

SHRTN Continence CoP Long Term Care Homes

Continence Promotion and Management

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Presentation Overview

- Prevalence
- Impact
- Assessment
- Treatment
- Resources
- Barriers
- Continence care work at West Park

What is incontinence?

- **It has been defined by the International Continence Society as:**

a condition where involuntary loss of urine is a social or hygienic problem

(ICS, 1987)

Prevalence

- 5 to 10 % in the Community
- 10 to 20 % in Acute Care
- 50 to 70 % of Complex Continuing Care
 - ◆ 1 in 4 women
 - ◆ 1 in 10 men

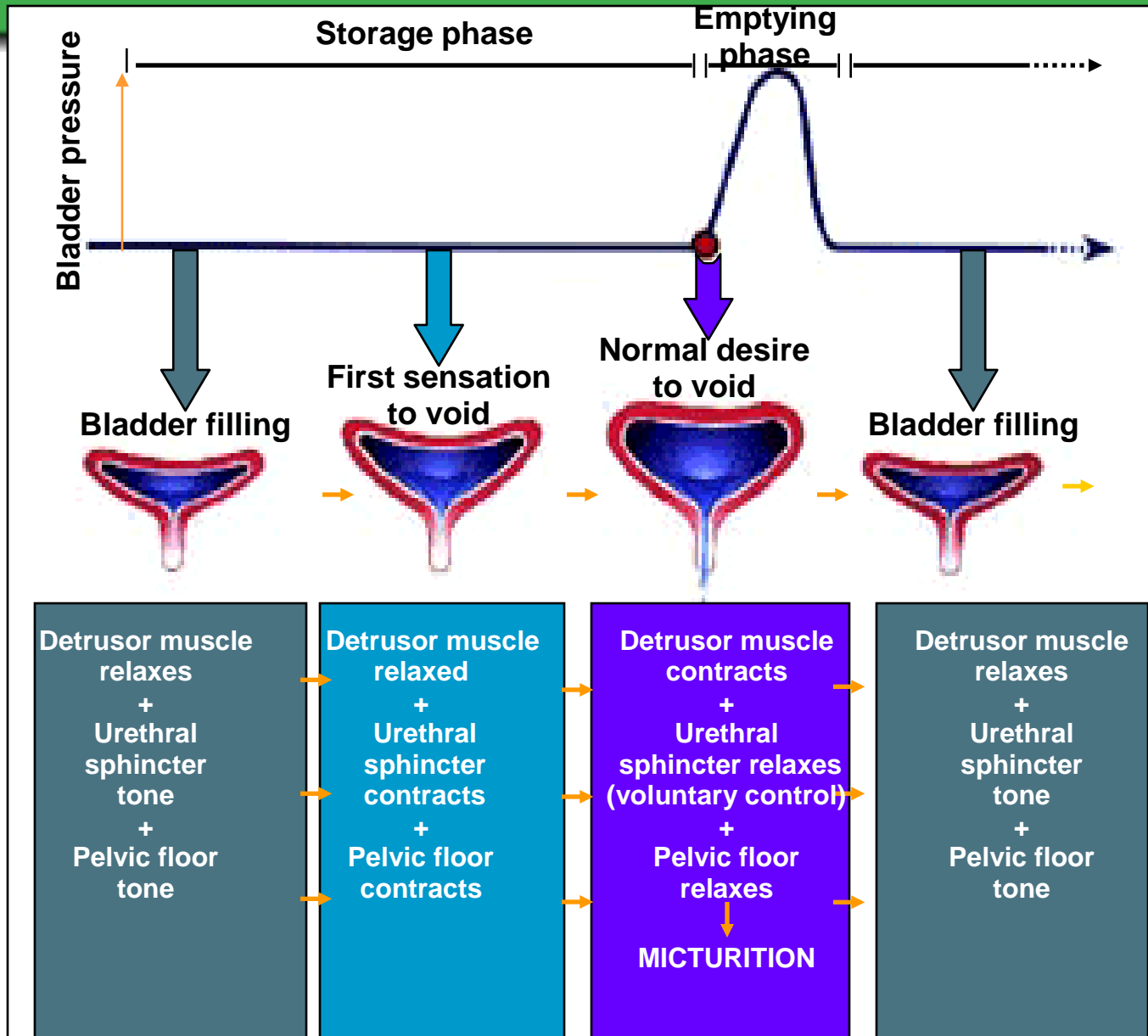
An Important Problem

- UI is a strong predictor of functional recovery (Brittain 2001)
- Discharge destination - institution vs. community/home (Brittain 2001; Patel et al., 2001)
- Impact on quality of life for the individual and family
- Resumption of social participation (Gallagher 1998)
 - ◆ Low self-esteem
 - ◆ Social isolation
 - ◆ Depression

Requirements of Contenance

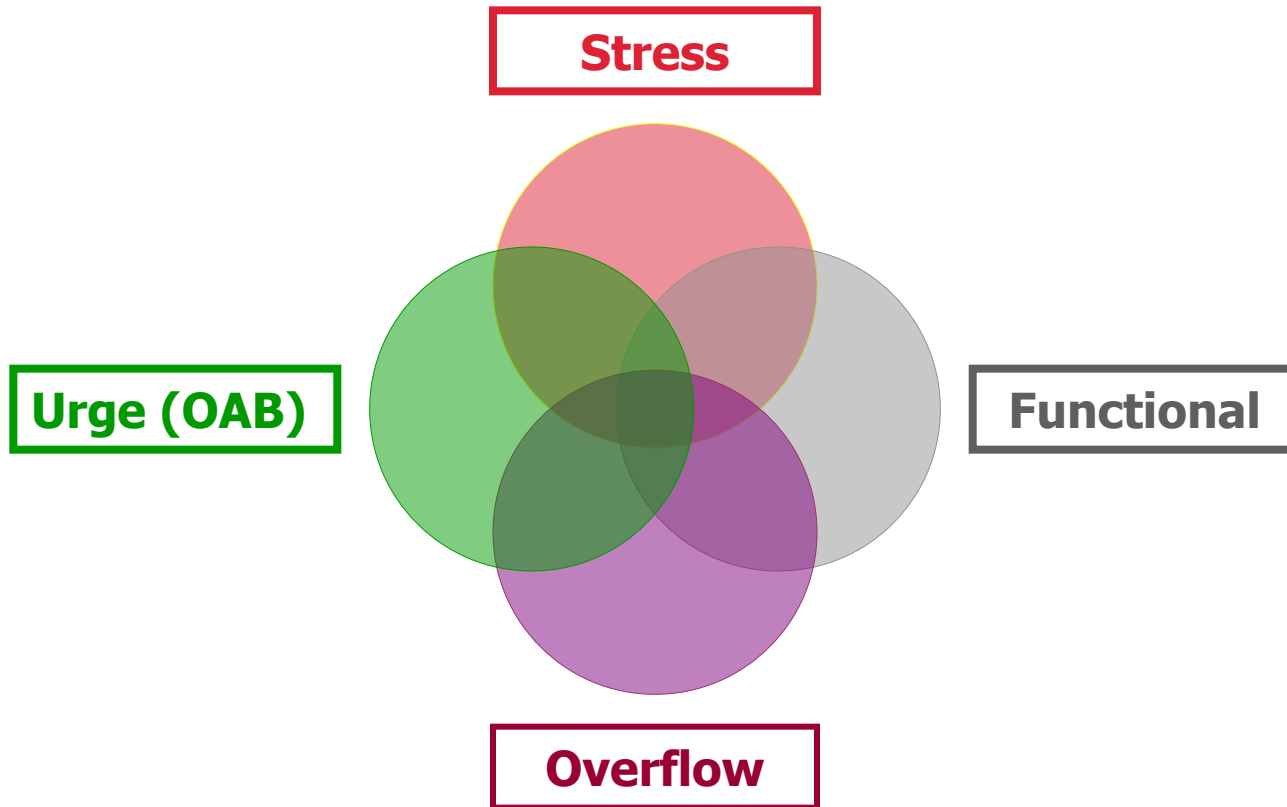
- Aware of urge to void
- Able to get to the bathroom
- Able to suppress the urge until you reach the bathroom
- Able to void when you get there

Normal Micturition Cycle



Types of UI

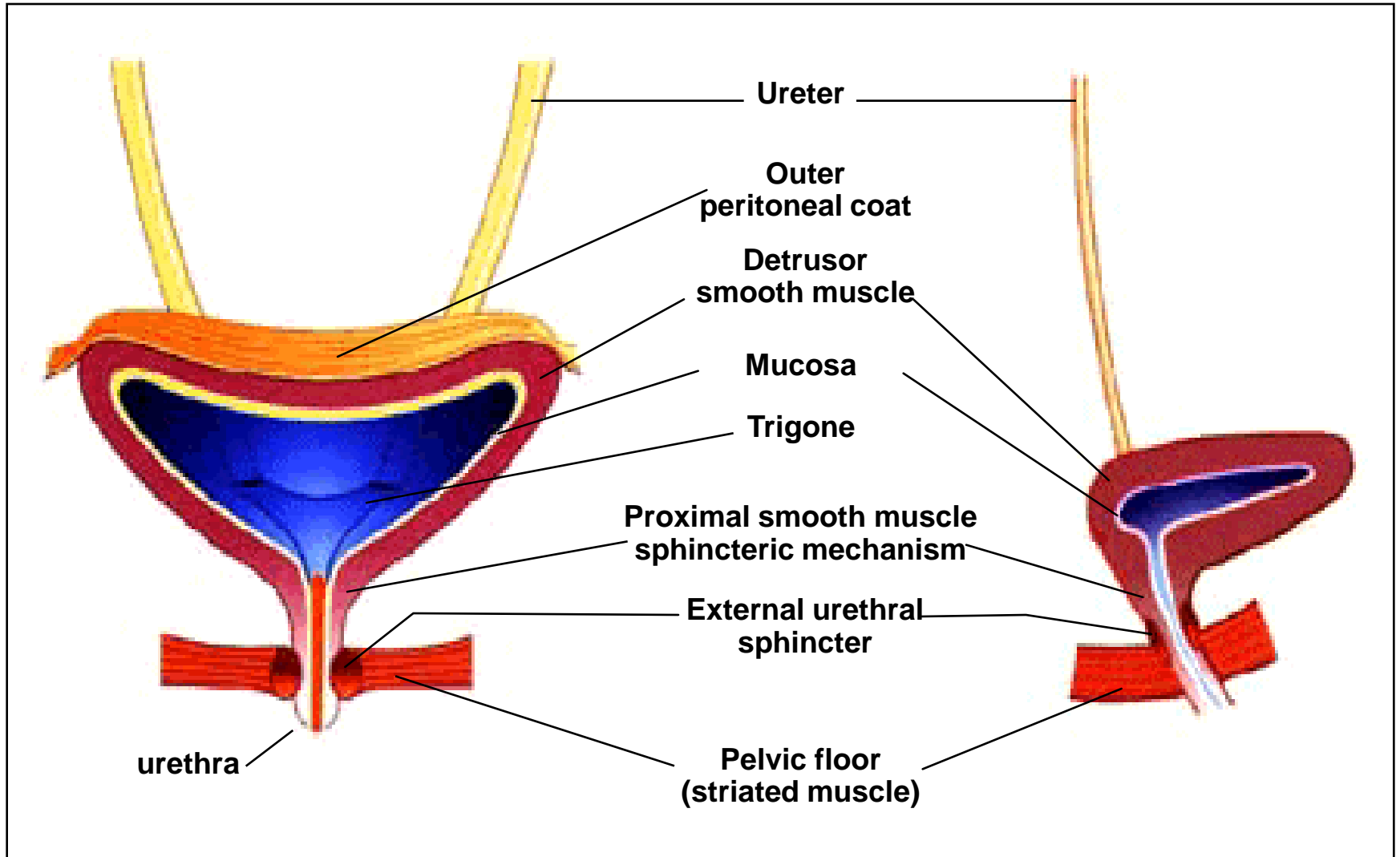
Types of UI



Stress Incontinence

- ❑ loss of urine with a sudden increase in intra-abdominal pressure (e.g. coughing, sneezing, exercise)
- ❑ most common in women
- ❑ sometimes occurs in men following prostate surgery

Structure of the Female Lower Urinary Tract



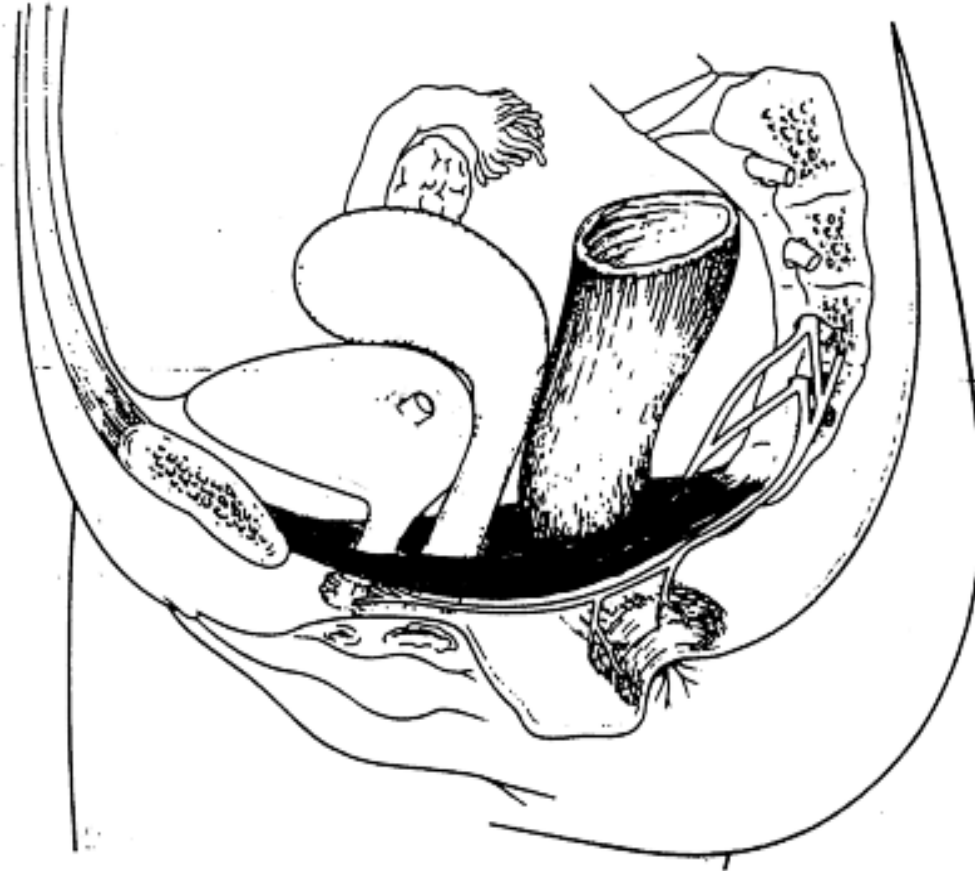
Urogenital Changes

Bladder
Urgency
Frequency
Recurrent UTI

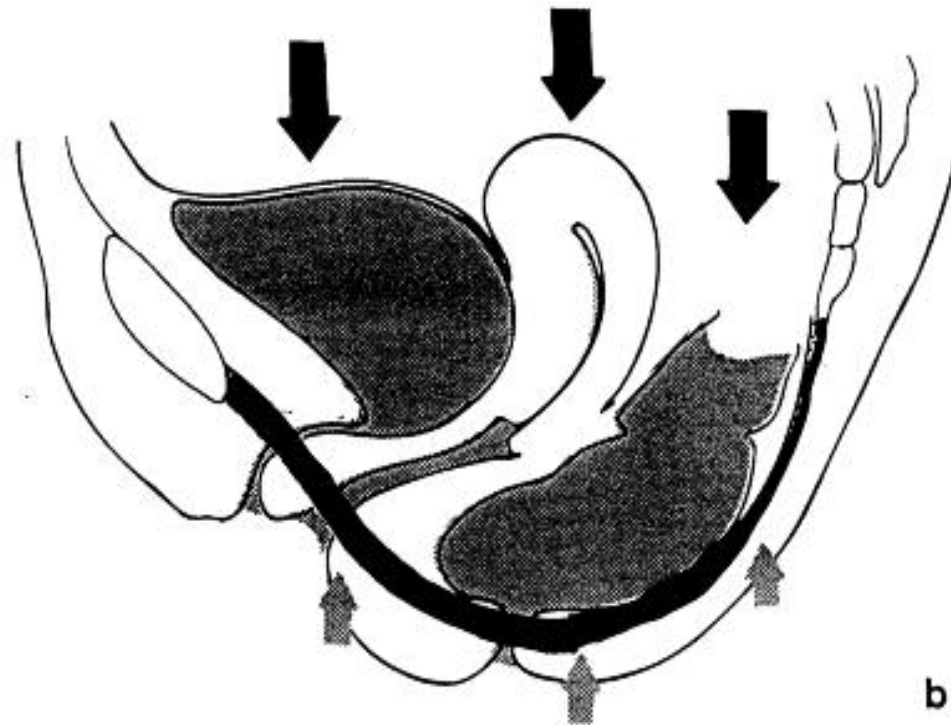


Vagina
Dryness
Painful intercourse
Recurrent infection

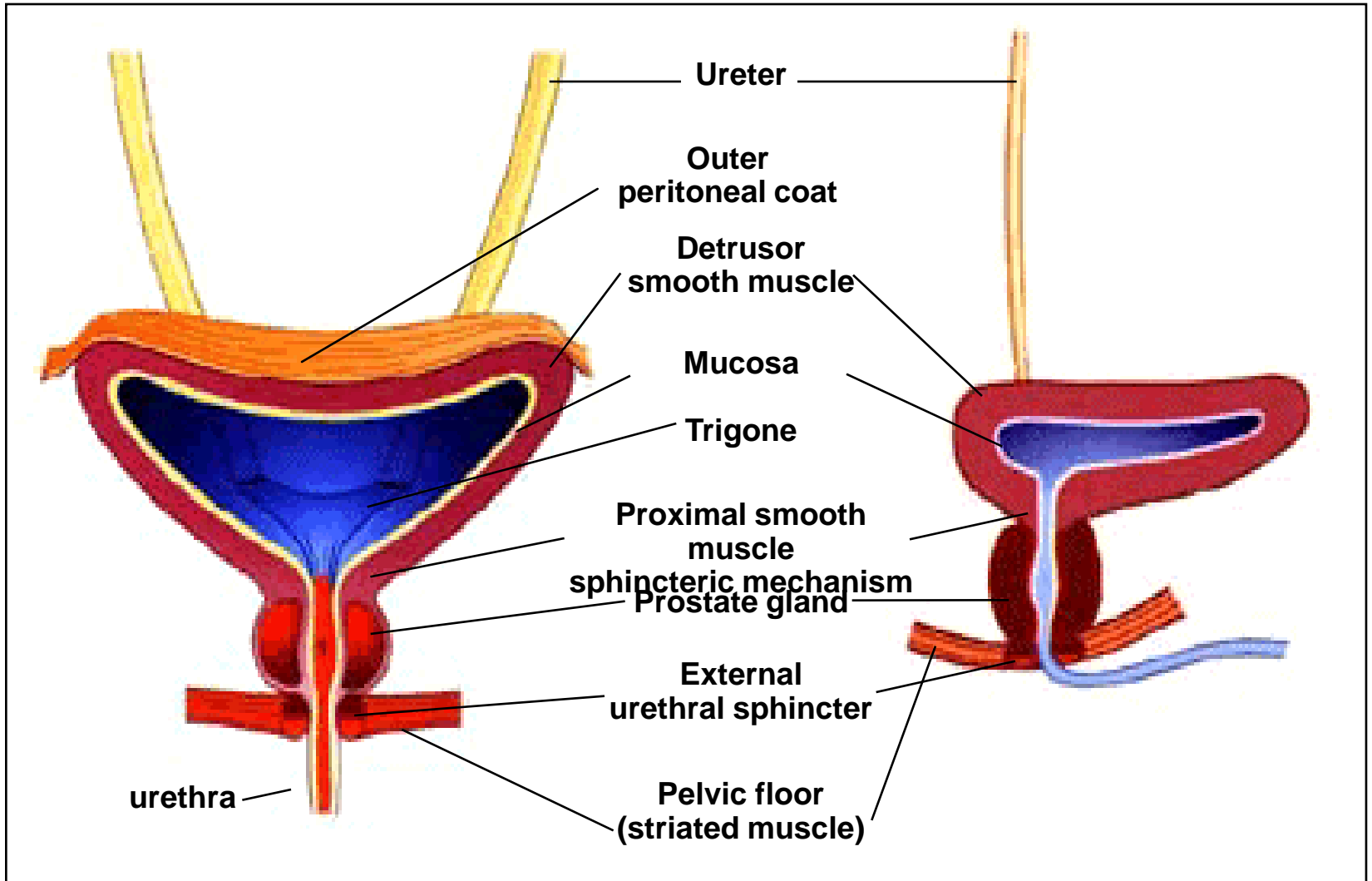
Pelvic Floor



Pelvic Floor Decent



Structure of the Male Lower Urinary Tract



Urge Incontinence (overactive bladder)

- ❑ loss of urine with a strong unstopable urge to urinate
- ❑ usually associated with frequent urination during the day and night
- ❑ common in women and men
- ❑ sometimes referred to as an overactive bladder



Overflow Incontinence

- ❑ bladder is full at all times and leaks at any time, day or night
- ❑ usually associated with symptoms of slow stream and difficulty urinating
- ❑ more common in men as a result of the enlargement of the prostate gland

Functional Incontinence

- ❑ patient either has decreased mental ability (e.g. Alzheimer's disease)
- ❑ or decreased physical ability (e.g. arthritis) and is unable to make it to the bathroom in time

DISAPPEAR – Transient Causes of UI

- D Delirium
- I Intake of fluid
- S Stool impaction
- A Atrophic changes/urethritis
- P Psychological problems
- P Pharmaceuticals that can contribute to incontinence
- E Excess urine output
- A Abnormal lab values
- R Restricted mobility

Whytock, S (Chapter 3)

Promoting Continence Care, A Bladder and Bowel Handbook for Care Providers.
Skelly J, Carr M, Cassel B, Robbs L, Whytock S, Edited by Paula Eyles 2006

Age Related Factors

■ Increased

- ◆ Detrusor Overactivity
- ◆ Nocturnal urine output
- ◆ BPH
- ◆ PVR (<100 ml)
- ◆ Bacteruria (20%)

■ Decreased

- ◆ Bladder Contractility
- ◆ Bladder Sensation
- ◆ Sphincter Strength (F)

■ Unchanged

- ◆ Bladder Capacity
- ◆ Bladder Compliance

Structured Assessment

- Specialist professional structured assessment:
 - ◆ Incontinence history (premorbid urinary incontinence)
 - ◆ Fluid Intake
 - ◆ Bowel elimination history
 - ◆ Medical History
 - ◆ Medications
 - ◆ Functional Ability
- A bladder diary is helpful with identifying voiding frequency, voided volumes and frequency of incontinence
- Focused physical evaluation (pelvic exam for women / PVR bladder scan / Urine dipstick)
- Simple tests
- The assessment may take 2 to 3 sessions

Assessment resources:

- Link to Urinary Continence Assessment Tool

http://www.rnao.org/Storage/24/1905_FINAL_continence_chart.pdf

- Promoting Continence Care, A Bladder and Bowel Handbook for Care Providers. Skelly J, Carr M, Cassel B, Robbs L, Whytock S, Edited by Paula Eyles 2006

- Onset
- Duration
- Daytime / Nighttime
- Accidents
- Stress loss
- Urge loss
- Aware of loss

Impact of cognitive impairment on ability to be continent

- ability to follow and understand prompts or cues
- ability to interact with others
- ability to complete self care tasks
- social awareness

Interpretation

- recognition
- recall

Impact on continence

- identifying the urge to void
- remembering how to respond
- locating the toilet

Interaction

- comprehension
- expression

Impact on Continence

- understanding reminders
- asking for assistance

Self Care

- voluntary and purposeful movement
- spatial orientation

Impact on Continence

- removing clothing
- sitting on the toilet

Social

- attention deficits
- conversation

Impact on continence

- remembering how to respond
- motivation to be continent

Voiding Record

Time and amount of:

- fluid intake
- urine voided
- incontinence
- For 4 or 5 days

Urology Consult

Cystoscopy

- performed by a physician when the condition cannot be completely diagnosed by simpler, less invasive tests

Urodynamics

- used to assess the function of the bladder and urethra
- used to determine the problem in more complicated situations
- often done in conjunction with a cystoscopy

Contributing Factors

- Urinary Tract Infections
- Fluid Intake
- Caffeine / Alcohol Intake
- Constipation
- Medications
- Weight
- Mobility
- Environmental Factors
- Cognitive Impairment
- Childbirth
- Pelvic muscle tone
- Atrophic Changes

It is important to determine the contributing factors, this will lead logically to intervention planning.

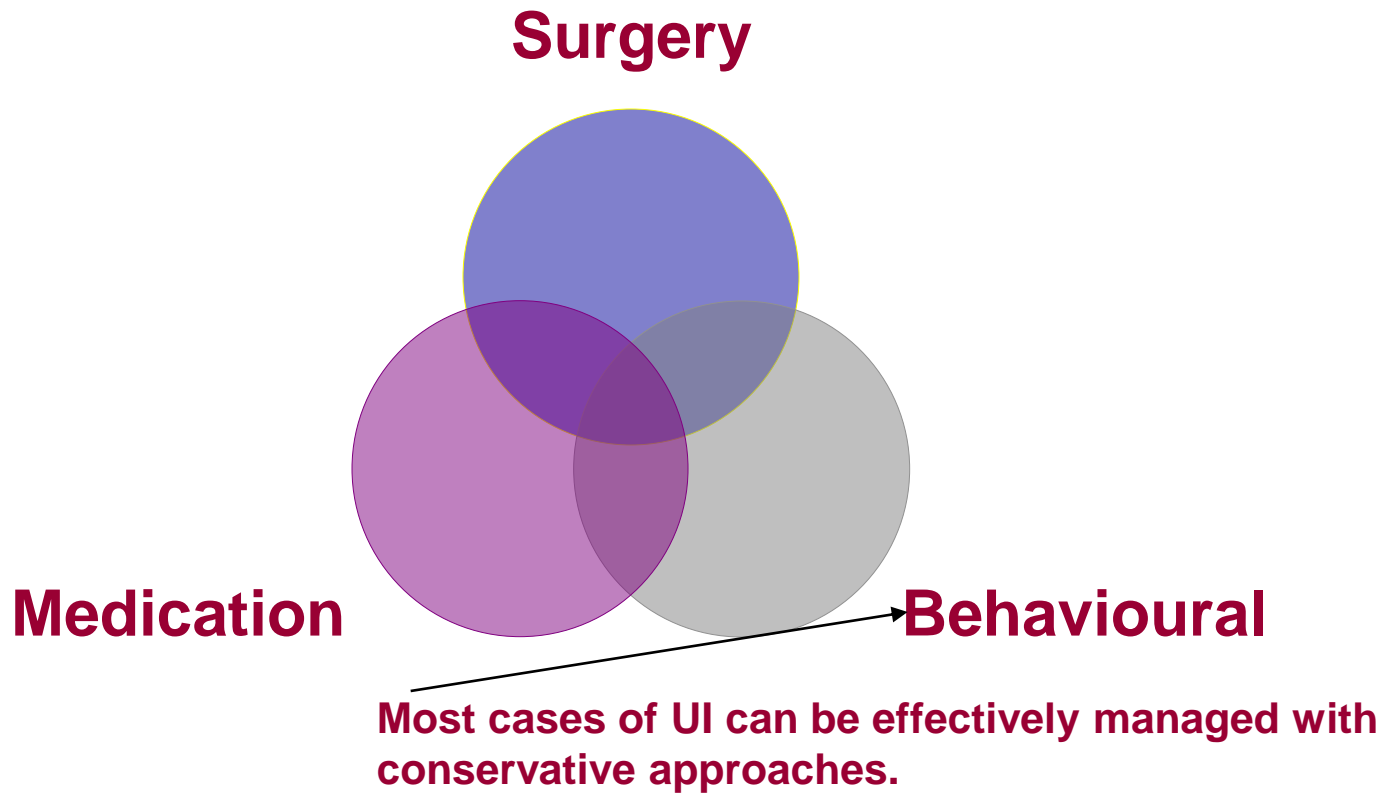
Making the “leap” from assessment to treatment

- So what do you do with all this information you have gathered?
- The assessment follows a logical path to help you to think about the patient’s problem of UI

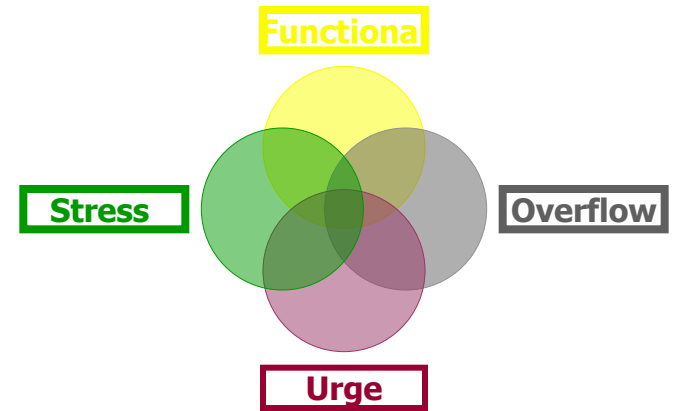
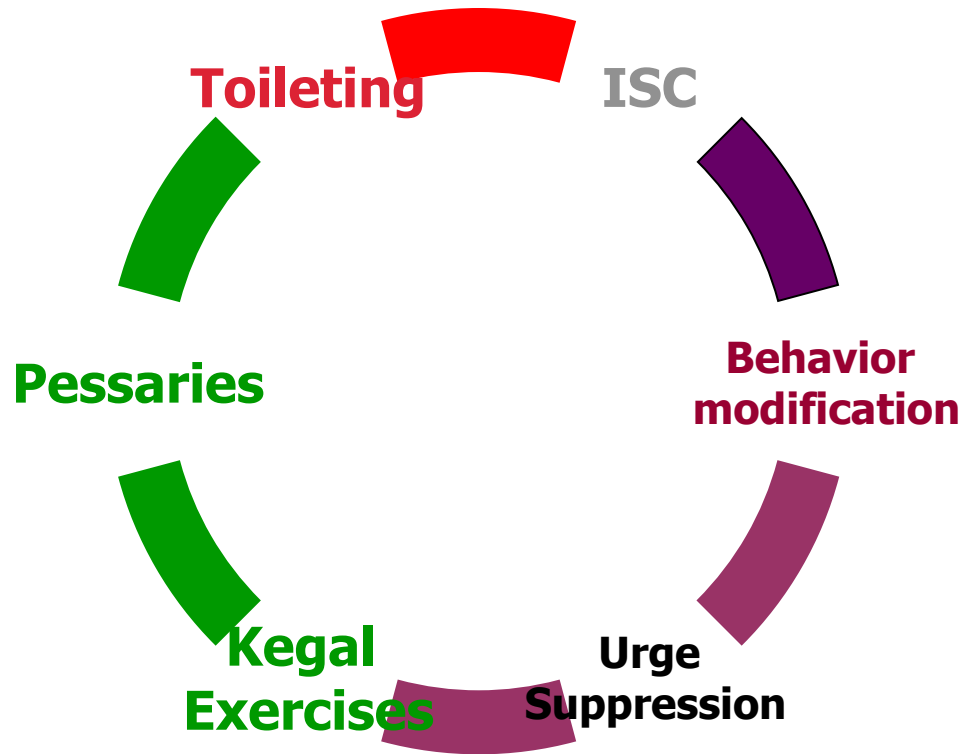
Conservative Management

- client focused
- using education
- behavior modification
- problem solving strategies

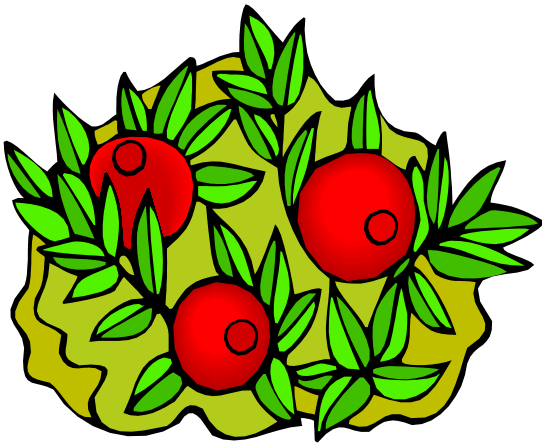
Treatment Options



Conservative Treatment Options



Preventing Urinary Tract Infections



- drink extra fluids like water
- There is some evidence to show that use of cranberry juice or capsules can prevent UTI's in women
 - ◆ Cochrane Reviews

Personal Care

- Wash and wipe from the front to the back
- Wash with warm water and pat or blow dry
- No soap
- Use a product that doesn't affect vaginal pH



Contributing Factor - Loss of Estrogen

- tablet, patch, ring or cream
- works by improving the tissues of the vagina and urethra in post-menopausal women
- risks concerns
 - ◆ breast cancer
 - ◆ uterine cancer

Increase Water Intake



- Increase intake of healthy fluids, especially water
- Try adding a slice of lemon or a sprig of mint to the water
- Offering fluid frequently or readily accessible

Reduce - Caffeine



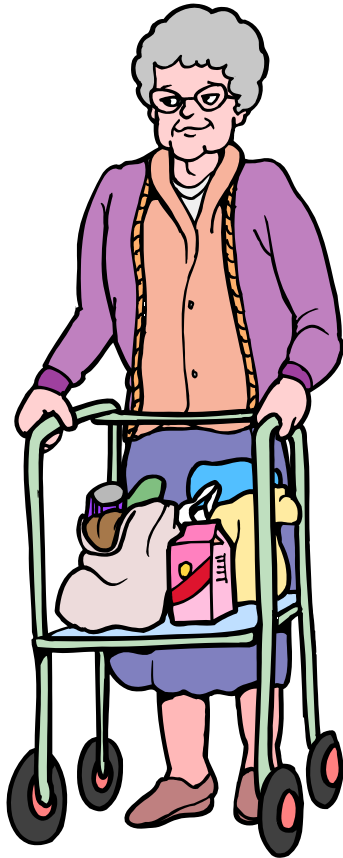
- slowly cut down on the amount of caffeine to 1-2 cups a day (1 cup=250ml)
- slowly switch to decaffeinated beverages (eg. decaffeinated tea, decaffeinated coffee, caffeine-free beverages)
- read labels closely (eg. green tea is caffeinated)

Managing Constipation



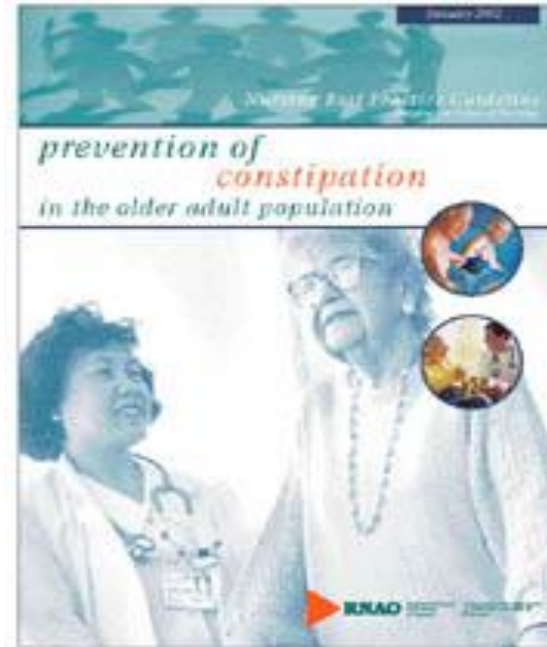
- Provide opportunities for exercise everyday
- Offer plenty of “healthy” fluid (warm water may stimulate the bowel)
- Introduce gradually, foods high in fibre such as bran, oatmeal, whole wheat, green leafy vegetables
- Avoid using laxatives on a regular basis

Limited Mobility



- Ensure a toilet is close by (a bedside commode or bedpan)
- Offer regular timed trips to the washroom
- Keep walking aide near (cane, crutches, or walker)
- Provide clothing that can be easily removed

Developing Best Practice Guidelines



Prompted Voiding

- It has been shown to decrease the number of incontinent episodes per day and increase the number of continent voids (A level evidence)
- It can be used with persons who have physical or mental impairments or little ability to determine how best to meet their needs
- The identification of individual voiding patterns (individualized toileting) rather than routine toileting (e.g. q2h) can promote the highest level of success with toileting

3-Day Voiding Record

- ❑ 3-day voiding record recommended
- ❑ Identify patterns of voiding
- ❑ Use to monitor interventions
- ❑ Motivates staff & residents

Prompted Voiding

It aims to improve bladder control for people with or without dementia using verbal prompts and positive reinforcement.

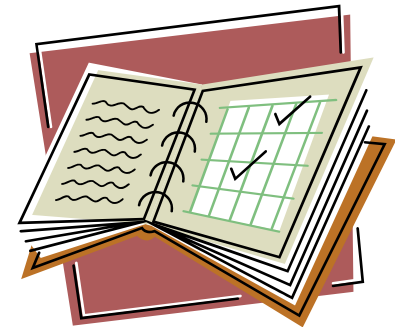
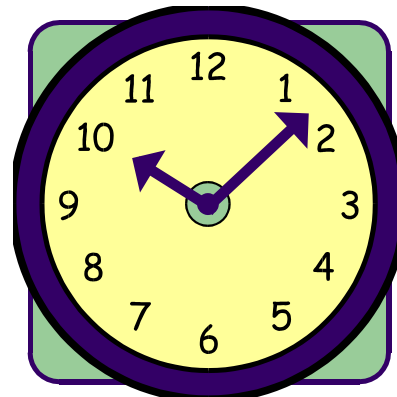
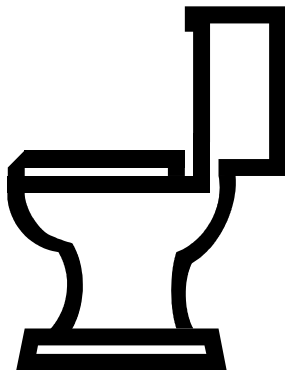
Prompted Voiding Intervention

There are three primary behaviours that the caregiver uses each time PV is initiated

- Monitoring
- Prompting
- Praising

Environment

Provide visual cues in the environment to promote desired toileting behaviour



Using the right product



Resources

- Clinical Practice Guidelines for Urinary Continence Management of Stroke Survivors in Acute and Rehabilitation Settings, The Ottawa Hospital, 2008
- Registered Nurses' Association of Ontario (2006). Self-Learning Package: Continence Care Education. Toronto, Canada: Registered Nurses' Association of Ontario.

<http://www.rnao.org/Page.asp?PageID=924&ContentID=1274>

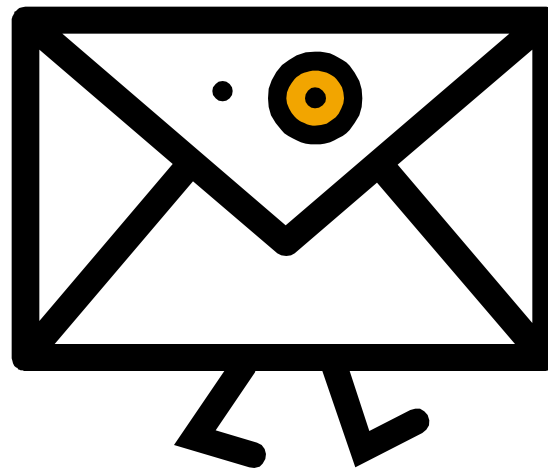
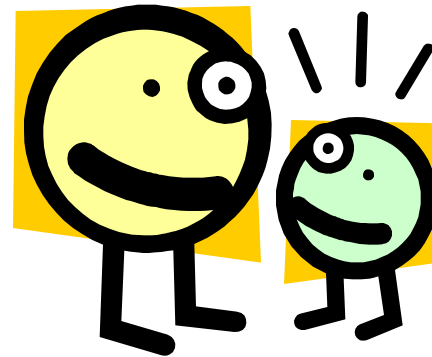
- Hospital Report Research Collaborative, IC5 Improving Continence Care in Complex Continuing Care
 - ◆ Facilitation using Quality Improvement Methodology

http://www.hospitalreport.ca/projects/QI_projects/IC5.html

- Incontinence: A Canadian Perspective
A comprehensive look at incontinence in Canada
A 37 page burden of illness paper commissioned by TCCF in 2007

<http://www.canadiancontinence.ca/health-profs/health-profs.html>

Comments?



Feedback?