Press Pack
World Continence Week 2016

#LeakOutSpeakOut

20 - 26 June
Welcome to World Continence Week 2016

World Continence Week is designed to promote healthy bladder and bowel habits to prevent or effectively manage incontinence. The year’s event themed ‘Improve your bottom line’ runs from 20th to 26th of June.

The Urology Foundation support this year’s World Continence Week and are focusing on urinary incontinence. We have recently commissioned research to find out how the UK views incontinence. In addition, Julia Taylor, Urology Nurse of Year¹ will be hosting a three-hour broadcast event on National and commercial radio to share information and answer questions related to incontinence. This session will be rebroadcast throughout the week on various platforms.

Urinary Incontinence or overactive bladder affects up to 30% of people younger than 65. Approximately 6 million men and women in the UK have some degree of urinary incontinence.

¹ The Urology Nurse of the Year Award is sponsored by The Urology Foundation and run by the British Association of Urology Nurses (BAUN)
The Urology Foundation
Who we are

The Urology Foundation (TUF) is the only medical charity dedicated to improving the nation’s urology health by investing in cutting-edge research, and training and educating urology professionals.

Diseases and cancers of the kidneys, bladder, prostate and male reproductive organs are becoming more prevalent and devastating the lives of thousands of men, women and children in the UK and Ireland. TUF is committed to finding better treatments and cures, and nurturing urology professionals to deliver better care to people affected by a urology condition.

Our mission is to succeed in our fight against urology disease and our vision is a world where people will not die early from, or their quality of life will not be adversely affected by, urology disease.

It is for this reason that over the years, we have sponsored research in the use of botox bladder injections to treat overactive bladder and urinary incontinence, as well as other effective interventions. In recent times, our scholars are researching on treatment for stress incontinence.

We are committed to developing future leaders in the field of urology, which we do by running non-clinical education courses to aid them in the practical side of running a urology department, among other vital skills.

We have invested over £3.5m into research projects looking into ways of treating many different urological conditions, and we also provide funding for urology professionals to undertake clinical visits to centres of expertise overseas to help them improve their skills to the benefit of patients in the UK & Ireland.

The Urology Foundation - leading the fight against urology disease
## World Continence Week: Dates for your diary

### TUF World Continence Week 2016 Calendar

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## Key Messages

a. Bladder control problems can be treated. People who have them do not have to suffer in silence

b. There is nothing to be shy about, 1 in 4 people are affected by bladder control problems at some point

c. Bladder control problems are not an inevitable consequence of childbirth or ageing

d. It is very important to discuss your bladder health with your GP

e. The Urology Foundation funds research to find innovative solutions for bladder health problems

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2 Source: Bladder & Bowel Foundation
Our Professionals

All our professionals are among the finest urology experts in the field. They are available for interview by contacting the TUF team.

Professor Christopher Chapple (Sheffield, Yorkshire)

Professor Chapple is a consultant urological surgeon, with particular interest in functional reconstruction of the lower urinary tract and the underlying pharmacological control mechanisms. He also provides a tertiary service in lower urinary tract reconstructive surgery.

He was editor-in-chief of the journal Neurourology and Urodynamics from 2006-2015. In 2011, he was awarded the St Peter’s medal by the British Association of Urological Surgeons. Professor Chapple has co-authored over 700 articles in peer-reviewed Journals and has written several books and a number of book chapters. He is currently Secretary General of the European Association of Urology and is involved in a number of educational programmes across Europe.

Professor Marcus Drake (Bristol, South West)

Professor Marcus Drake treats conditions; urinary incontinence (stress incontinence, post prostatectomy incontinence and overactive bladder), neuropathic bladder, UTI.

He is the Senior Lecturer at University of Bristol and a visiting Professor at the University of the West of England.

He trained at both Cambridge and Oxford. He is Chairman of International Continence Society Standardisation Committee.
Miss Tamsin Greenwell (London)

Tamsin Greenwell is a Consultant Urological Surgeon with a Special Interest in female and reconstructive urology; in particular, the management of male and female urinary incontinence, uretero, vesico, or urethrovaginal fistulae, urethral diverticula in men and women, urethral structure disease in men, and reconstruction of the bladder following its removal in the treatment in cancer and other conditions. She has run the UCL Diploma in Urology and MSc Urology courses and the Pan Thames Higher Surgical Training Teaching Programme since 2004 and has been the Urology Tutor at the Royal College of Surgeons of England since 2006.

Julia Taylor (Salford, North West)

Julia is a Nurse Consultant in Urology. In recognition of her outstanding ideas for improving catheter care, and reducing urinary tract infections associated with catheter usage, Julia was recently awarded the TUF/British Association of Urology Nurses (BAUN) Urology Nurse of the Year Award. She is also a Florence Nightingale Scholar.
Our Supporters Available for Interview

These supporters can be contacted by getting in touch with a member of the TUF team. The Urology Foundation is always able to source case studies on request.

Bertram, 70, urinary incontinence:

The grandfather of five suffered urinary incontinence and erectile dysfunctional after being diagnosed with prostate cancer. He said, “Before my diagnosis I had never given incontinence much thought but it affects your quality of life so much. Just doing a 10-minute drive to Tesco was problematic and I lost all my confidence. I was scared to leave the house.”

John, 59, urinary incontinence:

The father of three developed urinary incontinence eight years ago following surgery for prostate cancer. He said, “I have moments of complete acute anxiety where I know I’ve probably got 20 seconds to get somewhere. When you get this anxiety moment, then you can’t think of anything else, your brain is occupied with the need to deal with this and this is why people think that they can’t go out into the open world and face that situation.”

Susan, 68, urinary incontinence:

She developed urinary incontinence at the age of 31 after a hysterectomy. She said, “at first I hid it from everyone because I felt it was unacceptable. It’s gone a lot of years now and I’ve come to terms with it. It’s still difficult because when you ask in shops if you can use their toilet, they won’t let you.”
Urinary Incontinence Information

What is urinary incontinence?

Incontinence is the unintentional passing of urine. It occurs as a result of weakened bladder muscles. When and how urine is lost varies depending on the type or cause of incontinence. The most common forms are:

- **Stress incontinence** - accidental loss of urine that occurs when a person coughs, sneezes, laughs, or exercises.
- **Urge incontinence** - when a strong and sudden urge to pee is accompanied with, or closely followed by, some leakage.
- **Mixed incontinence** - is a combination of the symptoms of stress and urge incontinence.
- **Overflow incontinence** - when the bladder overfills because it was not emptied properly.

Who gets it?

Far more women than men experience urinary incontinence. 1 in 5 women over 40 are affected. Instances of incontinence also increase with age.

Why does it happen?

Incontinence can happen for a number of reasons:

- **Stress incontinence** happens when the muscles used to contain urine in your bladder have been so weakened they cannot withstand any extra pressure put on them. This is why urine escapes when a person coughs or sneezes.
- In the case of **urge incontinence**, urine leaks suddenly because the bladder muscles contract when they should not. This forces the urine stored in the bladder to leave and leak out of your body.
- **Overflow incontinence** occurs when bladder muscles cannot push urine out of the bladder effectively, or when a blockage stops the bladder from emptying properly. The excess urine builds up and leaks out.
**Diagnosing Urinary Incontinence**

Many people are reluctant to discuss their toilet habits and tend to tolerate their symptoms. An estimated 50-70% of women with urinary incontinence fail to seek medical evaluation and treatment because of social stigma. Incontinence is very common and there are many effective ways of managing it.

Almost half (45%) of all people with incontinence wait at least five years before they get help. This is a worrisome statistic, as often the condition will worsen in that time; therefore, TUF emphasises the importance of booking a GP appointment to find out how to manage or treat incontinence.

**Treating Urinary Incontinence**

Recommended treatment will depend on the type of incontinence and the seriousness of symptoms.

Usually non-medical and moderate treatments to improve bladder control are explored first. The doctor may recommend the following:

- Avoid caffeinated drinks, alcohol, and antidepressants
- Eat more fruit and vegetables to avoid constipation, which could put pressure on the bladder
- Drink fluids in moderation, especially before bed
- Stop smoking because nicotine irritates the bladder
- Practice pelvic floor exercises daily
- Bladder retraining in order to pass urine less often

Other options include medication and surgery.
4 Key Facts about Urinary Incontinence

1. Enlarged prostate glands in men can create blockages which cause overflow incontinence.
2. Women who have given birth or had hysterectomies are more likely to experience stress incontinence.
3. Pelvic floor exercises such as KEGEL exercises strengthen the muscles which help support the bladder and control urination. They are recommended to prevent incontinence or alleviate it.
4. The outlook for those suffering from incontinence is very good and people should seek help as soon as possible.

If you think you may be suffering from urinary incontinence, speak to your healthcare professional.

Get in Touch

The TUF team is here to help you. We can provide further information on our work and case studies as well as support in sourcing professional urology insight.

Contact The Urology Foundation team on:

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