

## **Experts have found that regular exercising can:**

- Prevent heart disease and stroke
- Maintain healthy blood pressure and reduce high blood pressure
- Prevent bone loss
- Strengthen your muscles and frame
- Control type 2 diabetes
- Lower blood sugar levels
- Prevent falls
- Relieve stress
- Promote relaxation
- Increase energy

### **Other things to consider when exercising:**

- **Rest whenever necessary.** Stop exercising immediately if you feel heart palpitations, chest pains or cramps, or if you become nauseated, dizzy, faint, light-headed, breathless or exhausted.
- **Start slowly, and work up gradually, doing more each week.**
- **Begin and end with simple, easy stretches, warming up beforehand and then cooling down slowly toward the end.**
- **Stay in balance.** Stand with legs planted slightly apart, back straight, body aligned and eyes focused ahead. Have something nearby that you can grab if you feel off balance.
- **Don't exercise on an empty stomach or right after a big meal,** but get ample fluids, especially if it's a warm day (not ice-cold fluids, which can cause cramping).
- **Avoid dizziness by not getting up too fast or changing directions too rapidly.**
- **Breathe regularly with each repetition.** Inhale just before exertion and exhale at the maximum point of exertion. People tend to hold their breath when exercising.
- **Choose a comfortable time of day,** when it's not too hot or cold, and the sun isn't too strong. If exercising outdoors, remember to apply sunscreen.
- **Wear loose, comfortable clothing that doesn't impede movement,** and wear layers that can be shed as the body warms up.
- **Make exercising part of a daily routine.** It's also helpful to keep a daily record of exercise-how many minutes, what movements, how many repetitions, etc.
- **Exercise to music, if possible.**

### Other things to consider when exercising:

- **Do it with friends.** If none are willing or able, join a class or gym. Exercising with others is more fun and makes it more likely that exercise remains part of your routine.
- **If exercising in the house, clear plenty of space to allow for safety and for freedom of movement.**

(Morris, 1996)

## What can I do about bladder control problems?

- First, see your physician to determine the cause of the incontinence. Medications, biofeedback, dietary changes, or even surgery may correct the problem.
- Eliminate or decrease these foods and beverages: tea, coffee, alcohol, chocolate, caffeinated soft drinks, tomato-based products, spicy and acidic foods and drinks, and artificial sweeteners.
- Drink plenty of nonirritating fluids. People with bladder symptoms often cut back on beverages so they don't have to urinate as often, but that can worsen the condition.
- Some over-the-counter medicines can worsen bladder problems: Excedrin, Midol, Anacin, Dristan, Sinarest.
- Maintain bowel regularity by eating high fiber foods: beans, pasta, oatmeal, bran cereal, whole-wheat bread, and fresh fruits and vegetables.
- Stop smoking. Cigarette smoke irritates the bladder muscle, and associated coughing can cause leakage.
- If you have troubles getting up during the night, a bedpan or commode at the bedside may be helpful.
- Schedule bathroom trips just before you typically need to use it. Do not schedule too frequently as it can actually cause "urge incontinence" if the bladder learns to hold only small amounts of urine.
- Other ways to help: Exercise and keep a healthy weight- excess weight can add pressure to the bladder. Ask your doctor about Kegel exercises to build up the muscles.

### **Better bathroom habits:**

- Clear a path to the toilet. If possible, make sure you or the person you are caring for has a private bathroom so that it's never occupied by someone else.
- Place night-lights and/or reflector tape along the path to the bathroom to avoid stumbling in the dark.
- Make sure the person can use the toilet with ease. Install grab bars, buy a raised toilet seat, and put the toilet paper within easy reach.
- Get the person to wear clothing that's easily removable (skirts or elastic-waist pants, Velcro or snap enclosures instead of buttons; knee-high stockings instead of pantyhose).
- If the toilet is far away or shared, buy a commode, bedpan, or hand-held urinal. Get a portable urinal for traveling.
- Make sure the person empties his or her bladder before going to bed.
- When in a new place, locate the bathroom immediately. Avoid situations where there are no bathrooms, such as on buses or in shops without public facilities.
- Choose seats in restaurants, airplanes, theaters, etc. that are near a bathroom. Call in advance and plan the seating for a comfortable, worry-free arrival.
- To reduce odors, place soiled clothing in a small pail, equipped with a lid and a deodorizer that you've placed in an inconspicuous spot in the bathroom.

### **Better bathroom habits:**

- Use waterproof liners (disposable or washable) under bed sheets, in the car, and on the chair where the person sits. You can find these at a medical supply store. Or buy waterproof crib sheets, which are sold with other baby supplies, or place a plastic shower liner inside a folded sheet and lay it across the middle of the bed. (A shower liner alone is too slippery and may cause the person to fall.) Never put rubber next to the person's skin. It's not only uncomfortable; it can cause reactions and can severely irritate the skin.
- A fan and an open window, whenever possible, will reduce odor problems. So will an open box of baking soda. Baking soda will get rid of odors in carpets and upholstery, too. Believe it or not, a cut onion left in a room will absorb odors without leaving its own smell – try it.

## How do I care for a catheter?

Check with your doctor for specific care instructions. The following are some general recommendations:

- To avoid infection, the catheter and bag should be changed regularly-about every six weeks.
- Empty drainage bag a minimum of three times a day, every eight hours, or when full.
- If catheter tubing is taped to the body, attach it to a new site each day.
- If the catheter is clogged, becomes painful, or looks infected it may require immediate replacement. Call your doctor or nurse immediately.
- With warm water and soap, clean your “private” area, where the catheter enters your body, each day.
- Thoroughly clean after all bowel movements to prevent infection.
- Increase your fluid intake unless you have a medical condition that prohibits large amounts of liquid.
- Keep the drainage bag lower than the bladder to prevent a back flow of urine back up into the bladder.
- Wash your hands before and after handling the catheter and drainage device.
- If the outlet becomes dirty, clean it with soap and water; do not allow the outlet to touch anything including the floor.

(Adapted Medline Plus, 2003)

**Notify your health care provider if you observe or develop any of the following:**

- The urine has a strong smell or becomes thick and/or cloudy.
- Fever or chills.
- Urethral swelling around the catheter.
- Bleeding into or around the catheter.
- Catheter draining little or no urine despite adequate fluid intake.
- Leakage of large amounts of urine around the catheter.

(Medline Plus, 2003)

## **Suggestions for caring for a pouching system:**

- Select a soap that is residue free without moisturizers or oils that interfere with the pouching system adhering to your skin.
- Do not use liquid or baby-wipes to clean the skin around the stoma.
- Avoid adhesive buildup.
- If you gain or lose weight, you may need to check the fit of your pouching system.
- Empty your pouch after each meal or when it's one-third full.

(Adapted Vanguard, 2003)

### **Blood Pressure measurement techniques:**

- Refrain from smoking or ingesting caffeine-containing products within 30 minutes of the blood pressure reading.
- Have the back supported, the arms bare over the biceps, and the antecubital fossa (a triangular cavity of the elbow joint that contains a tendon of the biceps, the median nerve, and the brachial artery) supported at heart level, with palm up.
- Rest for 5 minutes in a chair prior to starting the measure.
- The bladder of the cuff should encircle at least 80% of the arm.
- Place the bladder centered over the brachial artery with the cuff's lower border 1 to 2 inches above the elbow crease in the antecubital fossa.
- Palpate/feel the person's radial pulse.
- If using a sphygmomanometer and stethoscope, place the stethoscope on the brachial artery and listen.
- Inflate the bladder up to about 20 to 30 mmHg above the point at which the pulse is no longer palpable or above when no more sound of the blood flow can be detected.
- Deflate the cuff by no more than 2-3 mm Hg per heartbeat.
- Record both systolic blood pressure (the first appearance of sound) and diastolic blood pressure (disappearance of sound).
- Two or more readings separated by 2 minutes should be averaged. If two readings of either the systolic or diastolic blood pressure differ by more than 5 mm HG, two additional readings should be done and averaged.

### **Precautions you should take according to the U.S. Food and Drug Administration.**

- Always check the label on each high-pressure cylinder or vessel before using a medical gas. The label should state for high-pressure cylinders, “Oxygen Compressed U.S.P.,” or for liquid vessels, “Oxygen Refrigerated Liquid U.S.P.” If the labels do not contain these drug names, do not use the product and call your supplier immediately.
- Check to see that the high-pressure cylinders are secured in place, in an upright position, and in a well-ventilated area. Do not allow cylinders to be stored on their sides or loosely on the floor.
- Always turn or open cylinder valves slowly. Opening a valve quickly can cause the valve seal or “O” ring to ignite and release dangerous gases.
- Always place an oxygen concentrator in a well-ventilated area and not in a closet, back room, or garage where it might mix exhaust fumes with the medical gas.
- Do not leave the unit turned on when not in use. A cannula (nose tubing) that is left in contact with a synthetic comforter, for example, could spark a fire.
- Do not open an oxygen concentrator. If you detect a problem, contact your supplier immediately.
- If you are presently using an oxygen regulator that contains any aluminum, replace it with a regulator made of brass. Consult the manufacturer if you don’t know what material the regulator is made of.
- If non-aluminum oxygen regulators are not available, contact the Center for Devices and Radiological Health, Office of Compliance, at 301-594-4659 for specific precautions when using aluminum regulators.

## Medical Gas Terms

**Cylinder:** Metal container designed to hold compressed medical gases at a high pressure.

**Cryogenic vessel:** Metal container designed to hold liquefied compressed medical gases at extremely low temperatures.

**Compressed medical gas:** Any liquefied or vaporized gas alone or in combination with other gases.

**Concentrator:** Stand-alone unit that extracts oxygen from room air and delivers concentrated oxygen at a continuous flow rate.

**Regulator:** Mechanism that controls the flow of a medical gas.