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1. *Royal Prince Alfred Hospital*

AN OUTPATIENT CONTINENCE CLINIC FOR ONCOLOGY PATIENTS IN A TERTIARY CANCER CENTRE

Hypothesis / aims of study

Many cancer patients are at risk of urinary incontinence as a result of their treatment. Most commonly are those men who underwent Radical Prostatectomy which incurs a high prevalence of urinary incontinence. Their quality of life is adversely affected as sufferers are distressed by the condition and limit their social activities and interest. This clinic was established at the request of a breast cancer patient who had stress urinary incontinence from as a side effect of chemotherapy. We wanted to identify the special needs of cancer patient while we are treating their incontinence. As clinical depression is the most common psychiatric disorder among cancer patients (1), this specialized service aims to improve urinary incontinence thereby improves quality of life and reduces depression (2) or vice versa.

Study design, materials and methods

This outpatient continence clinic is attached to a tertiary hospital in Sydney. Although there were other patients using this service, this retrospective study only focuses on oncology patients. Patients were referred to this service by our hospital urologists, colorectal surgeons, oncologists, radiation oncologists, allied health professionals such as psychologists, social workers as well as external agencies like New South Wales Cancer Councils and Continence Foundation of Australia
We reviewed medical record of 32 oncology patients who had attended this outpatient continence clinic in Sydney in 2008 which showed:

Types of Cancer	Conditions	Treatment
Prostate n=23	Stress Urinary Incontinence (U. I.) Urge U.I. Mixed U.I. Post micturition dribble Nocturia Urethral Stricture	Pelvic Floor training Behaviour modification Constipation management Clean Intermittent Self catheterization (CISC) Indwelling catheterization (Urethral /Suprapubic catheter) Continence appliance Application for subsidy Counselling
Colorectal n= 6 (5 M +1 F)	Chronic retention of urine Colo-vesical fistula Recurrent Catheter Associated Urinary Tract infection	Indwelling catheterization (Urethral / Suprapubic catheter CISC Antimicrobial Bladder Washout via catheter Counselling
Colorectal + Bladder n=1 (M)	Recurrent Catheter Associated Urinary Tract Infections	Antimicrobial Bladder Washout via Urostomy
Renal n=1 (M)	Chronic retention of urine	Indwelling catheterization (Suprapubic catheter)
Ovarian n=1	Chronic retention of urine	Indwelling catheterization (Urethral catheter)

(Footnote: methods, definitions and units conform to the standards recommended by the International Continence Society, except where specifically noted)

Results

A Patient Satisfaction Survey was sent to these 32 patients in early 2009 as evaluation and intention to improve and expand our service .There were 12 respondents (11 men and 1 woman); with mean age 69 yrs. (55 -90) .Waiting time for first appointment range from 2 to 14 days. Over 50% were referred by our urologists. Using 10- point Likert Scale, with 0 being not satisfied , 10 being most satisfied ; all respondents were very satisfied with our service, with mean score 9.6 (8 - 10). They all found the clinic met the need of the cancer patients. Again using 10- point Likert Scale, with 0 being no improvement to 10 being great improvement, 10 patients had indicated there was improvement in quality of life (increase social function and decease bothersome) ; with mean score 7.7 (5-10). Most patients had no preference of the two different locations of the clinic. There was suggestion that complimentary therapy such as Yoga, Tai Chi and Meditation should be considered. One man who had prostate cancer would like impotence issue to be addressed.

Other outcome measure was the number of patients discharged from our service: 14 with Prostate Cancer, 5 with Colorectal Cancer, 1 with Renal Cancer, 4 patients transfer to local health service, 1 lost to follow up, 2 deaths, with the remaining patients continue attending clinic in 2009

Interpretation of results

The clinic has two different locations on two mornings a week; one is adjacent to Chemotherapy Suite while the other one is at the Urology Outpatient Department.
Although there was anxiety among some patients who came to the chemotherapy precinct, most patients indicated no preference between the two locations.

Given the large number of prostate cancer patients' attendance, we now have a monthly pre- radical prostatectomy class which are facilitated by a continence nurse (the author) and a counsellor. We also invited the men come with their carers / partners or friends so their support person/people had the information first hand. The class also gives the participants an opportunity to meet other people travelling the same journey; and share their fear and trepidation. The attendants were instructed in indwelling catheter management, pelvic floor training, constipation prevention and advice on suitable appliance according to the severity of urinary incontinence. A small lending pool is established from products given by previous patients to pass onto others.

As our study shows this service is being utilized mostly by men, we plan to promote and expand our service to women who had incontinence as a result of their cancer treatment. Flyers had been distributed across our cancer centre as well as raising the issue at the senior nurses meeting. In addition, we plan to conduct in-service on urinary incontinence in the other areas of the hospital to nurses so that they can be more proactive in identifying incontinence and encourage patients to seek help.

Concluding message

Cancer patients with urinary incontinence have special needs. It is not surprising that many cancer patients prioritize their cancer treatment over urinary incontinence even though it may restrict their social activity. This will have a negative impact on the quality of life, trigger or exacerbate depression. As our service is located at a cancer centre, we hope it will be more accessible and encourage them to seek help. Depression in cancer patients is often under-diagnosed and untreated (1) In addition to continence care; we are mindful that this outpatient clinic provides an opportunity to identify any patients or carers needing emotional and social support. They are recommended to attend various cancer support groups and refer onto our counsellors, clinical psychologists and social workers.

References

1. J of Psychoso Onc (2008), 26 (1); 31-51
2. J of Psychoso Onc (2006), 24 (2); 17-30

Specify source of funding or grant	**No funding was received for this study which was carried out as part of on going assessment of patient needs**
Is this a clinical trial?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**No**
This study did not require eithics committee approval because	**This was carried out in order to develop an appropriate service for patients with special needs and improve patient care**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**No**