

Start	End	Topic	Speakers
17:30	17:40	Welcome and introductions	Angie Rantell
17:40	17:55	Promoting pelvic floor health and sexual function in menopausal women: A holistic approach	Angie Rantell
17:55	18:10	Nurse-led community outreach to promote continence in marginalized populations	Lori Saiki
18:10	18:25	A self-management protocol for long-term urinary catheter users in community settings	Lisa Krabbenhoft
18:25	18:40	Non-surgical management of stress urinary incontinence in the post-partum population	Amy Hull
18:40	19:00	Questions	All

Aims of Workshop

Nurses have long championed access to health care for vulnerable populations. This workshop highlights strategies for promoting bladder and pelvic health in populations with continence vulnerability, including menopausal and post-partum women, marginalized communities, and adults with neurogenic bladder dysfunctions. Featured strategies include proactive conversations with menopausal women about pelvic health; imaginative outreach and continence education to marginalized groups; a standardized self-management protocol for long-term indwelling catheter users; and non-surgical treatment for post-partum women with stress urinary incontinence.

Learning Objectives

Discuss holistic treatment of menopausal women who experience a decline in pelvic floor and/or sexual function, including conservative, pharmacological and psychosexual strategies.

Target Audience

Urology, Urogynaecology and Female & Functional Urology, Conservative Management

Advanced/Basic

Basic

Suggested Learning before Workshop Attendance

Nothing required

Angela Rantell, Nurse, UK

Promoting pelvic floor health and sexual function in menopausal women: A holistic approach

Sexual health is defined by the World Health Organisation as the integration of somatic, emotional, intellectual and social aspects in ways that are positively enriching and that will enhance personality, communication and love. Optimal female sexual health comprises physical, mental, and emotional aspects. Physiological and psychological factors influence sexual function (SF). Following the menopause, atrophy of the vulva, vagina, lower urinary tract and supporting pelvic structures can be caused by prolonged oestrogen deprivation. This results in a range of genitourinary symptoms including discomfort, pain, prolapse, lower urinary tract symptoms (LUTS) and impairment of sexual function, which have been shown to negatively impact quality of life.

In 2014 a consensus on vaginal atrophy terminology was published and endorsed the term *Genitourinary Syndrome of Menopause* (GSM) to describe a collection of signs and symptoms associated with a decrease in oestrogen and other sex steroids involving changes to the labia majora / minora, clitoris, vestibule / introitus, vaginal, urethra and bladder. The prevalence of GSM ranges from 64.7% to 84.2%, starting from 1 to 6 years after menopause and increasing with age (Palma et al., 2016). Many women may only experience one mild symptom such as vaginal dryness, whereas others may report severe symptoms affecting all the pelvic structures. In one study of the prevalence and risk factors for female sexual dysfunction (FSD) in a cohort of women between the ages of 20-80 years, 22% percent reported desire disorders, 35% arousal disorders and 39% orgasmic problems; all of these issues increased significantly with age (Ponholzer, 2005).

Communication between health care professionals and patients about SF and LUTS / GSM / pelvic floor dysfunction has long been problematic and there are still many clinicians who do not approach the topic of SF in women. This presentation aims to provide an overview of the impact of menopause on pelvic floor dysfunction, LUTS and SF. It will consider how to approach the topic, including the use objective and subjective outcome measures to assess. It will also discuss a holistic approach to treating the problems, including over the counter and home treatments, psychological therapies, physical therapies, pharmacological

options and, if necessary, more invasive interventions. Although discussion of SF is often considered taboo, neglecting this conversation with women can have a negative impact on quality of life, particularly in women with PFD / LUTS. Health care professionals should be encouraged to discuss SF with women so that they can access appropriate care to meet all of their holistic needs.

References:

Palma F, Volpe A, Villa P, Cagnacci A. Vaginal atrophy of women in postmenopause. Results from a multicentric observational study: The AGATA study. *Maturitas*. 2016 Jan 31;83:40-4.

Ponholzer A, Rochlich M, Racz U, Temml C, Madersbacher S, 2005, Female sexual dysfunction in a healthy Austrian cohort: Prevalence and risk factors. *Eur Urol* 47: 366-375.

Lori S. Saiki, Nurse, USA

Nurse-led community outreach to promote continence in marginalized populations

Continence Care nurses know that stress and urgency urinary incontinence are experienced by a significant number of adults, yet most do not disclose their symptoms to health care providers for many years, instead waiting to seek care when the symptoms are severe. Because of this reluctance to seek care, it is challenging for Continence Care nurses to provide education on evidence-based behavioral strategies that could improve quality of life for people living with mild to moderate urinary incontinence.

One strategy to reach this large population who manage incontinence symptoms at home may be for the Continence Care nurse to be a resource to community health workers, who are trusted members of the community. Use of the community health worker model of health promotion outreach has demonstrated effectiveness in supporting community-based self-management of chronic disease (Kim et al., 2017). Certified Continence Care nurses may provide a broader impact on bladder health and incontinence-related quality of life by engaging community health workers in community outreach to those who have not sought specialty care for their urinary incontinence. Unfortunately, we have found that most community health workers in our community have the same misconceptions as the general public about urinary incontinence and misconceptions about effective self-management strategies to lessen incontinence symptom burden (Saiki & Morales, 2019).

Nurse-led community outreach on such a sensitive topic as urinary incontinence requires an approach grounded in methods of community engagement with trusted community partners, such as community health workers. Pilot testing is underway for the use of an interactive, smartphone-compatible, online "train-the-trainer" educational program for community health workers on self-management of urinary incontinence. In this presentation, I will discuss strategies that strengthened relationships with the community health worker community. I will also discuss issues that arose that may challenge other Continence Care nurses in building relationships with the community health worker community and in developing community-outreach educational resources on urinary incontinence self-management. The small things matter in community-outreach; keep in mind that urinary incontinence self-management is personal for all stakeholders.

References

Kim, K, Choi, J. S., Choi, E., Nieman, C. L., Joo, H. J., Lin, F. R., Gitlin, L. N., & Han, H.-R. (2016). Effects of community-based health worker interventions to improve chronic disease management and care among vulnerable populations: A systematic review. *American Journal of Public Health, 106*(4), e3-e28. doi:10.2105/AJPH.2015.302987

Saiki, L. S., Morales, M. L. (2019). Incontinence care needs in a US rural border region: Perspectives of promotoras. *Online Journal of Rural Nursing and Health Care, 19*(1), 179-196. doi.org/10.14574/ojrnhc.v19i1.546

Lisa Krabbenhoft, Nurse, USA

A self-management protocol for long-term urinary catheter users in community settings

Adults with neurogenic lower urinary tract dysfunction require the long-term use of a urinary catheter to manage either urinary retention or incontinence. Elevated risk of catheter associated urinary tract infection (CAUTI) has been well documented for both indwelling and intermittent catheter users; however, there is a lack of information related to catheter care and prevention of CAUTI for individuals outside of the hospital setting. Components of a self-management protocol for long-term urinary catheter users should include education, a urinary diary, and a catheter journal. In this presentation, a self-management protocol for long-term urinary catheter users transitioning from post-acute care to the community setting will be described.

Amy Hull, Nurse, USA

Non-surgical management of stress urinary incontinence in the post-partum population

This presentation will focus on the prevalence and risk of stress urinary incontinence (SUI) during the post-partum period. The importance of non-surgical treatment options, particularly for women planning future pregnancies, will be emphasized. A regimen combining pelvic floor muscle exercises and continence pessaries will be featured, including evidence concerning its efficacy.