

Chapter 4: Continence Management in Long Term Care

The important roles of nurses in managing incontinence

- **Advocator**
 - advocate for health and well being
- **Care coordinator**
 - collaborate multi-disciplinary professionals for care plan
- **Educator**
 - educate the older adults, their relatives and other caregivers to manage incontinence problem
- **Professional caregiver**
 - early detection
 - perform assessment and diagnostic tests
 - administer treatment
 - monitor the result of the care plan

Prevention of urinary incontinence in nursing home

Reflection

Think about


If you were the resident of long term care, would you like to wear a diaper?

As caregivers, should we give diapers for our clients as the first step of care for the prevention of urinary incontinence?

Could we use alternative in a hospital setting or nursing home?

How could we respect older adults' dignity?

We have the following strategies for prevention of urinary incontinence.


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Improving the environment

- Ensure the privacy and safety
- Provide each resident with an appropriate chair
- Provide each resident with a bed of the correct height
- Provide railings and bars to help residents to reach and use the toilets safely and without fear
- Provide lighting to help residents to reach and use the toilets safely and without fear
- Provide signs to help residents reach the toilet without losing the way and recognize the correct door when they arrive
- Ensure the floor surface helps residents reach the toilet without falling and without fear
- Provide simple clothing that helps residents go to toilet easily on their own
- Provide residents with toilets that are clean and acceptable condition

Encouraging good bladder habits

- Adequate fluid intake
 - make an assessment of how much fluid the residents are drinking each day
 - aware of contraindication in particular cases.
- Avoid bladder-irritating beverages, e.g. Chinese tea, coffee, tea, cold drinks
- Educate the residents to stop ‘just in case’.
- When the caregivers help residents to go to toilet, reassure them that there is plenty of time and encourage them to empty their bladder completely.
- Identify continent residents who are struggling to get to the toilet, help them and at the same time encourage them to ask for help when next they go to the toilet.
- Encourage residents to tell you when they are constipated so that you can help them by increasing fluid and fibre intake and ensure they get more exercise.

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- Encourage pelvic floor exercises.
 - pelvic floor supports the bladder and urethral sphincter.
 - plays a vital role in maintain good urethral closure → prevent urine leakage

Care for people with dementia and incontinence

Problems of people in the later stages of dementia:

- not realizing they need to urinate
- forgetting to go to the bathroom
- not being able to find the toilet

To minimize the chance of accidents, the caregiver should:

- Avoid giving drinks like caffeinated coffee, tea, and sodas, which may increase urination. But don't limit water.
- Keep pathways clear and the bathroom clutter-free, with a light on at all times.
- Make sure you provide regular bathroom breaks (Timed voiding).
- Supply underwear that is easy to get on and off.
- Use absorbent underclothes for trips away from home.


For moderate and severe dementia cases, it's hard for them to manage functional incontinence by learning pelvic floor exercise and bladder training. Timed voiding may consider as a solution.

Conservative treatment is preferred: **skin care** and **use of continence aids** are recommended.

Skin care

Individuals with intractable incontinence are often immobile and at major risk for skin breakdown. Skin care is very important in day-to-day care.

- Assess perineal skin condition and integrity regularly
- Maintain good hygiene to prevent skin breakdown and maintain skin integrity.
 - Esp. immobile → at major risk for skin breakdown
 - Thorough cleansing of the entire genital area at least twice a day.
 - Gentle cleansing of the skin after each soiling.
 - Avoid force and friction during cleansing.
 - Patted dry skin with a soft towel gently but thoroughly after cleansing.
- Take bath or shower daily especially in hot season.
 - Use water and mild unperfumed soap

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- Avoid soap if dry skin, dermatitis or pruritus. Strong soap may destroy sebum, provoke skin reaction and cause discomfort
- Avoid bubble bath ∵ cannot rinse the skin completely
- Apply a moisturizing lotion or cream for dry skin.
 - Use a moisture barrier product (e.g. barrier cream or castor oil) if skin irritation is present or at risk.
 - Re-apply the moisture barrier product after each incontinent episode and every 12 – 24 hours.
- Avoid using talcum powder ∵ irritate and tend to form lumps when dampened by urine causing encrustations in the groin skin folds.
- Replace absorbent incontinent product frequently to keep skin dry. Avoid using plastic pants.
- If the skin is becoming sore, factors other than the incontinence should be investigated:
 - Sensitive to the materials of incontinent pad or appliance, e.g. latex of a penile sheath
 - The pad may be too rough.
 - Appliance may be too tight.
 - Plastic in contact with wet skin.
 - Candida infection.
- Minimize skin injury caused by friction or shearing forces through proper positioning, turning and transfer techniques.

Use of continence of aids & appliances

- aim to minimize the effect of incontinence & enhance the quality of life
- assessment is needed before use

Assessment

- **The incontinence itself:** Type, amount, pattern and timing, precipitants of incontinence
- **Mobility:** The chair bound/ bedbound/ ambulant patient have different needs
- **Manual dexterity:** If dexterity is poor, some products cannot be managed easily or independently
- **Local anatomy:** Features of genital skin condition or anatomy may indicate certain items

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- **Mental function:** A confused or demented person may not be able to manage a complex aids
- **Personal hygiene:** Washable and reusable items are inappropriate for those unlikely to wash them properly
- **Personal preference:** Some people take a like or dislike to certain products
- **Availability:** An easily and reliably available is important
- **Domestic facilities:** People with poor facilities for washing and drying may find using washable products difficult
- **Financial considerations**

Selection principles

- Can maintain patient’s dignity and enable him/her to achieve “social continence”
- Can contain the excreta completely to prevent any leakage and disguise any odour.
- Be comfortable to wear and protect vulnerable skin from soreness, chafing or pressure sores.
- Be easily managed by older adults and caregivers.
- Be easy either to dispose of, or wash and clean, as appropriate.
- Be reasonably priced and easily available.

Absorbent products

- Can be used by both sexes.
- In a wide range of shapes, sizes and degree of absorbency to cater individual’s needs.
- Available in:
 - Two pieces system- involving the part and pads to keep in position
 - One piece system- the pad is incorporated in the part itself

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Types of incontinence aids

1. Absorbent products

- Disposable pads and reusable pants
- Disposable diapers
- Disposable mobile pants

2. Collection appliances


- Hand-held urinals (Male & female)
- Bedpans
- Commodes
- Penile Sheaths (Paul's tube)
 - Adhesive coated on sheath lining to make it adhesive
 - Foam strip coated with adhesive on both sides for internal fixation of sheath
 - Contraindication for penis sheath
 - Retracted penis
 - Skin sensitivity
 - Lack of manual dexterity
 - Mental capacity – difficult in putting it on or without the help of a caregiver
- Dribble pouch
 - useful for those with dribbling incontinence

3. Bed protection

- made of cellulose padding with a waterproof backing for protect the mattress

4. Gerontech devices

- Smart Diaper
- Portable toilet frame
- Toilet seat lift
- Shower commode chair
- Foldable shower chair
- Wearable device for incontinence

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Multidisciplinary care approach

- **Nurse**
 - acts as a case coordinator
 - nursing management


- **Physician**
 - medical assessment
 - diagnosis
 - medical treatment for revisable condition

- **Physiotherapist**
 - rehabilitation on mobility
 - pelvic floor training

- **Occupational therapist**
 - prescription of aids and appliances to enhance continence ability
 - environmental modification
 - functional transfer training
 - manual dexterity training

- **Social worker**
 - counselling emotional unstable or depressed older adults
 - referral on community health care services
 - caregiver support group

- End of Chapter 4 -

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