

Promoting independence

RN helps people solve incontinence without surgery.

When someone has a secret she's too embarrassed to tell even her best friend, Jennifer Skelly is the person she can confide in. For almost 30 years, Skelly's been helping adults of all ages overcome urgency, frequency, leaking and other aspects of incontinence, a condition that affects an estimated 3.3 million Canadians.

Skelly is a nurse continence advisor and associate professor at McMaster University's School of Nursing. She divides her time between work at her Hamilton continence clinic, teaching and conducting research. She's also the president of the Canadian Nurse Continence Advisor Association and led the panel that developed RNAO's *Promoting Continence Using Prompted Voiding* best practice guideline.

Despite her many responsibilities, Skelly still makes time for patients at the clinic she established 16 years ago at St. Joseph's Healthcare in Hamilton. Each year, Skelly refers just 10 per cent of her patients, who are mainly women, to a urologist or gynecologist. She says that demonstrates education can help women to manage incontinence in a way that can improve their lives and save themselves, and the health system, money.

In 2007, Skelly led an initiative that examined the impact continence clinics had on clients from the Hamilton-Wentworth and Grey-Bruce Community Care Access Centres. She says that helping

patients stay dry reduced the money they spent on incontinence products by a quarter. Providing continence care in a clinic setting also proved to be more cost effective than home visits because more people can be seen. Last summer, Skelly embarked on a continuation of that initiative with funding from Ontario's Aging At Home strategy. She now oversees six new continence clinics for seniors that have been set up across the Hamilton Niagara Haldimand Brant Local Health



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Integration Network (LHIN). She hopes that by providing evidence of the cost savings, the clinics will become permanent.

Although she's now an international incontinence expert, Skelly didn't set out to achieve that goal. In 1981, she was working in intensive care at St. Joseph's when she learned a gynecologist with expertise in incontinence was hiring a nurse for his clinic. She was intrigued by the new machine he'd just purchased to measure pressure in the bladder, and embarked on a new career path. She soon

realized that many female patients experienced incontinence after they fractured a hip. She wondered what the link was, and decided to go back to school to hone her research skills.

In the 1980s, Skelly earned two master's degrees in health science and epidemiology before completing her PhD. Today, she continues her research while practising as a nurse continence advisor, a role that fills an important niche in the health-care system. She says studies show half of family physicians

don't ask patients about incontinence because they don't know how to treat it. She's also frustrated by urologists who recommend patients learn to do their own catheterizations without checking to see if they have a bladder prolapse. Skelly shudders when she remembers an elderly woman who was referred to her to learn to do intermittent self-catheterization. “That's not a good long-term solution for her. If she can't do it in two years time, she will immediately go into a nursing home,” Skelly says.

Skelly is also concerned that

some health providers promote surgery to young women who are leaking urine after giving birth and want a quick fix. In most of these cases, non-surgical interventions like doing Kegel exercises to strengthen the pelvic floor muscles can get things back to normal within a few months.

Skelly looks beyond a patient's anatomy to determine how lifestyle and other factors contribute to their condition, and treatment. Lifestyle changes are also needed to help older people who experience severe urgency which sometimes creates a burning sensation, frequency and occasional loss of urine. Skelly says women often think they have a vaginal yeast infection, but their symptoms are related to changes that occur during menopause. After she educates them about the importance of drinking more water and less caffeine (which irritates the bladder), for example, Skelly says many patients can re-gain their independence. She says the most rewarding aspect of her job is learning that a plan she and a patient devised has been successful. “There is no greater sense of accomplishment than to have patients tell you they are dry and how much it has changed their life,” she says. “They can suddenly go and take the bus trips they like and not worry about it.” **RN**

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