Candy and Emma Davey, based on the Bristol Stool Form Scale produced by Dr KW Heaton, Reader in Medicine at the University of Bristol. Artwork care of Norgine Pty Ltd Sydney



Any
questions?

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