

Start	End	Topic	Speakers
11:00	11:15	Overview of Transition	Ashani Couchman
11:15	11:30	Considerations in management of faecal incontinence	Anna Spivak
11:30	11:45	Management of continence care - how to do it with limited resources	Dragana Zivkovic
11:45	12:00	Psychological considerations in transition - how can it dictate management	Giuseppe Masnata
12:00	12:30	Case discussion - panel and questions	Ashani Couchman Dragana Zivkovic

Description

Continence management in the adolescent provides a set of unique challenges. The aetiology of incontinence - bowel or bladder - is wide with congenital causes being the majority.

Congenital spinal dysraphisms account for the majority of cases of neurogenic bladder and bowel. There is also an increasing incidence of cerebral palsy and autistic spectrum disorders which can have an impact on continence and continence behaviors. The isolation and delay in assessment afforded by the worldwide COVID pandemic has impacted healthcare access and resource allocation. Increasing levels of childhood/teenage anxiety disorders impact bladder and bowel function. We are more aware of the effect of technology and technological anxiety in the development of young people.

This wide and varied group of patients are united in a few key areas:

1. Changing biology/hormonal profile
2. Adjusting to healthcare ownership and identifying sense of self
3. Social adjustment and the exploring romantic relationships
4. Unique needs for continence management within a health belief system that is evolving

By bringing together key opinions from - gastroenterology, urology, physiotherapy, psychology and nursing - we would hope to promote a model of care that can be individualized within various geographies and health cultures. The multicultural representation in our panel would also hope to touch on the importance of incorporating societal and cultural belief systems into the care model to provide a holistic approach. This workshop will not be an exhaustive list of management strategies, rather an overview to approach continence management which can inform care.

The key learning points:

1. Assessment has to be individualized
2. Consider support systems - emotional, physical, financial
3. Interdisciplinary team involvement early and continual adjustment of the team
4. Assist in healthcare ownership and assist in building a path towards this
5. Psycho-social support systems
6. Incorporation of technology into assessment, management and follow up

Take home messages:

1. Individualize care within the health framework available
2. Work within a team - if there is no team - build one!
3. Do not forget relationships
4. Support independence
5. Evolve

Additional references:

1. Pediatric Neurogenic Bladder and bowel dysfunction: Will my child ever be out of diapers? Johnston et al. European urology Focus 6(2020) 838-867.
2. Managing Neurogenic bowel dysfunction. Dr A Emanuel. Clinical rehabilitation 24(2010):483-488
3. Can children with either overactive bladder or dysfunctional voiding transition from one into the other: are both part of a single entity? Glassberg et al. Journal of pediatric Urology 12(2016);217:e217
4. The standardisation of terminology of lower urinary tract function in children and adolescents: update report from the standardisation committee of the international childrens continence society. Austin et al. Neurourology and Urodynamics. 35(2016);4:471-481
5. The past, present and future of augmentation cystoplasty. Biers et al. BJUI 109(2011): 1280-1293.

6. Somatic function, mental health, and psychosocial adjustment of adolescents with anorectal anomalies. Diseth et al. Journal of pediatric surgery 31(1996);5:638-643.
7. Effects of urinary incontinence on psychosocial outcomes in adolescence. Grzeda et al. Eur Child Adolesc Psychiatry (2017) 26:649–658
8. Quality of life and continence in patients with spina bifida. Lamelle et al. Quality of life research. 15(2006):1481-1492.

Aims of Workshop

The management of continence in the adolescent is complex and has to be individualized. The bio-psycho-social model is key in successful implementation of care and ongoing support in the natural progression to personal ownership of their healthcare. In presenting an overview and following that with an interactive case based discussion we hope to do a deep dive into key factors in assessment, management and follow up of this unique group of patients.

Our aim is to promote an interdisciplinary approach to the holistic management of the adolescent with incontinence - congenital or acquired.

Educational Objectives

Adolescent continence does not comfortably fall within the pediatric or adult remit. There are some similarities but there are significant developmental and social factors that influence the assessment and management of continence in this age group. This population has been underserved as they have either fallen into the remit of the pediatric or adult medical units however there is increasing evidence and support to ensure that they are treated as a special group. Key to this is the involvement of the interdisciplinary team, not limited to medical and surgical support, with the importance of psychology, physiotherapy and temporary adjunctive therapies clearly demonstrable.

The participants of this workshop would be encouraged to engage. There will be robust discussion about cases presented and discussion of management strategies implemented in different parts of the world as access, resource, culture and geography will play a significant part in this. Engagement is key here and it will be encouraged initially with a quiz as well an initial question and answer session by the panel to encourage this.

An initial overview of concepts of continence in the adolescent with key opinion from physiotherapy and psychology will set the scene. The bulk of the workshop will then be interactive to promote maximum educational opportunity and deep discussion into particular aspects of assessment and care dictated by the participants.

The Children and Young Persons committee would hope to promote better interdisciplinary care for this group of patients within different clinical settings.

Learning Objectives

1. Key factors in assessment of continence in the adolescent
2. Understanding psychological and social factors influencing management and ongoing care
3. Shifting patterns in the modern management of continence in adolescence - the effects of isolation and pandemics

Target Audience

Urology, Bowel Dysfunction, Conservative Management

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

1. Adolescent urology and transitional care. C Woodhouse. European Urology 68(2015)745-746
2. Dysfunctional voiding: The importance of non-invasive urodynamics in the diagnosis and treatment Pediatric Nephrology 33(2018)381-394
3. Identification of adolescent and adult patients receiving pediatric urologic care and establishment of a dedicated transition clinic. Timberlake et al. Journal of pediatric Urology 11(2015);62:1-6
4. Pediatric Neurogenic bladder and bowel function: will my child ever be out of diapers? European Urology 6(2020)838-867.