



## Service Priorities and Programmes Electronic Presentations

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**Submitting author:** Mrs Sarah Shuk Man CHANG

**Post title:** Registered Nurse, Prince of Wales Hospital, NTEC

### **An Educational Talk Program for Overactive Bladder**

*Chang SM, Sarah(1), Tam ML(1), Ao leong CW(1), Chui ST(1), Li SY, Crystal(1)  
(1)Department of Surgery, Prince of Wales Hospital*

#### **Keywords:**

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#### **Introduction**

In order to shorten the waiting time of OAB patients to receive initial assessment and first line treatment, a bladder training program has been designed and implemented in surgical nurse clinic (Urology), Prince of Wales Hospital. Changing of voiding habits and behavioral training is considered as the first-line strategy. By addressing individuals' need, a tailor-made bladder training program has been designed to help symptom improvement and achieve optimal bladder function in a non-invasive way.

#### **Objectives**

The program aims to reduce urology clinic burden and to minimize cost of OAB management.

#### **Methodology**

A total 12 2-hour sessions of bladder training program has been provided to 4 small groups (5 to 6 patients per group) starting from early May 2015. 3 sessions of bladder training were arranged to each group at monthly interval. There were subsequent monthly follow-up included reviewing of OAB symptoms, bladder diary recording caffeinated beverage and bladder irritating food intake, voiding pattern, UDI-6 and IIQ-7 score and reinforcement of bladder training. Bladder function progress of OAB patients was evaluated by means of UDI-6 and IIQ-7 score as well as the urodynamic flow rate and residual urine. Besides, patient satisfactory survey provided a written cue to monitor the quality of the program for upcoming improvement. The multi-practical approaches provided a practical and realistic way to evaluate the bladder training program.

#### **Result**

Total 23 patients had been recruited to attend the bladder training program. After 3 months of bladder training program, the average score of UDI-6 score and IIQ-7 score had been significantly decreased from 7.09 to 2.39 and 8.04 to 1.96 respectively which means the symptoms of OAB had been improved and level affecting ADL (Activity of daily living) due to OAB had been markedly dropped. The overall percentage of UDI-6 and IIQ-7 score had been improved by 66.26% and 75.68% respectively. The outcome of the bladder training program was satisfactory. The overall percentage of UDI-6 and IIQ-7 score had been improved by 66.26% and

75.68% respectively. The overall average score of bladder training satisfactory survey was 4.16 indicating that majority of patients showed satisfactory in all of the four aspects. In conclusion, The above educational program is a concept and set of strategies to address the major health challenge faced for OAB individuals. Empowerment and strengthening of individual skill and capabilities as well as eliminating psychosocial, economic and environmental barriers in terms of multi-approaches and strategies are essential to enhance the compliance of bladder training program. As a result, OAB patients will be directed towards a physically psychologically and socially productive life in the future.