



Glenrose Senior's Continence Clinic

Information for Patients

The Glenrose Rehabilitation Hospital
10230 – 111 Avenue Edmonton
Edmonton, Alberta
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The Glenrose Senior's Continence Clinic provides an expert outpatient service for older people with problems related to their bladder or bowel function. This is a collaborative nursing and medical clinic.

Who do we see?

We see people with troublesome urinary urgency, urinary incontinence; a frequent need to get up at night, urinary incontinence on exertion, chronic constipation and accidental loss of stool.

Who Can Use Our Services?

Our services are available to all older people (60+) in the Edmonton area. You can complete the bladder problems questionnaire on the back of this leaflet to see if you might benefit.

What to Expect on Your First Visit

On your first visit, we will assess your condition and develop a treatment plan. We will ask you to fill in a questionnaire and to provide a detailed history of your problems and

their impact on your daily life. We will conduct a physical examination and may send you for some tests. Together we will develop a treatment plan designed to help you. This will usually include pelvic floor exercises, bladder or bowel retraining, fluid adjustment, and medication. Intermittent catheterization or indwelling catheter management and continence products are all possible treatment options. Other health care professionals may be involved, depending upon the nature of your problem.

How many visits are needed?

Normally, two to three follow up visits are required to ensure that the maximum benefit from treatment can be obtained. Follow up can be by telephone or face to face as required.

How do I obtain an appointment?

You can ask your family physician to make a referral (show him or her this leaflet) or refer yourself. You can contact 780-735-8820 for an appointment, send a letter to "Continence Clinic" at the address on the front of this leaflet or email seniors.continence@gmail.com.

BLADDER CONTROL SELF-ASSESSMENT QUESTIONNAIRE

ARE YOU: MALE FEMALE

Please put the **NUMBER** that applies to you in the boxes shown by the arrows based on the following:

NOT AT ALL = 0 A LITTLE = 1 MODERATELY = 2 A GREAT DEAL = 3

SYMPTOMS

→ Is it difficult to hold urine when you get the urge to go?

+ How much does it bother you? →

→ Do you have a problem with going to the toilet too often during the day?

+ How much does it bother you? →

→ Do you have to wake from sleep at night to pass urine?

+ How much does it bother you? →

→ Do you leak urine?

= How much does it bother you? →

NOW ADD THE TWO COLUMNS DOWNWARDS AND PUT THE SCORES IN THESE BOXES

My symptom score

My 'bother' score

SYMPTOM SCORE	THIS SYMPTOM SCORE MEANS:	THIS 'BOTHER' SCORE MEANS:	'BOTHER' SCORE
0	You are fortunate and don't have a urinary problem	You aren't bothered by a urinary problem	0
1-3	Your symptoms are mild	You are bothered slightly by your symptoms	1-3
4-6	You have moderate symptoms	You are moderately bothered by your symptoms	4-6
7-9	You have significant symptoms	Your symptoms are of significant bother for you	7-9
10-12	You have very significant problems	Your symptoms are a major problem for you	10-12

If your symptom score (above) is 4 or over you should seek help.

If your bother score (above) is 1 or over you may benefit by seeking help

IMPORTANT – if you have blood in your urine, have difficulty passing urine, or pain on passing urine, you **MUST** talk to your doctor about it.