

UROTHERAPY

The term urotherapy is a combination of the word “uro” - from urology meaning study of treatment and diseases of the urogenital tract and “therapy” - which means treatment of diseases or disorders by rehabilitation or curative process.

The most important goal of Urotherapy is to enhance the patient’s ability to overcome the challenges posed in daily life in order to achieve a good and adequate continent bladder and bowel function with minimal urge disturbance.

Objectives

- To achieve continence
- Normalized or improved bladder- and intestinal function
- Custom-made health aids/devices
- Improvement in quality of life

The Scandinavian Society of Urotherapists (UroTerapeutisk Förening - UTF)

UTF is a Scandinavian society, founded in 1987. The society organizes education, research and development in the sphere of urotherapy.

Authorized teaching and training of Urotherapists (40 CME) was started by the University of Gothenburg in Sweden, but is now also arranged by the University of Bergen, Norway and Klinikum Links der Weser in Bremen, Germany.



Urotherapist - a vital link in healthcare



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The urotherapist ...

- ◆ has a basic education in clinical medicine and is registered as a nurse, midwife, physiotherapist or doctor
- ◆ initiates investigation and treatment of bladder and bowel dysfunction, including leakage, urge and outlet functional problems devoid of age and gender
- ◆ works independently or in co-operation with other specialist units
- ◆ explains the linkage between causal agents and symptomatology when assessing bladder and bowel dysfunction as well as sexual dysfunction
- ◆ teaches and motivates usage of diverse self-treatment programmes and exercises as well as technical methods of intermittent catheterisation
- ◆ has both basic and professional experience in assessment and prescription of accessories specially produced for disabilities associated with bladder and bowel dysfunction
- ◆ lectures on normal functional physiology, initiates research in the field of bladder and bowel disabilities and is active in the development of the various treatment options available
- ◆ works mainly at referral centres, but can also be found at minor centres e.g. general practitioners, geriatrics and rehabilitation clinics

Different types of PELVIC FLOOR DYSFUNCTION

Anal incontinence: Inability to control passage of flatus and/or faeces

Stress incontinence: Involuntary leakage on effort or on sneezing or coughing

Faecal incontinence: Inability to control passage of solid or liquid stool

Mixed incontinence: Involuntary leakage of urine due to urge or stress

Voiding problems: Symptoms associated with poor bladder emptying

Enuresis: Lack of bladder control during sleep

Functional bladder disorder: Inability to control passage of urine. Often affects children or during dementia in adults.

Constipation: Sluggishness of the large bowel leading to hardened faeces with difficult and infrequent evacuation

Neurogenic bladder: Incontinence and voiding problems associated with neural disease or damage

Pelvic floor pain: Pain originating from the urinary bladder, bowel or pelvic floor

Bowel evacuation problems: Feeling of incomplete rectal emptying due to pain, uneasiness or bowel dysfunction

Urinary retention: Inability to empty the bladder, partially or completely

Overactive bladder: Symptoms of urgency with or without urgency incontinence

Overflow urinary incontinence: Involuntary release of urine from an overfull urinary bladder, often in the absence of any urge to urinate

TREATMENT OPTIONS

Acupuncture: Primary treatment for overactive bladder and/or pain

Injecting or flushing medication into the urinary bladder: During inflammatory and painful states

Bladder training and bladder regime: To help regain control of the bladder and normalize bladder capacity

Pelvic floor muscle training: To strengthen the pelvic floor muscles and improve the squeeze function

Electrical stimulation/Percutaneous tibial nerve stimulation: Stimulation of the nerves inhibiting the bladder, bowel and pelvic floor to achieve better function

Enuresis alarm: Device to signal involuntary urination at night by children and teenagers

External devices: Absorbent products, catheters, erectile dysfunction devices, intravaginal devices and other disposable products

Patient guidance and self-instruction teaching methods: Thorough evaluation of anatomy and physiology principles, behavioural strategies, management of diet and fluid intake, toileting routines, skincare, and lifestyle interventions

Intermittent self-catheterisation (ISC): Clean insertion of a catheter in the bladder at specific times to evacuate urine during bladder voiding disorders

Bowel management regime: Regulation of stool consistency and frequency, lifestyle intervention, medication, irrigation techniques and establishing regular bowel routines

Toilet training/assistance: Adjustment of toilet routines, bowel evacuation techniques and useful routines

Biofeedback: A self-regulation technique through which patients learn to voluntarily control what where once thought to be involuntary body processes of bladder and bowel function and may include digital examination, visual or aural feedback