

# bridge

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Continence  
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NATIONAL CONTINENCE HELPLINE



## Note from the editor

The evening air is getting crisper as the leaves begin to turn various shades of autumnal tones. The changing of seasons is always a good analogy for the cycle of life and the various challenges we face along the way. In this issue, we are honoured to share the challenges overcome by a Canadian kid - bullied at school due to faecal incontinence - who grew up to host his own TV show and now shares his inspirational and very personal story of courage and resilience. We hope those of you struggling with your own continence problems will draw strength from Derick Fage's story on page 8.

We speak with former Australian Netball Captain, Sharelle McMahon about recent research, which found that one in three netballers experience urinary incontinence plus her own pelvic floor challenges both on and off the court.

We have also launched our exciting new campaign *Laugh Without Leaking* featuring actress, comedian and mother-of-two, Bev Killick who lives with incontinence. You may have seen Bev performing as our 'Queen of Continence Comedy' on our new TV ads or, in coming months, on stage as part of the Melbourne International Comedy Festival and National Comedy Roadshow as it journeys across Australia. *Laugh Without Leaking* uses humour to get people talking about their bladder and bowel troubles. But most of all ... it tells us that help is at hand. All you have to do is ask!

Finally, you may have noticed that our logo has had a facelift to give it a more modern, contemporary look. We hope you like it.

If you have a personal story that you wish to share, we would love to hear it.

Julie

Julie McCartin  
Editor

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Email [bridge@continence.org.au](mailto:bridge@continence.org.au) for a list of references for any articles appearing in *Bridge*.



Continence  
Foundation  
of Australia

## About us...

The Continence Foundation of Australia is the peak national body representing the interests of nearly one in four Australians affected by incontinence, their carers, families and health professionals. The Foundation, on behalf of the Australian Government, manages the **National Continence Helpline (1800 33 00 66)**, a free service staffed by continence nurse advisors who can provide information, referrals and resources 8am – 8pm AEST weekdays. The Foundation, established in 1989, is a not-for-profit organisation.

## Become a member

Become an individual, student or professional member of the Continence Foundation of Australia and receive many benefits including discounted registration to the annual National Conference on Incontinence, free publications and timely information about events and education courses.

Email [membership@continence.org.au](mailto:membership@continence.org.au) or phone 03 9347 2522.

# 5 minutes with JO MILIOS



*West Australian physiotherapist, Jo Milios is a men's health specialist who has developed a successful exercise program that has helped thousands of men with prostate cancer.*

## **As a physiotherapist, what prompted you to focus on men's health?**

Way back in 2005, I was a busy mum having had 3 babies in 4 years and working part time in private practice. A chance conversation with my brother, a recently qualified urologist specialising in prostate cancer surgery, lead to a partnership that continues to this day.

He was keen to offer a multi-disciplinary approach to patient care and we devised a plan for me to 'shadow' him- observing his work both during surgery and in his practice for 18 months. From there we ascertained what gaps I could fill.

Over time, as my own skills developed, he referred me not only prostate cancer patients, but also a range of men's health conditions, that he felt were more likely to respond to conservative treatment versus surgical or medical intervention.

During this process, I discovered a whole new world of physiotherapy possibilities that fascinated my ever curious mind. I also developed great empathy for men and quickly learnt that services for 50% of the population were greatly lacking.

## **What are the most common issues you help clients with?**

Glancing at my appointment list on any typical day, there is a wide range of conditions I would typically treat, with 95% of my caseload being men's health patients. Men pre and post radical prostatectomies for pelvic floor muscle training, continence and erectile function therapy make up about half of my clients. Sexual health conditions including premature ejaculation, orgasmic dysfunction, penile pain and Peyronies Disease represent a further third of my caseload. Finally- often a combination of bladder disorders, urinary incontinence and pelvic floor dysfunction make up the rest.

The PROST! Exercise program, I established in 2012 for men with prostate cancer, is another daily source of patient care in

men's health. However, these days my role is more in the organisation rather than delivery of the service. So all up - it's a busy and variable typical day!

## **What are the various treatments you specialise in?**

I am to always treat the 'whole person' and generally find addressing a man's primary condition, such as prostate cancer, will in fact require me to address a range of treatment options. This could include teaching pelvic floor muscle and bladder training, education around erectile function and an opportunity to work in improving general health through exercise. This often involves liaising with a multi-disciplinary team as I figure if a man has a cancer diagnosis, improving his general quality of life after treatment could be a positive outcome for the rest of his days.

For many men who have chronic pelvic pain, relaxation techniques and a musculoskeletal approach to their condition, will also usually prove beneficial. In this situation, I would encourage a yoga-based approach to therapy, above and beyond the initial pelvic floor focus.

For Peyronies Disease, through research I have been undertaking, therapeutic ultrasound is providing a helpful and non-invasive option for men with penile curvature.

Finally, penile rehabilitation and sexual health education is an area that affects the partner in any man's life, so it's another important gap to fill for holistic care.

## **What are the common symptoms that indicate a man should address his pelvic floor health?**

Any change in bowel, bladder or sexual health could be an indicator of pelvic floor muscle dysfunction, or something more serious such as coronary artery disease as is often found in erectile dysfunction. Pain in the pelvic area, changes to patterns of emptying, flow rates, increased frequency, urgency, sensation, or emergence of new

issues such as post void dribbling should all be reviewed by a medical professional. Early intervention is usually the key to earlier recovery and a much smaller burden on quality of life. Once any serious medical conditions have been ruled out, physiotherapy is often the next logical step to care.

## **You also run yoga classes at your practice. What are the benefits of yoga for men's health?**

Yoga has long held its place in my heart as the 'go to' exercise form that I enjoy most as it tends to build on all facets of health – breath, balance, flexibility, strength, core and floor, relaxation, mindfulness and if undertaking dynamic vinyasa - the added bonus of cardiovascular workout!

Of all yoga attendees, men represent just 7% of a typical class - anywhere in the world. I thought it might be a challenge to try and help make a change. Given the breadth of positive research that yoga now has encompassed in men's health – from anxiety and depression, to autism, anger management, fertility, arthritis and prostate cancer – I decided to offer classes for men only. Historically, only men were allowed to do yoga, so much has changed. With its preventative health applications, yoga has so much to offer men and having greater body awareness can only help with early intervention should problems arise.

I now teach three sessions a week dedicated to men's health, with a big focus on pelvic floor training, relaxation, spinal care and hips/low back and pelvis - typical problem areas for blokes.

The class numbers are on the rise and the feedback is often in the grunts and groans of the attendees - a physical challenge they enjoy - with many quite shocked at the strength and focus required!

Namaste!

*See page 15 for Jo's tips on how men should exercise their pelvic floor muscles daily.*



# LAUGH WITHOUT leaking

## COMEDY HELPING INCONTINENCE

The Continence Foundation of Australia launched the *Laugh Without Leaking* awareness campaign this month. It inspires people who live with incontinence to seek help for their bladder and bowel problems.

The campaign uses humour to remove the stigma from incontinence and urges the 1 in 4 Australians who live with bladder, bowel and pelvic health problems to ask for help.

"It is a massive problem affecting over five million adult Australians and costing the Australian economy more than \$67 billion a year," says Continence Foundation of Australia CEO Rowan Cockerell.

We know that for many, leaking is no laughing matter. It affects people of all ages and genders.

"We know that many people laugh off their leaking as a normal part of getting older or after having a baby. But it is not normal and has a serious negative impact on daily life for millions of women, men and children," says Mrs Cockerell.

"Don't put up with it! The good news is that you can quickly change your life for the better. Most bladder and bowel problems can be better managed, better treated and, in many cases, even cured without surgery. The first step is asking for help."

*Laugh Without Leaking* Ambassador, actress and comedian Bev Killick, says she knows from personal experience that living with incontinence is no joke for many Aussies.

"I have been getting a lot of laughs at stand up shows in my new role as the Comedy Queen of Continence. As a mother and a comedian, I know what it is like to have a 'wee accident' when you laugh, sneeze, cough or jump. Sadly, my trampolining career is on hold," she says.

The *Laugh Without Leaking* message is spreading quickly across Australia with the support of comedy shows, councils, libraries and schools.

Mrs Cockerell is proud of the various partnerships the Continence Foundation of Australia has formed across the community.

"We are delighted to have partnered with the Melbourne International Comedy Festival and National Comedy Roadshow, Australian Government Department of Health, Australian Local Government Association and the Australian Libraries and Information Association to help spread the good news that help is here for people living with incontinence," Mrs Cockerell says.

*Laugh Without Leaking* features new community service ads on TV, radio, print and online as well as a competition on social media to search for the best toilet humour in the country.



### CONTINENCE FAST FACTS

- About 5 million Australians – one in four people aged 15 years or over – are incontinent.
- By 2030, the prevalence is estimated to increase to 6.5 million Australians.
- 80 per cent of people who report they are living with incontinence are women.
- Half of those women are aged under 50 years.
- 1 in 3 women who have ever had a baby wet themselves.
- The majority of people affected by incontinence can be better treated, managed or cured.
- Incontinence impacts self-esteem, motivation, dignity and independence.
- In 2010, the total economic cost of incontinence was estimated to be \$66.7 billion and rising.

# Bev Killick

## THE COMEDY QUEEN OF CONTINENCE

*She's an actress, comedian, writer, singer and mother-of-two, now Bev Killick has a new role as Ambassador of the Continence Foundation of Australia.*

Bev Killick knows incontinence well. She has struggled with it since she "was naughty after giving birth" (she didn't do her pelvic floor exercises). But in many ways it's something she's lived with her entire life.

"I've always had bladder problems, even as a child, especially if I laugh – I really let go," she says laughing.

A natural comedian, Bev started generating laughs from the age of 10, performing at family gatherings and in the school yard. She had an uncanny ability to remember a joke and tell it well.

"I was a very quiet child and I would hold on for some reason. I was too scared to ask the teacher to go to the toilet. I used to always have a note at school saying that I was allowed to go to toilet whenever I wanted."

As an award-winning comedian, Bev was a natural choice to lead the *Laugh Without Leaking* campaign. For many years, she has made pelvic floor exercises part of her stand-up comedy routine, enthusiastically leading the audience from the stage.

And she's not shy about speaking publicly about bladder and bowel troubles. Like

Hugh Jackman, she confesses that she too once had a "wee accident" on stage, mid-performance. It happened early in her career.

"I was singing and without any forewarning, I just wee'd. I was wearing a skirt and it just ran down my leg onto the stage. There was a wooden floor and suddenly there was this puddle. The audience was up really close. Everyone could see it. So I decided to 'make a splash' and started tap-dancing. People just started cracking up laughing. It's amazing what you can make a song and dance out of."

Bev often swaps the stand-up stage for screen roles as an actress in film and television. She has appeared in *Jack Irish*, *Kath & Kim*, *Fat Pizza*, *WAG Nation* and the recent SBS series *Sunshine* with Anthony LaPaglia. Last year, Bev featured in the children's adventure film *The Comet Kids* and is currently on the big screen, starring alongside Shane Jacobson, Paul Hogan and a host of other comedians in the film *That's Not My Dog!*

As a result of her personal experiences dealing with incontinence, she has plenty of material to draw on for her comedy routines. And that means plenty of toilet humour.

"I think the great thing about humour is that it gets people talking about issues that they otherwise wouldn't feel comfortable discussing. That's why pretty much every comedian I know has a toilet humour joke that they can let loose with when they need to. Toilet humour generates so many laughs because everyone can identify with it," Bev says.

"If having a laugh gets people asking for help for their bladder and bowel leaks, then I believe comedy really can cure incontinence."

You can catch Bev Killick performing her stand-up *Crummy Mummy* show at the Melbourne International Comedy Festival and National Comedy Roadshow as it travels across Australia from 28 March to 7 July.



# Netballers: switching on the pelvic floor

*We speak to former Australian Netball Captain, Sharelle McMahon about incontinence amongst netballers and how she learned how to engage her pelvic floor.*

Elite netballer, Sharelle McMahon remembers the day well. She was at a training session with the ANZ Championship team, the Melbourne Vixens when a physiotherapist used an external ultrasound to track how well the players were switching on their pelvic floor.

*“Only one of us in that group was actually activating our pelvic floor correctly, and that one wasn’t me,” said Sharelle.*

*“The team’s physio was quite shocked. When we went through our training we were frequently asked to engage our core and our pelvic floor - that was part of the training program. So while that was a focus, we weren’t actually doing it very well.”*

The exercise was done about 10 years ago, and prompted Sharelle and her teammates to take action.

She said the issues surrounding a weak pelvic floor do not necessarily start after having a child. The ultrasound exercise was used on her team about four years before she had her first child.

Sharelle was referred to another physiotherapist, a pelvic floor specialist, who did an internal ultrasound to further identify how she was switching on her pelvic floor, and help her correctly engage the muscles.

Sharelle has participated in the pinnacle of the game, representing Australia in the Commonwealth Games between 1998 and 2010, winning gold in 1998 and 2002, and silver in 2006 and 2010. She played 118 games for Australia, won two World Championships, and was the Australian flag bearer for the opening ceremony of the 2010 Commonwealth Games in Delhi. In 2016, she was inducted into the Australian Sport Hall of Fame. She currently works as a specialist coach for the Melbourne Vixens and commentates on the sport for Channel 9.



Sharelle in action for the Australian netball team

Elite athletes such as netballers, basketballers, gymnasts, trampolinists, tennis players and runners are at increased risk of developing pelvic floor problems. This is because of the constant and excessive downward pressure that these sports place on their pelvic floor.

Sharelle believes the prevalence of continence-issues for netballers is likely due to the sport’s high impact activity involving jumping and running.

*“And the people playing are mostly female, so rather than it being an issue necessarily specific to netball, it’s likely something happening more broadly and it just happens to be that netball by its nature is one of those activities that has those high impact movements and a high number of female players,” she said.*

Sharelle returned to elite level netball about three months after she had her first child, Xavier.

*“So I went back into high level training pretty quickly,” she said.*

*“Particularly with training, I had some pain associated with my pelvic floor which presented as pelvic pain and back pain. So in that year after having Xavier, I had a lot of treatment to help relieve the symptoms but also to work on strengthening my pelvic floor in particular. I was wearing a pelvic band to give myself a bit more stability as well.”*

Sharelle said her session with a pelvic floor specialist helped her to properly engage her pelvic floor while she was exercising. This resulted in her being able to strengthen her pelvic floor muscles and reduce her symptoms.

*“You can see it on the screen and get a sense of that’s the feeling when you’re switching it on properly,” she said.*

Sharelle said she thought it was sad that research showed many affected by continence-related issues just resort to wearing pads or stop playing netball altogether.

*“For me personally, going to see someone to help in that space was incredibly beneficial. You don’t have to live with the symptoms of a weak pelvic floor. There are people who can really assist in that space,” she said.*

*“It’s something that a lot of people are dealing with and just dealing with the symptoms is not the answer - it can lead to some much worse issues down the track. Addressing the cause can really help.”*

She advises anyone going through any continence-related issues, or any issues related to pelvic or back pain to begin with seeing a physiotherapist.

*“Get advice to ensure you’re switching on the pelvic floor muscles correctly,” she said.*





Researcher Naomi Gill

## RESEARCH FINDING: 1 in 3 netballers leak

An award-winning research paper presented at the 26th National Conference on Incontinence, reveals that 30 percent of women netballers experience urinary incontinence while playing Australian women's most popular team sport.

Netball is played by over 20 million people worldwide. Netball Australia said that in 2016, there were 486,003 players in Australia.

Women's health and continence physiotherapist, Naomi Gill presented the paper, The prevalence of urinary incontinence in adult netball players in South Australia, with findings that one third of all players, and half of those who have had children, experience urine leakage during training or playing of the game.

Continence Foundation of Australia CEO, Rowan Cockerell, said Miss Gill's research was awarded the inaugural Barry Cahill Travel Scholarship to enable the researcher to present her findings on the world stage.

"This is an important study that has already made a great contribution to the lives of netballers living with incontinence. We hope it will encourage others with the condition to shake the stigma and seek help that will enable them to live confident, continent lives," she said.

Ms Gill hopes the study will also encourage the exploration into appropriate rehabilitation for women returning to sport after having babies.

"As a profession we need to be looking at what information and guidelines are available for how to safely return to sport after having babies to reduce the risk of prolapse and urinary incontinence, and generally how to properly rehabilitate your body after pregnancy," she said.



Champion netballer, Sharelle McMahon carrying the Queen's baton for the Commonwealth Games near Echuca with her children.



Above left: Netball commentator Sharelle

Right: Sharelle's induction into the Sport Australia Hall of Fame in 2016.





# From school dropout to successful TV host

*TV host and ambassador of the Canadian Continence Foundation, **Derick Fage**, has lived with incontinence his entire life. He humorously refers to himself as 'the face of faeces'. In what is an inspirational tale of overcoming adversity, he shares his personal story with us.*

## **Can you tell us about your incontinence condition?**

I was born with a high imperforate anus, which means I was born without the actual anal opening. Doctors had to create the anal opening for me at birth. I was also born without a sphincter muscle. This has meant that I have lived with chronic faecal incontinence since birth.

## **How old are you and how has it impacted on your life?**

I'm 47 years old. This condition has created a number of challenges for me over the years including relentless bullying, shame, embarrassment, anxiety issues, depression, suicidal thoughts, failed relationships, and anger issues.

## **What/who has helped you best deal with your incontinence?**

My Mum and Dad for sure. My Mum was always there for me after a difficult day at school. There were occasions when I would come home at lunch after being beaten up or ridiculed and my Mum would take me back to school and report the incident to a member of the school faculty. My Mum would share the names of the kids and at times would even speak to their parents.

My Dad's role was just as important. My Dad was always available no matter the situation. If I had an accident at school, which happened on quite a few occasions over the years, my Dad would drop everything to come and pick me up at school. My Dad had a pretty high profile job as a senior partner at an accounting firm. He could be in a meeting with a multi-million dollar client and when I called he would quickly explain to his client that he had to leave due to a minor family emergency.

When I describe the issue as an accident, it really doesn't do it justice. I would have diarrhea so bad that I would have to tuck my pants into my socks to avoid it spilling onto the floor. There were no cellphones back then, so I would always have change on me to use the pay phone or I would sneak into the nurse's office to make the call. My code words for my Dad were simple, "Hi Dad, it's me, I've had an accident". My Dad would show up with garbage bags to cover the seat and we would often cut two holes in the garbage bag so I could slide it on.

## **What triggered you to start talking about your incontinence?**

I went public about my incontinence on live TV in Ottawa, Canada, when I was host of a daily talk show called Daytime Ottawa. I met the Executive Director of the Canadian Continence Foundation, Jacky Cahill, in the green room before the show. In passing, I mentioned to Jacky that I have suffered from chronic fecal incontinence since birth. She asked if I'd be willing to share that during our segment and I said, sure. I felt the timing was right for me to go public. So I shared it live on the show and followed that up by posting my story on social media.

## **Can you detail some of the reactions you've experienced to your story?**

The feedback and support from people was overwhelming. I had complete strangers send me e-mails and Facebook messages sharing their own stories or those of loved ones. One story that stands out was a woman that reached out to me and told me she hadn't left her home in 28 years except to get groceries and attend appointments because of her incontinence.

## **What advice do you have for others suffering from incontinence?**

Tell people about it, don't hide it. Hiding it leads people to isolating themselves.

I live a very public life as a TV host, hosting a live television show 5 days a week. I also host and attend dozens of events each year. It's possible to manage your condition with the right support system around you and that includes your family, friends and colleagues.

When people begin isolating themselves because of their condition, it can lead to many mental health issues including anxiety, panic attacks and depression. These are three mental health issues that I have had to overcome in my life and I would imagine many of the approximately 400 million people who suffer from continence issues have struggled with these as well. We need to make a strong effort to normalize it so that people don't feel the need to isolate themselves. Loneliness, is being described as "the hidden epidemic," according to the Red Cross. People are feeling isolated for many reasons of course, but I relate it to incontinence because I've heard too many stories of people who haven't left their homes in months, sometimes years.

## **What is the main message you try to tell others?**

I've had a number of close calls and some of those "accidents" I mentioned earlier. However, I haven't let it stop me and that's a message I want to convey to people. Don't let your incontinence stop you from living a full life! I am really grateful that I have this medical condition. It has shaped the person I've become. I'm more vulnerable, more caring. It has made me a better husband, parent, friend, colleague, TV host.

*Derick Fage is a Board member and ambassador of the Canadian Continence Foundation.*





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Gill







# IT'S HAPPENING IN HOBART

*The Continence Foundation of Australia is featuring the latest in research and practice at the 27th annual National Conference on Incontinence.*

The Conference, to be held 24-27 October 2018 at the Hotel Grand Chancellor Hobart, is Australia's premier event for health professionals in the sector.

This year, it will also feature a forum for people living with bladder and bowel issues, their carers, family and friends.

It will provide the opportunity for the 1 in 4 Australians who live with incontinence to have their say, meet the experts, learn tips for better managing incontinence, pelvic floor exercises and hear from others who suffer similar health challenges.

The Conference will bring together international and national leaders to present current research and practice in the field of incontinence, including sexual health, NDIS, mesh, pelvic oncology, neuromodulation and translational research.

Physiotherapist Dr Margaret Sherburn and geriatrician Dr Michael Whishaw will co-chair the Scientific Committee. In addition to the consumer forum, the Committee is developing a comprehensive program for health professionals including practical

workshops, expert presentations and a trade expo.

Dr Sherburn is an experienced clinician, who has worked in the public and private health sectors for more than 30 years. She is a member of the Continence Foundation of Australia and the Bladder Bowel Collaborative Steering Committee which oversees initiatives of the Continence Foundation under the Australian Government's National Continence Program. She is also the Editor & Chair of the Peer Review Panel of the scientific research publication the Australian & New Zealand Continence Journal. Dr Sherburn is an academic physiotherapist at the University of Melbourne and former head of the Physiotherapy Department at the Royal Women's Hospital in Melbourne.

Her main areas of research are the conservative management of pelvic floor dysfunction in women with prolapse or incontinence, and the role of exercise for pre and postnatal women. She is passionate about the role of exercise for pregnant and new mums, and for older women. Her fields of expertise are bladder and bowel health,



Dr Michael Whishaw



Dr Margaret Sherburn

pregnancy exercise, and the management of pelvic girdle pain.

Dr Sherburn is a member of the Physiotherapy Committee of the International Continence Society and a contributing author to the recently published *The Women's Health Book*.

Dr Whishaw was a founding member of the Continence Foundation of Australia and a past National Vice-President. He works as a Consultant Physician in Aged Care Medicine at Royal Melbourne Hospital. Dr Whishaw has worked in the sector for more than 30 years, currently with the RMH Royal Park Continence Service and RMH Urology Service, and with special interests in incontinence in the elderly, neurourology in adolescents and adults, and urodynamics.

In addition to assembling a unique gathering of Australia's top continence experts and international guests, the National Conference on Incontinence provides a terrific opportunity to visit the





'Apple Isle' and explore all that Tasmania has to offer. From the Salamanca Markets held on the waterfront adjacent to the Conference venue, to the world famous art gallery MONA, Tasmanian devils, hiking in pristine wilderness or sailing on the Derwent River - Hobart is one of the most unique cities in Australia.

Registrations for the Conference will be opening soon.  
Go to [continence.org.au](http://continence.org.au) to find out more.







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# Why do some kids wet the bed?

Children's continence nurse and National Continence Helpline advisor **Claire Fyfield** offers parents a few basic tips.

Tens of thousands of five-year olds have just started 'big school' in Australia for the first time. It makes for a busy time at the National Continence Helpline, as hundreds of panicked parents phone in asking for help about their child's bedwetting and occasional daytime "accidents".

So why do some children wet the bed?

- Some parents describe their children as such deep sleepers, they don't wake up to the sensation of a full bladder.
- Some children have overactive bladders. If this is the case, they will usually wet the bed more than once a night, and may have to rush to the toilet at times during the day.
- Some children don't make enough antidiuretic hormone overnight (which concentrates the urine), so they produce a lot of urine while they sleep.

If your child still wets the bed occasionally at age five, there are a few simple steps you can take to help - particularly with health professionals agreeing that it's much easier to treat bedwetting earlier rather than later.

Claire Fyfield offers parents a few basic tips:

## 1. Make sure your child drinks throughout the day.

"Give your child a warm drink with breakfast, and milk on their cereal. Have them drink plenty during the day so they don't want to drink at bedtime, and always have them go to the toilet before bed."

Some of the cases Ms Fyfield has treated have left her dumbfounded. "One child I saw had been having milo, tea and coffee before bed - just like mum and dad!"

## 2. Prevent or treat constipation.

Many parents were unaware that constipation is a major contributor to children's bedwetting accidents.

"A full, compacted bowel presses against the bladder, which in turn puts pressure on the bladder, risking leakage."

But on top of this, straining on the toilet when constipated can weaken the pelvic floor muscles and bladder supports, making urine leakage more likely, she said.

"Avoid constipation by providing adequate fluids and a balanced, fibre-rich diet containing plenty of fruit and vegetables. If it's still a problem, see your doctor for treatment. Avoiding constipation will often improve or end day and night-time wetting."

If your child is still wetting the bed regularly at the age of six or seven, or if they suddenly start wetting the bed after having been dry, it's time to see a children's continence professional. Call the National Continence Helpline on 1800 33 00 66.

# How your wee & poo works

Speaking with kids about how a bladder and bowel works, or why healthy toilet habits are important, can be a tricky conversation.

Many lifelong attitudes, beliefs and behaviours can begin in childhood and instilling these values at a young age may help avoid issues later in life.

That is why the Continence Foundation of Australia has developed a range of flyers, fact sheets and booklets for kids. These resources help kids as well as their parents and teachers, understand the basics such as:

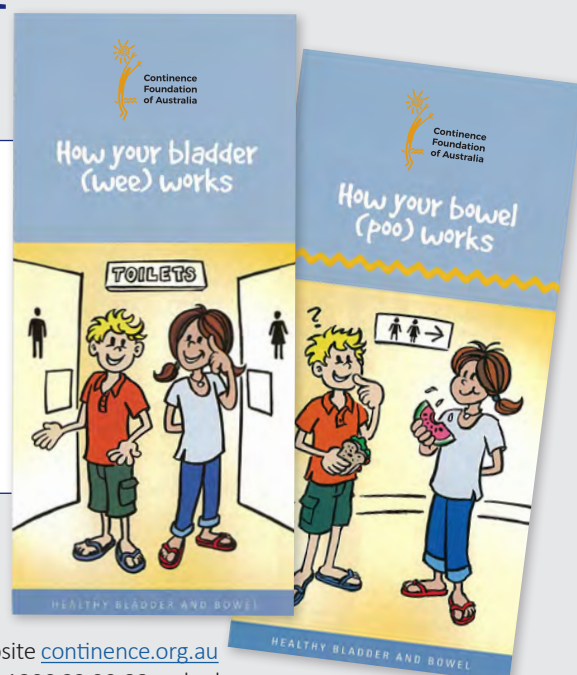
- How to go to the toilet
- When to talk to a grown up
- How it all works 'down there'
- Why you shouldn't make fun of anyone with a bladder or bowel problem

## TOPICS INCLUDE:

- How your bowel (poo) works
- How your bladder (wee) works
- Daywetting in children
- Soiling in children
- Tips for bedwetting for children who want to enjoy a sleepover
- Continence care plan

If you are caring for a child with special needs and incontinence, practical tips and advice are available from our [Caring for someone with incontinence](#) page.

You can download resources from our website [continence.org.au](http://continence.org.au) or call the National Continence Helpline on 1800 33 00 66 and ask for some child-friendly flyers and fact sheets to be mailed to you.





# Bedwetting – sleepover stress-busters

*School's back, and with that brings friend sleepover requests. But for some children, the thought of an overnight sleepover can cause so much anxiety, they avoid them altogether.*

Clinical psychologist Chris Hardwick, who has worked at Sydney's Westmead Children's Hospital with children and families affected by bedwetting. Here are some tips.

## Problem-solve possible scenarios beforehand.

Talk and think through with your child to anticipate what to do if the worst scenario takes place. For example, will your child need a change of underpants, pyjamas or pull-ups? Where is the best place to keep them,

to get changed, and where can they hide or dispose of wet items?

When children have a well thought-out plan, they will be much less anxious about sleeping over and more confident they will be able to manage.

## Have a support person at the other end.

If there's an adult at the other end who can be made aware of the situation, and the child is okay with their knowing, recruit that adult as a support person.

The child may be fairly confident about coping, in which case a support person may not be necessary. However, if they're unsure about handling certain scenarios, a support person can make them feel less anxious.

For confidential advice and support about your child's bedwetting or any other continence issues, phone the National Continence Helpline (1800 33 00 66), which is staffed by continence nurse advisors from 8am to 8pm weekdays. People can also email the [helpline@continence.org.au](mailto:helpline@continence.org.au).

## MEDIA SPOTLIGHT

Rowan Cockerell



*We have been busy working with media outlets around Australia to help bring bowel and bladder health into the public spotlight. Here are some of them.*

### ABC Comedy series *The Letdown*

Did you see incontinence in new mums played out on the TV? ABC comedy series *The Letdown* recently dramatised the reality that one in three mothers wet themselves.



### ABC Radio

Our CEO, Rowan Cockerell did a number of radio interviews with ABC stations across the country over summer, highlighting the National Public Toilet Map. The map can be found at [toiletmap.gov.au](http://toiletmap.gov.au) and can be downloaded on smart phones and computers. It maps out the location of over 17,000 public toilets across Australia, allowing people to plan their road trips with confidence.

### ABC Radio Life Matters

ABC Radio National's popular Life Matters program interviewed physiotherapist Dr Margaret Sherburn about the essentials of pelvic floor muscles, including everything you need to know about doing pelvic floor exercises. Dr Margaret Sherburn is a leading Health Professional Associate of the Continence Foundation of Australia.



*National Continence Helpline Manager,  
SUE BLINMAN answers some frequently  
asked continence questions.*



**Q** My elderly 76-year-old mother has a bladder problem. Why does she need to see a Continence Nurse Advisor, as her bladder problem is related to her age and there is nothing that can be done?

**A** It is important to realise that it isn't normal to have bladder leakage at any age, although it is more common in women who have had several pregnancies/children whether by caesarian section, forceps or natural delivery and increasing weight of baby over four kilograms. It can also be more common for bladder symptoms to develop after menopause.

Any bladder or bowel incontinence should be assessed and managed with a continence care plan. To get help

with your plan you can be referred to your nearest Continence Nurse Advisor. Many of the clinics are funded under the public health system, so there may be minimal or no fees to attend. There are also private Continence Physiotherapists if you have private health insurance or an eligible medical condition that you can be referred to by your GP with a Chronic Disease Management referral to assist with payment of fees.

**Q** I instill good bladder habits in my child, yet at school this is frowned upon. What can I do?

**A** Good bladder and bowel habits are very important across all ages. Research shows that one in five primary school children in their first year may wet themselves during the day. Children can

only suppress the urge to go to the toilet for so long, and eventually the urine has to come out – whether they are on the toilet or not. This incontinence in school children may impact their self-esteem and psychological health. The Continence Foundation of Australia launched the Toilet Tactics Kit - a dynamic and interactive educational resource, which promotes healthy bladder and bowel habits in schools. The Toilet Tactics Kit, gives children the know how to adopt lifelong healthy habits using familiar, age-appropriate language. They learn about hygiene, how to sit

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on a toilet correctly, the importance of going when the urge strikes and how persistent holding on may lead to bladder and bowel dysfunction. Visit [continence.org.au](http://continence.org.au) for how to access the Kit for your school.

**Q I've been told by my friend that I need to do pelvic floor muscle exercises every day for the rest of my life. Is this true?**

**A** Your friend is correct. Pelvic floor muscle exercises need to be done daily for life. Having healthy pelvic floor muscles assists in preventing and treating bladder and bowel problems. It is helpful to have a good working knowledge of how to perform pelvic floor muscle exercises regardless of whether you have a bladder problem

or not. For more information on how to do these exercises go to [pelvicfloorfirst.org.au](http://pelvicfloorfirst.org.au) or contact the National Continence Helpline and speak with a Continence Nurse Advisor on 1800 33 00 66.

**Q My baby is 9 weeks old today, I am 33 years old. I'm trying to do my pelvic exercises, but in the last week or so, when I laugh I leak a few drops. What can I do to help?**

**A** Being a new mother with a 9-week old baby can be a very busy time as you know and having the leakage does show that there is some pelvic floor muscle weakness. The cause of this may be due to relaxin circulating in your system which means your ligaments are softer than normal. Continue with your pelvic

floor muscle exercises three times a day as stated at [pelvicfloorfirst.org.au](http://pelvicfloorfirst.org.au). It may be beneficial for you to see a Pelvic Floor Physiotherapist to check your technique of doing the pelvic floor muscle exercises and to teach you how to brace correctly and use your pelvic muscles when you sneeze, laugh or pick up your baby.

National Continence Helpline  
**1800 33 00 66**



# Men have pelvic floors too

*Men's health physiotherapist, **Jo Milios** tells us how men can keep their pelvic floor muscles healthy happy.*

**How do you instruct a man on how to find his pelvic floor and ensure he is switching on his pelvic floor muscles correctly?**

Awareness is the most important initial factor in teaching a man about pelvic floor training as very few men know they even have one!

The conversation I routinely start with involves the use of diagrams of male anatomy, pelvic floor location, role of the urinary and anal sphincters, location of the prostate and nerves that supply all these areas. My language is typically fairly basic initially, as most men are very unfamiliar with talking about their 'private parts' and I want trust and rapport to develop immediately. From here, I provide a trans-abdominal assessment of the pelvic floor, the least invasive assessment approach, which also provides visual feedback. Instructions to relax the 'belly and buttocks' is the first command, followed by a 'squeeze of the urethral sphincter/ stop the flow of urine', followed by

a 'lifting of the base of the penis and testes'. As one succinct command, I'll often advise the man to think of lifting their 'nuts to guts' as this brings all components together.

For confidence building, I encourage men to stand naked in front of a mirror at home and to practice the technique, ensuring minimal movement from the abdominals and buttocks, but rather a slight elevation of the testicles and retraction of the penis. Most men find this works extremely well - with visual feedback being a favourite learning tool!

**How often should a man do pelvic floor exercises, and for how long?**

Currently, there are no evidence-based protocols for the correct number and duration of pelvic floor muscle exercises and depending on diagnosis, this should be tailored to each individual, hence the critical role of physiotherapists. For example, a man with pelvic pain will need to learn to relax his

pelvic floor and this may involve as few as three contractions for three seconds at 50% effort, with a ten second rest period x three sets a day.

For a man about to have a radical prostatectomy, strengthening needs to be the focus. Five or six sets of both 'fast' (ten seconds once a day) plus 'slow' (up to 10 seconds done 10 times a day) with an equal rest phase in standing, would be my recommendation.

Approximately three sets per day of pelvic floor muscle exercises have been recommended for men with erectile dysfunction and premature ejaculation, so again, programs specific to diagnosis need addressing.

Generally, two sets of pelvic floor muscle exercises are what I recommend every man to do, forever, following resolution of his dysfunction.

# Constipated?

## OsmoLax *Relief*

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A simple glass of water mixed with OsmoLax Relief works to provide you with effective relief from constipation. Unlike some other laxatives that cause the bowel to contract, OsmoLax Relief works with the power of water to provide hydration and softness for relief that helps take the discomfort out. What's more, it's sugar free, salt free and virtually taste free when mixed with water or your favourite drink.

**Better still, it's clinically proven to help restore the body's natural rhythm.**

If you suffer from constipation, try OsmoLax Relief from your local pharmacy today.



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