Video Transcript

Association for Continence Advice
Driving Excellence in Bladder and Bowel Care

Case study: Jean who has an underactive bladder

FIONA SAUNDERS: My mum was 95 years of age and she was living on her own in a flat. She had carers three times a day. It was a second floor flat and she was able to manage independently walking with a frame. She went out to coffee mornings and had days out with her family. She told me one day that she was struggling to go to the toilet. When she went to pass urine, she was having difficulty in getting it to come out, it was taking quite a long time and she was getting up quite a bit at night. She was often getting up three to four times at night to go to the toilet and my sister who does her laundry she mentioned that her bedding was sometimes wet, and her knickers were a little bit wet. My mum was a very private person and it took quite a lot of courage for her to tell me this. She was quite happy for me to talk to the community nurses and she had had a laceration on her arm. So, when the community nurse came we asked if she could have a bladder scan. An ultrasound bladder scan is a very quick simple procedure to do. They are portable units and community nursing teams have accessed portable units very uninvasive and gives you an instant reading of the bladder volume. The nurse like myself thought perhaps she wasn't emptying her bladder properly and she had got a bit of residual urine there, so she said she would go back and have a word with the district nurses. Later that day she phoned up to say unfortunately they couldn't scan her bladder because she wasn't on their case load and she needed to be referred to the doctor. So, I arranged for the GP to come and see

her who palpated her abdomen and said oh no I don't think there is any retention of urine here. I said to him I wasn't happy with that and after a bit of gentle persuasion I explained to him again that she had got poor flow and that she had hesitancy and she didn't feel she was emptying her bladder properly and I told him I was really concerned that she might have falls at night with getting up three or four times to go to the toilet and also concerned that she might get urinary tract infections. Because of my persuasion he said that he would refer her through to the Continence Advisory Service.

About four weeks later while my mum was still waiting for this referral I got a phone call to say that she had been admitted to hospital. She had had a fall in the bathroom and become terribly, terribly confused. I contacted the hospital to ask if they could do a bladder scan because I said that I was concerned that she wasn't emptying her bladder properly and I thought that that was probably the cause for her fall and the infection. She was discharged home on antibiotics with no bladder scan which I found very distressing. I contacted the GP again and the GP went out to see her and he said oh what do you expect when you are that age. I was very upset by that comment because my mum was a very fit and very active and mentally very active 95 year old but then she suddenly became terribly frail and she could not cope with the antibiotics, so she wasn't eating and wasn't drinking properly and just started becoming frailer and frailer.

The community continence advisor did come to see my mum. She did ask her some questions about her bladder but very sadly she came with no bladder scanner she just came with a pack of pads. She said it was a functional problem and unlikely to regain continence. I really felt that my mum wasn't

emptying her bladder properly and I asked her several times if she could do a scan. eventually she agreed to come back the following week to scan my mum's bladder. I went back to see my mum the following week and the nurse didn't come. We phoned through to the continence advisors to find out why this had happened, and they said that they had discussed it as a team and there was no indication for my mum to need a bladder scan. The only good thing was that the GP had actually ordered an ultrasound scan for my mum. I found out after that he had done this because she had an MSU that showed very high count for white blood cells. I took my mum to the local hospital and she had an ultrasound scan and it showed that she had got residual urine in her bladder of over 1,100 mils. Usually if you go to the toilet you would expect to empty your bladder completely. it is acceptable to have about 100 mils of urine in your bladder but anybody's bladder who stretched to over 1,000 mils, or over a litre you have usually damaged the bladder muscle and the bladder muscle will not normally function again, so you are left with a bladder that is very floppy, what we call an atonic bladder that does not empty itself.

The only person that showed any empathy towards my mum was the radiologist who said that she couldn't understand how my mum had coped with all of this urine in her bladder and said that she was really sorry about it. I think this really demonstrates the importance of bladder scanning because I really feel if my mum had had her bladder scanned at the time her symptoms first started her residual urine might well have been lower perhaps only 300 to 400 mils and she could have probably been very effectively treated with intermittent catheterisation and she wouldn't have ended up going into hospital and being treated for a urinary tract infection, having falls and causing herself so much distress.

When you are doing a continence assessment at the first assessment we really ought to be aiming to scan everybody's bladder to test urine and scan the bladder and if you aren't able to scan a bladder because you haven't got a bladder scanner then we should be looking at using an intermittent catheter to empty the bladder.