In this edition:

HOW CAN WE GET AROUND BOWELS BEING SUCH A TABOO SUBJECT?

ANNUAL CONFERENCE
8TH AND 9TH MAY

ACA CONTINENCE MODULE CONGRATULATIONS

PLUS MUCH MORE!

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Presentation: Betmiga™ prolonged-release film-coated tablets containing 25mg or 50mg mirabegron. Indication: Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome.

Dosage: Adults (including the elderly): Recommended dose: 50mg once daily.

Children and adolescents: Should not be used.

Contraindications: Hypersensitivity to active substance or any of the excipients. Warnings and Precautions: Should not be used in patients with end stage renal disease (or patients requiring haemodialysis), severe hepatic impairment and severe uncontrolled hypertension. Not recommended in patients with severe renal impairment and/or moderate hepatic impairment concomitantly receiving strong CYP3A inhibitors. Dose adjustment to 25mg is recommended in patients with; mild/moderate renal and/or mild hepatic impairment receiving strong CYP3A inhibitor concomitantly and in patients with severe renal and/or moderate hepatic impairment. Caution in patients with a known history of QT prolongation or in patients taking medicines known to prolong the QT interval. Not recommended during pregnancy and in women of childbearing potential not using contraception. Not recommended during breastfeeding.

Interactions: Clinically relevant drug interactions between Betmiga™ and medicinal products that inhibit, induce or are a substrate for one of the CYP isozymes or transporters are not expected, except for inhibitory effect on the metabolism of CYP2D6 substrates. Betmiga™ is a moderate and time-dependent inhibitor of CYP3A4 and weak inhibitor of CYP2D6. No dose adjustment needed when administered with CYP2D6 inhibitors or CYP2D6 poor metabolisers. Caution if co-administered with medicines with a narrow therapeutic index and significantly metabolised by CYP2D6. When initiating in combination with digoxin, the lowest dose for digoxin should be prescribed and serum digoxin should be monitored and used for titration of digoxin dose. Substances that are inducers of CYP3A or P-gp decrease the plasma concentrations of Betmiga™. No dose adjustment is needed for Betmiga™ when administered with therapeutic doses for rifampicin or other CYP3A or P-gp inducers. The potential for inhibition of P-gp by Betmiga™ should be considered when combined with sensitive P-gp substrates. Increases in mirabegron exposure due to drug-drug interactions may be associated with increases in pulse rate.

Adverse Effects: Urinary tract infection, tachycardia, vaginal infection, cystitis, palpitation, atrial fibrillation, dyspepsia, gastritis, urticaria, rash, joint swelling, vulvovaginal pruritus, blood pressure increase, liver enzymes increase, eyelid oedema, leucocytoclastic vasculitis and purpura.

Pack and prices: Betmiga™ 25mg and Betmiga™ 50mg pack of 30 tablets £29.00.

Legal Category: POM.

Product Licence Number: Betmiga™ 25mg EU/1/12/809/001 - 007; Betmiga™ 50mg EU/1/12/809/008 – 014. Date of Preparation: October 2013. Further information available from: Astellas Pharma Ltd, 2000 Hillswood Drive, Chertsey, Surrey, KT16 0RS, UK. Betmiga™ is a Registered Trademark. For full prescribing information please refer to the Summary of Product Characteristics. For Medical Information phone 0800 783 5018.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Astellas Pharma Ltd. Please contact 0800 783 5018.

Date of preparation: December 2013

References:
Editors Report

This is the 2nd March/April newsletter for which I have been responsible and it is probably the one I struggle with most.

It seems akin to the graveyard slot when presenting after lunch! Conference is always the high point of the ACA year and during this time of build up there is always a lot going on behind the scenes but not much on which can be reported at this time.

Having said that, there was a really good feel at our last Exec meeting in February and there are some exciting times ahead for ACA (but I can’t say anything about it at the moment). I will have to leave it as a cliff hanger and you will have to wait until the next instalment.

Conference last year was a great success and we are on track to better that this year. We have sold out of exhibition space and delegate numbers are growing. Last year we had a waiting list so if you haven’t already booked I suggest you do so quickly. Oh by the way – we are already thinking about conference 2015 so if you have any burning issues you would like to hear about, or someone you think would make an excellent speaker please get in touch with me. In the same way – if you haven’t been attracted to conference recently please let me know the reasons. One of the key values of ACA is inclusivity for all health professionals interested in continence – so if you feel your sub-speciality or profession is missing out – again please let me know.

On a personal note February has been a time of change for me. After 17 years working as a Continence Nurse Specialist (with about 6 changes of job title, boundaries and employers!) I have taken up a new position as manager for Specialist Services – a group of 8 services one of which is Bladder & Bowel. It is still my intention to maintain a clinical focus and do one clinic per month, but I was beginning to get stale and in need of a change. I hope to remain on the ACA exec – if you will have me, as I still have much experience to bring to that role and hopefully experience of a wider group of services may help with looking where the ACA should be heading over the next few years.

Best wishes
Cath

Chairs Report

Welcome all of you to the first newsletter of 2014 especially if you are a new or returning member and I hope all of you find something of interest. This will actually be my last report as ACA Chair, for having completed my two three year terms on the Exec. I now have to stand down at the next AGM.

In my last report I was a bit retrospective, having recently been given a glimpse of the ACA archives. But where that was a bit like taking a trip down memory lane, I feel that looking back over my six years on the Exec. is much more hopeful and empowering.

As an organisation ACA has maintained its position as the only multiprofessional organisation aimed at supporting professionals in their work. We have relaunched and continue to have a voice helping to drive healthcare forward in Parliament through both the All Political Party Group and the 2.3 Group chaired by Prof. Abrams.

Professionally we have informed NICE during several guideline reviews, taken the Francis report to heart and voiced opinion on the recommendations and produced an award winning Teenage Pelvic Floor Leaflet that is now also available in Portuguese. Most recently we have been involved in the Epic3 Guidelines that have recently been published and can be found at: http://www.journalofhospitalinfection.com/supplements .

One thing I am sure about is that ACA never stands still the Exec. members have all left their mark and new members have allowed the organisation to evolve. This is good because it means that we continue to be fresh and vibrant. I could not have achieved what I have without the support and influence of all the Exec. members I have worked with both in my first three years and in my three years as Chair. Thank you all for that. I know I leave the organisation in good hands and look forward to watching the next stage of its development.

Best wishes
Debbie
Berwick report

Following the Francis report in 2013, the government appointed Professor Don Berwick to lead an expert group to advise the NHS in England on how to prevent patients being harmed while receiving healthcare. (For more information, see http://bit.ly/1fQr3qx) Professor Berwick’s group, called the National Advisory Group on the Safety of Patients in England, included 15 recognised experts from the US and the UK.

It was charged with advising on how the NHS can move to a “zero-harm” culture, based on the best scientific evidence from across the NHS and other industries and health services from around the world. There were a number of recommendations made including four guiding principles:

- The quality and safety of patients should be placed above all other aims (which is the safest and best route to lower cost)
- Engage, empower and listen to patients at all times
- Foster the growth and development of staff (though lifelong staff education)
- Insist upon transparency in the service of trust, accountability and the growth of knowledge

The key recommendation that potentially relates specifically to continence services includes the issue of financial restrictions which particularly could relate to the issue we have regarding ever increasing pad budgets. Berwick stated:

“Quantitative targets and financial goals should not override protection of patients from harm...Resource constraints will undoubtedly continue in the NHS. There are ways of dealing with this reality. One is by simply cutting budgets and thereby placing the burden on staff...The other better way is through improvement – introducing new models of care and new partnerships amongst clinicians, patients and carers that can produce better care at lower cost.”

To see full report follow the link below

June Rogers

North West

The North West ACA held their first meeting of 2014 on Thursday 6th February at Preston Grasshoppers. The theme of the day was bowels and constipation.

Karen Irwin, Clinical Nurse Specialist, Bolton NHS Foundation Trust/ PromoCon, started the day with her presentation: Setting the scene: Constipation in primary care. This was followed by Gary Mancey-Jones, Norgine Pharmaceuticals Brand Manager. Gary fed back the results of the ILC European study: The Burden of constipation in our ageing population. Members then broke into small working groups to look at the key priorities that came out of the study, to discuss ways of moving things forward, individually, locally and nationally.

The afternoon session was led by Professor Peter Whorwell, Professor of medicine and gastroenterology at University Hospital of South Manchester. Professor Whorwell discussed his current practice in the management of patients with IBS.

It was a really informative day and thanks go to Julie Vickerman and Sarah Kiveal for organising the day. Thanks also go to the companies who hosted stands on the day.

The next North West ACA educational day will be a joint day with Mersey ACA and will be held on Wednesday 2nd April at The Chill Factor, Trafford Quays. Any members wishing to attend this meeting must let me know in advance for catering purposes.

The North West branch is also pleased to be sponsoring a member place for the annual conference. The winning entry will be drawn at the April meeting and they will be giving a feedback presentation at a future branch meeting.

The Branch also held their AGM during the business meeting and branch officers were duly elected.

Clare Holden
Branch Secretary
NW ACA
Tel: 01257 245453
claire.holden@lancashirecare.nhs.uk
The Convenience of not needing a Convenience.

The VaPro Plus Hydrophilic Intermittent Catheter offers all the benefits of the standard VaPro Catheter, with the added advantage of an integral 1000ml collection bag, delivering catheterisation on-the-go.

- **Protective tip** helps shield the catheter from contact with bacteria in the distal urethra. This reduces the risk of carrying bacteria further into the urinary tract to help support well-being.

- **No additional water is necessary** - sterile water vapour molecules are already inside the foil packaging. They activate the catheter’s hydrophilic coating, making the catheter lubricated, smooth, and ready for use right out of the package.

- **Touch Free** protective sleeve helps assure confident handling and helps reduce the risk of possible bacterial contamination during catheterisation. The sleeve also makes the catheter easy to grip and thereby easy to use.

Now you can experience all the benefits of VaPro on-the-go.

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ACA Yorkshire Branch

Last year the Yorkshire Branch held two study days, one for clinical nurse specialists and one for community and hospital staff who deal with patients who have continence issues. Both events were well attended by nursing staff and each event was supported by a large product exhibition. We also sponsored two of our branch members to attend the National ACA Conference.

For 2014 we have another two study days planned entitled “Continence the Essential Skills”. These have now become our Annual Study days aimed at all community/hospital nurses who take an interest in all things “Continence” within their individual settings. We are aware that increasingly it is becoming more difficult for an individual service to facilitate, so we run these days as a regional team and they work really well. We usually get around sixty nurses attending and all the individual session/topics are run by our branch members.

The first of these study days will be held on the 3rd April and the second one will be on the 18th September. We are finding that these study days are well sought after as they are free for delegates to attend and cover the core subjects needed to enable them to assess and treat patients effectively. We are very proud that we are able to give both hospital and community nurses the opportunity to update their skills.

As a branch we continue to hold our regional meetings but we have had to reduce these to 3 per year due to the current climate within the NHS, many of our members are finding it more difficult to justify their time away from the workplace and many of their managers do not see the benefit of attending ACA meetings. In saying that we still have a reasonable number who attended regularly as we do provide a Clinical forum session where we either invite external speakers or our clinical members use the opportunity to share best practice ideas. Our venue is The New Wheatsheaf in Castleford. This is an excellent venue for our meetings and study days alike. Our Christmas meeting was outstanding as always.

We welcome all new members and are constantly looking at ways of attracting them to join our branch.

Julie Bridges,
Secretary and Educational Committee Member

Key dates for 2014

5th March: AGM
3rd April: the first of our ‘Continence: the Essential Skills’ study days
1st July 2014: Branch meeting
16th September: the second of our ‘Continence: the Essential Skills’ study days
5th December: Christmas meeting

South West Branch

Well, as I write this it is yet another wet and windy day in the South West - wellies may well become part of our everyday dress!

We have just had our AGM at Oake Manor Golf Club – always an enjoyable occasion, this meeting has become an annual treat for our members as we have a two course meal at lunchtime in the lovely setting of the Somerset countryside – and no one fell asleep during the afternoon!

During the meeting we were treated to a fascinating talk by one of our retired clinicians, Jane Sawyer, who now works on a part time basis on the helpline for the Bladder and Bowel Foundation. The session over-ran of course as there were lots of questions asked as we gained an insight into the valuable work of this charity.

This year’s meeting was tinged with a little sadness as we said goodbye and good luck to our Treasurer, Cindy Foster who is moving with her husband to sunnier climes and to Mary-Lou Brennan and Ruth Vidal who are both retiring in the coming months. We wish both Mary-Lou and Ruth a long, happy and healthy retirement – they will be greatly missed by their colleagues.

The overall membership in our area has remained steady over the years however we are finding that attendance at our meetings has been falling. We believe that our meetings provide a valuable networking forum and vital peer support during these challenging times so at the AGM it was decided that we should undertake a survey of our members to ascertain the reasons why they are unable to attend the local meetings. This project will keep us busy over the next few weeks and the results will be fed back to members at our meeting in May.

Maria Eames
Relax, Urgency controlled

PRESCRIBING INFORMATION
Presentation: Vesicare® film-coated tablets containing 5 mg or 10 mg solifenacin succinate. Indication: Symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder syndrome. Dosage: Adults: Recommended dose: 5 mg once daily. If needed, the dose may be increased to 10 mg once daily. Children and adolescents: Should not be used.

Contraindications: Urinary retention, severe gastrointestinal condition (including toxic megacolon), myasthenia gravis or narrow-angle glaucoma and in patients at risk for these conditions. Patients hypersensitive to the active substance or to any of the excipients, or undergoing haemodialysis, or with severe hepatic impairment, or with severe renal or moderate hepatic impairment and on treatment with a potent CYP3A4 inhibitor. Warnings and Precautions: No clinical data are available from women who became pregnant while taking solifenacin. Caution should be exercised when prescribing to pregnant women. The use of Vesicare® should be avoided during breast-feeding. Assess other causes of frequent urination before prescribing. Use with caution in patients with clinically significant bladder outflow obstruction at risk of urinary retention, gastrointestinal obstructive disorders, risk of decreased gastrointestinal motility, severe renal or moderate hepatic impairment (doses not to exceed 5 mg), concomitant use of a potent CYP3A4 inhibitor, Hall's hernia/gastroesophageal reflux and/or patients currently taking medicines that can cause or exacerbate oesophagitis, autonomic neuropathy, QT prolongation and Torsade de Pointes have been observed in patients with risk factors, such as pre-existing long QT syndrome and hypokalaemia. Safety and efficacy have not yet been established in patients with a neurogenic cause for detrusor overactivity. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicinal product. Angioedema with airway obstruction and anaphylactic reaction have been reported with some patients on Vesicare®. Interactions: Concomitant medication with other medicinal products with anticholinergic properties may result in more pronounced therapeutic effects and undesirable effects. Allow one week after stopping Vesicare® before commencing other anticholinergic therapy. Therapeutic effect may be reduced by concomitant administration of cholinergic receptor agonists. Can reduce effects of stimulators of gastrointestinal motility. Can reduce effects of other CYP3A4 substrates with higher affinity and CYP3A4 inducers. Pharmacokinetic interactions are possible with other CYP3A4 substrates with higher affinity and CYP3A4 inducers. Adverse Effects: Dry mouth, blurred vision, constipation, nausea, dyspepsia, abdominal pain, urinary tract infection, peripheral oedema, colonic obstruction, rash, urinary retention, hallucinations, confusional state, angioedema, anaphylactic reaction, delirium, Torsade de Pointes, electrocardiogram QT prolonged, atrial fibrillation, tachycardia. Prescribers should consult the Summary of Product Characteristics in relation to other side effects. Basic NHS Cost: Vesicare® 5 mg blister packs of 30 tablets £27.62; Vesicare® 10 mg blister packs of 30 tablets £35.91.

Legal Category: POM. Product Licence Number: Vesicare® 5 mg PL 016600197; Vesicare® 10 mg PL 016600198. Date of Revision: August 2013. Further information available from: Astellas Pharma Ltd, 2000 Hillswood Drive, Chertsey, KT16 ORS. Vesicare® is a Registered Trademark. For full prescribing information please refer to the Summary of Product Characteristics. For medical information phone 0800 783 5018.
## Welsh Branch Report

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<th>Branch Name:</th>
<th>WALES ACA</th>
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<td>Chair:</td>
<td>SARAH WALKER</td>
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| Committee:  | Lyn de Smit – Secretary, Llinos Walters - Treasurer  
              Janine Dailey – Branch Organiser (stepped down, but no-one as yet to replace) |
| Number of Members: | 25 Members, 18 of which are Continence Nurse Specialist/Advisors and 2 are women’s health physiotherapists |
| Next Branch meeting: | 10th April 2014 1000 |
| Average number of members attending branch meetings? | 6 |
| How often Branch meets: (annually) | undecided, definitely once a year |

**Summary of events in past year:**

To try and encourage new members we moved our venue to Bridgend prior to the SWIG (South Wales Incontinence Group) meeting. It was opened up to all Continence Nurse Specialists, providing a free buffet and excellent speakers to try and entice them to re-commit to Wales ACA. Several new faces appeared but unfortunately no-one new has registered as yet.

The overall response of the morning was very encouraging and all that attended found the morning interesting. We had 3 speakers:-

- Justine Phillips and Helen Griffiths gave an excellent presentation entitled “Bowel Dysfunction – from assessment to irrigation – a Powys Perspective”.
- Anna Tee, Patient Experience Manager, Hywel Dda – “Capturing hearts and minds – the power of listening to the patient story”.
- Carole Broad, Women’s Health Physiotherapist from UHW, Cardiff on “The overactive pelvic floor and relationship between interstitial cystitis and pelvic pain”.

**New members:**

No new members

**Plans for next year:**

Future of Wales ACA will be discussed at next meeting 10th April 2014 which is being held at Coed-y-Mwstwr Hotel, Bridgend

**Any other Business:**

Llinos Walters presented the current Finance status. Current account balance as at October 2013 £538.76. Reserve account balance as at October 2013 £1873.55. Only one withdrawal made of £100 in that period.

**Concerns / Threats:**

Unable to obtain bums on seats

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### Education for ACA members

At the ACA we are always reviewing how education gets delivered to our members. In this changing and challenging climate it is getting more difficult to go to training events due to staffing levels, cost of courses etc. Sometimes we also don’t know what is happening in some of our neighbouring health boards. One way of doing this is to advertise on the ACA website what courses and study days you run in your area. Please let your colleagues know about them via the ACA website.

You can contact Fitwise by emailing aca@fitwise.co.uk and they can put your training courses on the ACA website.

**Wilma Nicolson**

### Well done!...

Congratulations to the following people have all successfully completed the ACA Continence Module.

**Level 3**
Fiona Le Ber  
Charlotte White  
Carol Lewis

**Masters Level**
Carolyn Green  
Laura Plummer  
Sue Jenner  
Tracey Perkins.

Well done to you all.

There are a significant number of people currently undertaking this module. It is accredited at level 3 and M level for 20 credits from University of Ulster, In my experience it was easy to APEL to my local university. At just £50.00 to all members this provides exceptional value.

For further information please see ACA website or contact Dr Jo Booth - Jo.Booth@gcu.ac.uk
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Convenience and discretion matter to your patients – introducing new Curan Lady. Compact and discreet, this ready-to-use female intermittent catheter is easy to open, has a gel chamber that ensures a mess-free coating and offers a 17% saving compared to the market leader¹ – making it a cost-effective alternative. With so many benefits, your patients will have the confidence to say yes to whatever life has to offer.

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¹. Drug Tariff. June 2013

Careline: 0800 036 0100
ACA CONFERENCE 2014
HILTON BIRMINGHAM METROPOLE – 8/9 MAY 2014

Have you registered yet for this year's conference? Don't leave it too late! Remember last year SOLD OUT and places are already filling up fast so don't leave it too late and end up disappointed!

Check out the ACA website (www.aca.uk.com) for updated programme information but here's a reminder of some of the topics from the excellent programme that has been developed:

- Dementia and dignity
- ICONS - study findings
- Measuring outcomes in respect of continence issues
- The social bladder
- Male Circumcision and Female Genital Mutilation – impact on continence
- LUTS Quality standards – Controversial?
- Reconstruction of the blast injured perineum – impact on continence
- Developing your continence service

The exhibition is central to conference and there will be lots of opportunities to visit what promises to be an extensive range of company stands many with new and innovative products relevant to continence care.

Finally, the ACA gala dinner is absolutely not to be missed as we welcome Elaine Miller, physiotherapist and comedienne, as an after dinner speaker.

So don't miss out! Register now at www.aca.uk.com and be a part of what promises to be THE Continence event of 2014! Look forward to seeing you there

Janice Reid
Chair of Conference Organising Group

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Care Home and Care at Home– National Approach Development Plan (Dementia Care)

For residents who require assistance to remain continent, the promotion of good continence care within our care homes is crucial to ensuring an individual's quality of life. Everyone involved in supporting and caring for each individual resident must work together to get the best outcome for them.

Jackie Dennis, Professional Adviser Health with the Care Inspectorate said an important step to improving continence outcomes was to start viewing continence as the "norm", instead of emphasising incontinence through the routine use of absorbent pads or urinary catheters.

Jackie said Continence Nurse Advisors were linking with the work of the Care Inspectorate to promote and improve continence care within some care homes. “It is a challenge that faces both groups and we both have a common purpose to promote and encourage best practice”

It is recognised that another challenge that will affect us all is the increasing number of people with dementia and how we will ensure that the quality of continence care is promoted and maintained for people with life limiting conditions such as dementia. Heather Edwards, Dementia Consultant with the Care Inspectorate highlighted a project to get back to basics around promoting continence. Heather and Jackie are keen to work with the local continence advisory services to get this project off the ground. Heather and Jackie believe that as well as regulation an important part of the Care Inspectorate's work is education, promoting best practice and working with care providers to drive improvement. With this in mind we are planning to develop a resource for front line staff and informal carers to promote and maintain continence for people with dementia. It is hoped that by making both informal and formal carers aware of functional and social incontinence and challenging the expectations and assumptions of what it means to age and also to live with dementia there will be a shift in the numbers of people who are deemed incontinent.

We are currently at the stage of bringing together stakeholders and from this group a writing and reference group will be established. If anyone has an interest in this project Jackie and Heather would be keen to hear from you.

Jacqueline Dennis, Professional Adviser, Health with the Care Inspectorate (Continence Advice and dementia remit) Jacqueline.Dennis@careinspectorate.com

Heather Edwards, Dementia Consultant
Heather.Edwards@careinspectorate.com
Not just an anti-cholinergic but an anti-spasmodic too

Prescribing Information:
Detrunorm XL 30 mg Modified Release Capsules (propiverine hydrochloride)

Presentation: Modified-release capsules each containing 30 mg propiverine hydrochloride.

Indications: Treatment of urinary incontinence, urgency and frequency in patients with idiopathic detrusor overactivity (overactive bladder).

Dosage and Administration:
Adults: One 30 mg capsule daily. Elderly: No special dosage regimen required. Children: Not to be used in this population due to a lack of data.

Contraindications: Hypersensitivity to any of the components. Obstruction of the bowel, significant degree of bladder outflow obstruction where urinary retention may be anticipated, myasthenia gravis, intestinal atony, severe ulcerative colitis, toxic megacolon, uncontrolled angle closure glaucoma, moderate or severe hepatic impairment and tachyarrhythmias.

Precautions and Warnings:
Use with caution in patients with autonomic neuropathy. Symptoms may be aggravated in: severe congestive heart failure (NYHA IV); prostatic hypertrophy; hiatus hernia with reflux oesophagitis; cardiac arrhythmia. Propiverine induces mydriasis hence the risk to induce acute angle-closure glaucoma in predisposed patients may be increased. Poliakuria and nocturia due to renal disease, congestive heart failure or organic bladder diseases (e.g. urinary tract infection; malignancy) should be ruled out prior to treatment. Contains lactose.

Interactions: Tri cyclic antidepressants, tranquillisers, anticholinergics, amantadine, neuroleptics, beta-adrenoceptor agonists, cholinergic drugs, isoniazid, prokinetics e.g. metoclopramide.

Pregnancy and Lactation: Should not be used during pregnancy or lactation.

Undesirable effects:
Very common: dry mouth.
Common: accommodation disturbances, abnormal vision, constipation. Uncommon: fatigue, nausea, vomiting, dizziness, tremor, urinary retention, flushing, decreased blood pressure with drowsiness. All undesirable effects are transient and recede following dose reduction or termination. During long-term therapy hepatic enzymes should be monitored; reversible changes of liver enzymes might occur in rare cases. Monitoring of intraocular pressure is recommended in patients at risk of developing glaucoma. Attention should be paid to residual urine volume in cases of urinary tract infection.

Please refer Summary of Product Characteristics for detailed information.

Overdose: Central anticholinergic effects e.g. restlessness, dizziness, vertigo, speech/vision disorders, muscle weakness, severe dryness of mucosa, tachycardia and urinary retention.

Legal Category: POM.

Pack sizes and basic NHS prices: £24.45 x 28 Detrunorm XL 30 mg Modified-Release Capsules.

Marketing Authorisation Numbers: PL 2007200016.

Marketing Authorisation Holder: Amdipharm Mercury Company Limited (Amdco), 1st Floor, Capital House, 85 King William Street, London, EC4N 7BL.

Date of preparation: August 2012
Date of revision: December 2013

Adverse events should be reported to the local regulatory authority. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Amdipharm Mercury Medical Information at 08700 70 30 33 or via e-mail to medicalinformation@amcolimited.com

References:
Well what a winter we’ve had! Not very cold but very wet and I am sure several of you were affected by the floods in a variety of different ways. I thought about how people displaced by flood water accessed toilets through this time. Many had to use chemical loos which then needed to be emptied and the national news showed a lady taking hers on a boat to empty it, but what happened to the others?!

However it is a rarity that toilets or sewage are talked about on national television as its “not nice”!

I recently visited India and Nepal where the culture is very different to ours when it comes to toilet facilities and habits! It was not unusual to see a man “peeing” in the street which at first was a bit of a shock but as the trip went on we realised that this was the norm. We found that the hygiene in a number of the toilets left much to be desired and again it became normal to take your own toilet paper and hand gel with you. Many of the toilets were “holes in the ground” which I am not accustomed to using and often wished I had a few spare clothes pegs in my bag!! However what amazed me the most were A4 posters, attached to lampposts, with very graphic pictures of haemorrhoids and anal fissures with information on where you could get these treated! (Unfortunately I was on a coach so was not able to take a photo.) I could not imagine this happening in the UK, but why not? It is a very common problem with about 50% of the UK population and 75% of people worldwide suffering with these at some point in their lives, but it’s not something that people would openly discuss. If there were posters around with this information, perhaps people would discuss their bowels more and it would become less of a taboo subject. In fact when others on the coach saw these posters they started talking about it and by the end of the trip I think we knew most people’s intimate facts about their bowel habits. Some of them knew what I did for a living and asked me for advice on their bowels! I could have run a clinic!

It’s not just the general public that find bowels a taboo subject, many healthcare professionals do too. There is an interesting article in February’s Gastrointestinal Nursing about stigma, taboo and altered bowel function (Chelvanayagam, S. (2014) Stigma, taboos and altered bowel function. Gastrointestinal Nursing, Vol 12, No 1 page 16-22) which I would recommend reading and sharing it with your colleagues.

I look forward to seeing you at Conference on the 8th and 9th of May in Birmingham, another excellent programme so make sure you book soon as last year it sold out! The BSIG session at the end of the first day will be a practical session around DRE and DRF, so bring your questions along!

Wendy Ness

Epic3 Guidelines

At the end of last year the Epic3 Guidelines were published. Unfortunately it was just too late to include in the last newsletter so I hope this is not old for everyone.

ACA was one of the organisations who reviewed the draft guidelines and I was able to pass on a number of comments made by the membership as part of this process. The guidelines are general in nature and, from the point of view of bladder & bowel care, are limited to catheterisation and catheter care.

The following link will take you to the published guidelines where they can be viewed in full; http://tinyurl.com/ksue9wn

Debbie Yarde, Chair
Emteva is the world’s first developed intermittent self catheterisation (ISC) catheter manufactured from corn starch, which means it is 100% biodegradable.

- Female designed ISC catheter with grip & lid
- Emteva has a unique closing mechanism so the patient can decide in her own time when she is ready to void
- Emteva has an innovative designed grip handle, which means the patient does not need to touch the catheter and makes it easy to insert
- Emteva is available on prescription
- Another innovative product from the Hunter Urology range

Call or email for your free sample from Hunter Urology
Tel: +44(0)1404 44088   enquiries@hunterurology.com

The Threshing Barn | Woodhayes | Honiton | Devon | EX14 4TP | United Kingdom
Fax: +44(0)1404 549944   www.hunterurology.com
We are pleased to announce the winner of the PromoCon Bowel Care Award, Nicola Pennington, Advanced Nurse Practitioner, Stockport NHS Foundation Trust. The title of her project was “An Inspirational Team – Moving Forward in Bowel Care Management”. She will receive a cheque of £500.00 for her team and will present the team’s work at the ‘PromoCon Conference Symposium in Bolton’ on Tuesday, 11 March 2014.

The competition was of a very high standard and the judges had a difficult decision to make. The runners up who are to receive a highly commended certificate were Clare Molyneux, Specialist Physiotherapist in Lower GI Disorders, University Hospital of South Manchester for her project “The Pelvic Floor Multidisciplinary Team” and Sheena Kennedy, Paediatric Clinical Nurse Specialist/Continence Lead Nurse, Halton and St Helens Division, Bridgewater Community Healthcare NHS Trust and her team of Nursery Nurses for their project “Autistic Spectrum Disorder Package of Care for Children with Toileting Issues in Particular Bowel Problems”.

This Award was sponsored through an unrestricted educational grant from Norgine.

**Joint PromoCon/ERIC Paediatric Conference**

ERIC has partnered with PromoCon to deliver a one-day international conference on 5th November 2014. The conference will provide an opportunity to network and update knowledge about best practice for paediatric continence treatment and care, find out about new treatment approaches and to network with experts. The event will also mark ERIC’s 25th anniversary and PromoCon’s 18th birthday, and celebrate the achievements that have been made during this time.

The venue for the event will be the Hilton Metropole in Birmingham, a leading conference venue with excellent transport links to the city centre. The venue is located next to the National Exhibition Centre (NEC) and is only 10 minutes from Birmingham International Airport.

There is an early bird available for delegates if you book before 1 May 2014 for further details:

http://www.eric.org.uk/conference/

**ACA Conference 8 and 9 May 2014**

Any companies who are coming along to the ACA conference, in Birmingham who have new products which could improve the quality of life of people who have bladder and/or bowel problems and which have been available from last year’s conference to May 2014, don’t forget to enter into “Look Good Feel Good Awards”.

*For further information about any of these news items, please contact PromoCon: 0161 607 8219 or promocon@disabledliving.co.uk*
**PromoCon**

**PRODUCT NEWS**

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**Introducing the Libra Conform Leg Bag**

Libra Conform is a three chambered bag specifically designed to be more discreet under clothing. It is available in a 500ml and 750ml capacity with both Short and Long tube lengths. Libra Conform offers greater discretion over conventional leg bags as the chambers wrap around the contour of the leg, making it more comfortable to wear and reduces the ballooning effect associated with leg bags. The chambers allow for the urine to be held equally, so the weight of the bag is evenly distributed; offering greater comfort again whilst minimising any audible noise. As with all Libra Leg Bags, the Libra Conform features silky, smooth fabric backing, a true needle-free sample port and 180° Lever Action Tap for ease of use.

For more information on the Libra Conform, or to receive a complimentary sample please FREEPHONE 0800 055 6270 or email mail@gbhl.co.uk.

**Alternatively, please visit www.greatbearhealthcare.co.uk for information on the full range products Great Bear can offer.**

---

**Bullen – Acti-Brief Plus**

Acti Brief Plus Male Urinary Incontinence Management System and has been designed with the needs of your patient in mind.

Acti Brief Plus offers:

- **Comfort** - Soft cotton pants with a unique and modern design
- **Discreet** - Providing reassurance for a condition that can often cause embarrassment for patients
- **Independence** - As healthcare providers have a duty to focus on the quality of life of each individual
- **Freedom** - We design products that work and in doing so provide freedom and peace of mind

Available on Drug Tariff, if you would like any further information, please call 0800 888 501 www.bullens.com

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**Aquafresh Irrigation System – Oak Med**

Aquafresh Quick is a complete system which contains everything that is required to carry out anal irrigation over a toilet or commode. It has been designed with patient use in mind and many hygienic and safety features are incorporated within the system.

For any further information
Call us on free phone 0800 592 786
Web site: www.oakmed.co.uk/aquafresh
Email: orders@oakmed.co.uk
Manfred Sauer Care- IQCathGel+ intermittent catheter.

Our unique & ready to use intermittent catheter, launched in December ‘12 is already proving to be a huge success.

Same Ingenious catheter tip which goes where other catheters have failed! Patented rounded tip and flexible zone which help negotiate the urethra with ease.

Designed specifically for men and available in sizes 10ch-18ch for all your intermittent catheterisation needs.

Smooth eyelets- rounded inside and out to protect the delicate urethral mucosa.

For free samples or advice contact Manfred Sauer
Helpline tel: 01604 595696
Email: helpline@manfred-sauer.co.uk
Website: www.iqcath.co.uk

Actreen® Mini Set

Actreen® Mini Set from B. Braun is the new female intermittent (ISC) catheter set available on prescription from 1st January 2014.

Available in CH10-CH14, this range has been designed to make life easier every day, everywhere, offering ladies’ peace of mind with a simple and convenient all-in-one ISC catheter/collection bag.

Using Mini Set couldn’t be simpler; unfold, open and start catheterisation.

And with a hydrophilic gel lubricant there is no mess or splash in use. The bag features a non-return valve as there will be times when it isn’t possible to empty straightaway.

A carry case, supplied in each box, allows for a number of catheters to be carried around during the day, and as it’s very lightweight Mini Set can be transported easily.

Call 0800 526116 for samples.

EMTEVA catheter

Introducing EMTEVA the world first developed:

Intermittent self catheterisation (ISC) catheter for females manufactured from corn starch, which means it is 100% biodegradable.

The Emteva has a unique closing mechanism so the patient can decide in her own time when she is ready to void, and also an innovative grip handle to help patients with poor manual dexterity.

The Emteva ISC catheter is available on prescription, comes in discrete packaging, and is delivered to the patient in lightweight bags of thirty.

Emteva is another innovative product from the Hunter Urology range

To receive your free sample or place an order please contact Hunter Urology
Tel. 01404 44088
Email: enquiries@hunterurology.com
Web: www.hunterurology.com
**MOVICOL® and MOVICOL® Liquid Orange Flavour, concentrate for oral solution.**

**Abbreviated Prescribing Information**

REFER TO FULL SUMMARY OF PRODUCT CHARACTERISTICS (SMPC) BEFORE PRESCRIBING.

**Presentation:** MOVICOL Sachet of white powder which dissolves in about 125ml (approximately ½ glassful) water to make a lemon/lime flavoured drink. Each sachet contains: 13.125g macrogol (polyethylene glycol) 3350, 178.5mg sodium hydrogen carbonate, 350.7mg sodium chloride and 46.6mg potassium chloride. MOVICOL Liquid A clear concentrated liquid, which is diluted in water to make an orange flavoured drink. Each 25 ml of MOVICOL Liquid is diluted in 100 ml of water before use and contains the following active ingredients: 13.125 g macrogol (polyethylene glycol) 3350, 178.5 mg sodium hydrogen carbonate, 350.7 mg sodium chloride and 46.6 mg potassium chloride.

**Uses:** MOVICOL Liquid: Treatment of chronic constipation. MOVICOL® Liquid: Treatment of chronic constipation and faecal impaction. **Dosage and administration:** MOVICOL Chronic Constipation: Adults, adolescents and the elderly: 1-3 sachets daily in divided doses, according to individual response. For extended use: adjust dose down to 1 or 2 sachets. Extended use may be necessary in patients with severe chronic or resistant constipation, secondary to multiple sclerosis or Parkinson’s Disease, or induced by regular constipating medicine, in particular opioids and antimuscarinics. A course of MOVICOL treatment does not normally exceed 2 weeks, but can be repeated if required. Faecal Impaction: Adults, adolescents and the elderly: 8 sachets per day. A course of treatment for faecal impaction does not normally exceed 3 days. The 8 sachets should be taken within a 6 hour period (2 sachets per hour maximum in patients with cardiovascular impairment). The 8 sachets may be dissolved in 1 litre of water. MOVICOL Liquid Adults, adolescents and the elderly: 25 ml diluted in 100 ml of water 1-3 times daily in divided doses, according to individual response. For extended use, the dose can be adjusted down to 1 or 2 doses per day, each consisting of 25 ml diluted in 100 ml of water. Extended use may be necessary in patients with severe chronic or resistant constipation, secondary to multiple sclerosis or Parkinson’s Disease, or induced by regular constipating medicine, in particular opioids and antimuscarinics. A course of MOVICOL Liquid treatment does not normally exceed 2 weeks, but can be repeated if required. MOVICOL and MOVICOL Liquid are not recommended for children below 12 years. Alternative MOVICOL products are available for children.

**Contra-indications:** Intestinal perforation or obstruction due to structural or functional disorders of the gut wall, ileus, severe inflammatory conditions of the intestinal tract, such as Crohn’s disease, ulcerative colitis and toxic megacolon. Hypersensitivity to the active substances or any of the excipients.

**Adverse events:** Should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Medical Information at Norgine Pharmaceuticals Ltd on +44 1895 826606. E-mail: medinfo@norgine.com. MOVICOL® is a registered trademark of the NORGINE® group of companies. Date of preparation/revision: JN/061011/13.

**UK**

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Medical Information at Norgine Pharmaceuticals Ltd on +44 (0) 1895 826606.


**Date of preparation:** January 2014.


**Interactions:** There is a possibility that the absorption of concomitantly administered medication could be transiently reduced.

**Undesirable effects:** Reactions related to the gastrointestinal tract are the most common and include: abdominal pain, abdominal distension, nausea, diarrhoea, flatulence, borborygmi and anal discomfort. Allergic reactions, including anaphylactic reaction, angioedema, dyspnoea and skin reactions can occur. Other effects can include electrolyte disturbances, headache and peripheral oedema.


**UK**

**MOVICOL®**

is significantly more effective than lactulose¹

**MOVICOL® Liquid Orange Flavour, concentrate for oral solution.**

**Presentation:** MOVICOL Sachet of white powder which dissolves in about 125ml (approximately ½ glassful) water to make a lemon/lime flavoured drink. Each sachet contains: 13.125g macrogol (polyethylene glycol) 3350, 178.5mg sodium hydrogen carbonate, 350.7mg sodium chloride and 46.6mg potassium chloride. MOVICOL Liquid A clear concentrated liquid, which is diluted in water to make an orange flavoured drink. Each 25 ml of MOVICOL Liquid is diluted in 100 ml of water before use and contains the following active ingredients: 13.125 g macrogol (polyethylene glycol) 3350, 178.5 mg sodium hydrogen carbonate, 350.7 mg sodium chloride and 46.6 mg potassium chloride.

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**Date of preparation:** January 2014.

**ACA Scotland National Study Day**

Thursday 1st May 2014

Key Note Speaker : Mr Alex Neil MSP, Cabinet Secretary for Health & Well-being

**AM** : Patients & Specialists within the Continence Care arena

**PM** : Choose from 3 Workshops – Tailored to your specific needs

Extensive Company Exhibition – Access throughout the day

See reverse for supporting Exhibitors

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Venue: Falkirk Football Stadium

Westfield, Falkirk, FK2 9DX

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Date : Thursday 1st May 2014

Time : 08:30 Registration & Exhibition

09:30 Programme Start

15:45 Close

Delegate Registration Fee including Lunch : £10

For further information and to register contact

ACA Scotland Treasurer - Wendy Rae

on wendy.rae@hollister.com or tel. 07912594431

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**Supporting Exhibitor Companies**

- Aspen Medical Europe
- Bard
- B-Braun
- Bullen
- Clinimed
- Clinisupplies
- Coloplast
- de Smit Medical Systems
- Fittleworth
- Flexicare
- Galen
- Hollister
- MacGregor Healthcare
- Ontex
- SCA
- Verathon
- Wellspect
DIFFICULTY CATHETERISING?

NOT ANY MORE!

**iQCATH GEL**

**DESIGNED TO SOLVE THE PROBLEM.**

Hydrophilic versions also available, just call or email for details

IQCath - The intermittent catheter designed specifically for men!

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"After months of struggling with other catheters I came across IQ on a web search. I applied for samples & also received really good advice from their Helpline and now I find ISC no problem whatsoever...thank you again!"

IQcath user

helpline@manfred-sauer.co.uk

01604 595 696

www.iqcath.co.uk

*Helps pharmacy quickly find the exact iQCath you require*
Work Related Professional Skills (Urology and Continence)

**Module Title and Module Code:**
NM6125 Work Related Professional Skills (Urology and Continence)
It is anticipated this module will run early in 2014

**Credit Value and Level:**
20 credits at level 6

**Rationale:**
Urological and continence problems are distressing conditions with a variety of causes that can affect adults from any social, economic, racial or ethnic background. They cause emotional, physical and financial suffering to the individual, the family and others concerned. The module seeks to enable the practitioner to enhance the knowledge and skills required to support this client group.

**Aims:**
1. To enhance the student’s knowledge and critical understanding of urological care and facilitate the application of underpinning theory to different practice settings.
2. To provide practitioners with the advanced skills necessary to participate actively in the management of continence in their area of practice.

**Module Outcomes (summary)**
Anatomy and physiology, urological investigations, management and treatment options, clinical competencies

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**For further information on the programme please contact:**

**Sue Phillips**
Module Leader, Faculty of Health and Social Care
University of Chester, Riverside Campus, Castle Drive, Chester, CH1 1SL
Telephone Number: 01244 512275
Email: sue.phillips@chester.ac.uk

**Debra Ollerhead**
0151-643-5330

**For an application pack please contact:**
Health and Social Care Admissions, University of Chester
Riverside Campus, Tel: 01244 512571 or 512572
Email: hs cadmissions@chester.ac.uk

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Birmingham 2014

**Conference and Exhibition 2014**
8-9 May 2014 Hilton Birmingham Metropole

**Programme highlights include:**
- Dementia – Mental Health Conditions and the Impact on Continence
- Dementia and the Impact on Continence – A Professional’s Experience
- Dementia and the Impact on Continence – A Carer’s Experience
- Catheter Troubleshooting
- Identifying Continence OptioNs after Stroke (ICONS) – Findings from a Randomised Controlled Trial
- Measuring Outcomes in Respect of Continence Issues
- Different Way of Looking at and Treating Bladders – The Social Bladder
- The Cystitis and Overactive Bladder (COB) Foundation
- Circumcision a Form of Male Genital Mutilation?
- Female Genital Mutilation – Impact on Continence
- Lower Urinary Tract Symptoms (LUTS) Quality Standards – Controversial?
- Erectile Dysfunction

**Register Now**
For more information visit www.aca.uk.com or call ACA on 01506 811077

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**Driving Excellence in Bladder and Bowel Care**

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**ACA NEWSLETTER**

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Actreen® Mini Set

Because small things make a big difference

Actreen® Mini Set for women is the most discreet, intermittent catheter with collection bag, we've ever produced.

Mini “BEST BITS”

- Non return valve, prevents spillages
- Pre-lubricated with hydrophilic gel lubricant
- Easy to use, no need for water, no mess, no splash!
- Discreet and light weight, easy to carry
- Carry pouch in each box
- Range of sizes – CH10-CH14
- Feminine look

Actreen Mini Set is available on Drug Tariff Prescription on 1st January 2014. For samples call 0800 526 116.
The wait is finally over!
The Abri-Form Junior by Abena is a unique product solution that bridges the gap in the market between the largest nappy for children and the smallest adult continence product; a smaller leg cut and a better fit is achieved with the new narrower core without compromising the absorbency. Abri-Form Junior has all of the premium features that you would expect from an Abena product; a fully breathable textile back-sheet ensures superior comfort and healthier skin for your child.

Follow us on Twitter: @AbenaUK
Like us on Facebook: facebook.com/AbenaUK

For further information email: sales@abena.co.uk
Or call us on: 02476 854 800

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Subscription
UK - £22.00 inc. p&p, Abroad - £32.00 inc. p&p, from Fitwise Management Ltd, Blackburn House, Redhouse Road, Seafield, Bathgate, West Lothian, EH47 7AQ. Telephone: 01506 811077. Fax: 01506 811477. Email: info@fitwise.co.uk

The ACA Newsletter is provided as a benefit to ACA members – MAKE SURE YOU CONTINUE TO GET YOURS BY RENEWING YOUR SUBSCRIPTION.

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Why pay this much? When you can pay this much?

The art of saving is just common sense. Galen Limited is committed to bringing you a range of tried and trusted drugs that offer you significant savings against the market leading brands. It’s as easy as that. Estimate your potential savings using the savings calculator at www.trustsaver.co.uk

Date of preparation: January 2013
This advertisement is intended for healthcare professionals only
The thought of catheterisation is a daunting one, but the procedure needn’t be painful or traumatic. Instillagel anaesthetises the urethra whilst providing broad-spectrum antimicrobial coverage that helps protect him against UTIs, as well as giving essential lubrication. Tried and trusted for 25 years, Instillagel is the triple action urethral gel that you can both rely on.

For further information please contact the CliniMed® Careline on 0800 036 0100

Prescribing information: Composition: Each 100g of Instillagel contains: Lidocaine Hydrochloride 2.0g, Chlorhexidine Digluconate solution 0.25g, Methyl Hydroxybenzoate 0.06g, Propyl Hydroxybenzoate 0.025g.

Uses: Catheterisation, cystoscopy, Exploratory and intra-operative investigations, exchange of fistula catheters, protection against iatrogenic damage to the rectum and colon. Gynaecological investigations.

Dosage and administration: Unless otherwise prescribed by a doctor: Urethral catheterisation: instil 6-11ml of gel into the urethra. The anaesthetic effect begins after 3-5 minutes.

Contraindications, Warnings, Precautions and Interactions: Instillagel® must not be used in patients with known hypersensitivity to the active ingredients (amide-type anaesthetics, chlorhexidine and alkyl hydroxybenzoates) or any of the recipients. It should not be used in patients who have damaged or blending mucous membranes. Use with caution in patients with impaired cardiac conditions, hepatic insufficiency and in epileptics. Difficulty in swallowing may occur with an increased risk of aspiration and biting trauma. Use with caution in patients receiving antiarrhythmic drugs. Undesirable effects: In spite of the proven wide safety range of Instillagel®, undesirable effects of lidocaine are possible where there is severe injury to the mucosa; for example, anaphylaxis, fall in blood pressure, bradycardia or convulsions.

Presentations: Pre-filled disposable syringes; for single use only. 6ml and 11ml; packs of 10.