



Continence Assessment and Treatment Programme for use in

Primary Care, Secondary Care
Nursing Homes, Residential Homes



Introduction

The Assessment and Treatment Programme is intended to enable staff to carry out a level one continence assessment and plan a treatment regime as described in the Good practice in continence services, (Department of Health 2000). It is suggested that the necessary pages are photocopied for each client and the treatment plan documented in the client's notes / care plan.

A level one continence assessment will identify problems such as stress, urge or mixed (stress and urge), urinary incontinence. Clients with other symptoms suggestive of, for example, bladder outlet obstruction (see page 20) should be referred for a level two assessment.

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Acknowledgements

Grateful thanks are extended to the Continence Nurses in the South West Peninsula for use of their documentation and input into the planning of this Programme. Thanks also, to those Continence Specialists throughout the UK who have given useful feedback on this work.

March 2004

Self-Assessment of Bladder Problems

By completing this form in as much detail as possible, you will be helping the nurse to identify your particular problem, offer you the correct treatment, and manage any leakage effectively.

The details on this form will be treated confidentially.

Date completed:

Surname: Forename:

Date of Birth:

Address:

Postcode: Telephone Number:

Doctor: Surgery:

Height: Weight: (if known)

Smoker: YES / NO How many per day?

Do you live alone?

If a carer is completing on your behalf:

Carer's name:

Relationship: (for example: spouse, private carer)

1. **Medical History** Please give a brief outline of any medical problems during your life, so far:

2. **Surgical History** Please list any operations you have had, and the year, if known:

3. **Medication** Please list any medicine from your doctor, and any you buy from the chemist, which you are currently taking:

4. **Allergy** Do you have any allergies? YES / NO
If YES, Please list:

5. How long have you had urinary problems?

6. Have you sought help or advice before? YES / NO
If YES, from whom and when?

7. How has your life been affected by incontinence? (Please tick the relevant boxes)

Life Impact	0 not at all	1 slightly	2 moderately	3 severely
Ability to do daily tasks?				
Physical activities, e.g. walking?				
Travel by car/bus for more than 30 minutes from home?				
Social activities?				
Sexual activities				
Self esteem?				
Do you feel frustrated?				

Would you like to receive treatment for your bladder problem? YES / NO

Given your continence problem, what is the best outcome you would wish for?
(Tick more than one if applicable)

No change – I'm happy with things the way they are

I would like to be cured

I would like to see an improvement in my symptoms

I would like better management of my problem

If completed by a family member or carer, please tick:

This patient is unable to answer for him / herself

Question 8 Women only

8. Have you given birth to any babies? YES / NO How many?

If YES, did you have any problems during the birth? YES / NO

Please state:

Large babies (over 4kg or 8lb 8oz in weight)? YES / NO

Forceps delivery? YES / NO

Caesarian Section YES / NO

Question 8 Men only

8. Have you had surgery on your bladder or prostate? YES / NO
Please state operation(s) and when:

9. Please give a brief description of how you cope with your problem at the moment.

10. The following questions relate to how often you experience leakage, and the volume of urine lost. (Please tick which box relates to you)

	0 Never	1 Once a month	2 A few times a month	3 A few times a week	4 Every day/night
How often do you experience urinary leakage?					

	0 None	1 A few drops	2 A moderate volume	3 A full bladder	4 Constant dribble
How much urine do you lose each time?					

11. In your opinion, what is your normal bowel habit?

Regular / Constipated / Diarrhoea / Other

How often do you move your bowels?

Are you using any bowel medicine from your Doctor or other source, such as local Chemist or Pharmacy? YES / NO

If YES, please list any medicines you take for your bowel:

Usual Bristol Stool Scale Type (see chart on page 8):

12. About your mobility

Are you 100% mobile and self-caring? YES / NO (if YES, please go to section 13)

Are you able to dress and undress yourself? YES / I HAVE HELP / NO

Are you able to get up from a chair without help? YES / NO

Are you able to get about indoors? YES / I HAVE HELP / NO

Are you able to get about outdoors? YES / I HAVE HELP / NO

Do you use a mobility aid? YES / NO (if YES, please state, e.g. stick, zimmer frame, hoist)

Where is your toilet? UPSTAIRS / SAME LEVEL / OUTSIDE

Can you reach the toilet when you need to? YES / I HAVE HELP / NO

Are you able to get on and off the toilet easily? YES / I HAVE HELP / NO

Please state any difficulty:

Please state any aids currently used (such as raised toilet seat):

Do you think you need more help? YES / NO

What happens at night if you need to go to the toilet? Please state:

13. Symptom Profile

The client, carer, or health care professional can complete the following in order to ascertain the symptoms most commonly experienced. (Please tick all those which apply)

Please note: although a guide is given below to the possible cause of symptoms, these are not conclusive and must be interpreted within the context of the full assessment.

Description of symptoms experienced	Tick if applicable
Stress Urinary Incontinence	
I leak when I laugh, cough, sneeze, run or jump	
At night, I only use the toilet once or not at all	
I always know when I have leaked	
Urge Urinary Incontinence	
I pass urine frequently	
I feel a sudden urge to pass urine and have to go quickly	
I feel a strong need to pass urine, which I can't control, prior to leaking	
I get up to pass urine at least twice at night	
Bladder Outlet Obstruction / Underactive Bladder	
It is hard to start passing urine	
I sometimes leak without feeling the need to empty my bladder	
I have to strain to pass urine	
My urine flow stops and starts	
My bladder does not feel empty after I have been to the toilet	
My urine stream is weaker than in the past	
It takes me a long time to empty my bladder	
Functional Incontinence	
I am unable to get to the toilet without help	
I have difficulty getting to the toilet	
I have difficulty removing or replacing my clothes at the toilet	
Inappropriate Voiding (carer to answer)	
The client passes urine in places other than the toilet or pad	
General symptoms and information	
Only my pants get wet when I leak	
I leak moderate or large amounts of urine before I get to the toilet	
I wake up and find I have wet the bed	
I had bladder problems as a child	
I leak a few drops of urine just after I have been to the toilet	
I feel pain and / or burning when I pass urine	
I suffer from regular or frequent bladder infections	
I sometimes pass blood in my urine	

How many times do you pass urine during waking hours?

How many times do you wake to pass urine during sleeping hours?

Summary by Health Care Professional or Link Nurse

Urinalysis:

Urine sample sent to GP or Hospital? YES / NO

Result of urine sample if known, and any treatment:

Please complete the following sections to the best of your knowledge. If the symptoms are unclear and you do not know, please say so. This will assist the Continence Nurse in the assessment:

The symptoms indicate that this client is experiencing:

1. Stress Urinary Incontinence YES / NO
2. Urge Urinary Incontinence YES / NO
3. Mixed Stress and Urge Urinary Incontinence YES / NO

4. NOT SURE

A Bladderscan may be indicated.

If you would like the Continence Advisor to see this patient, please tick box

Appropriate professional to complete:

Consent given for physical examination?








Findings of physical examination:

Treatment Plan (If 1, 2 OR 3 above have been identified)

Communication Patient copied in on letter? YES / NO

REVIEW DATE

The Bristol Stool Form Scale

<i>Type 1</i>		Separate hard lumps, like nuts (hard to pass)
<i>Type 2</i>		Sausage-shaped but lumpy
<i>Type 3</i>		Like a sausage but with cracks on its surface
<i>Type 4</i>		Like a sausage or snake, smooth and soft
<i>Type 5</i>		Soft blobs with clear-cut edges (passed easily)
<i>Type 6</i>		Fluffy pieces with ragged edges, a mushy stool
<i>Type 7</i>		Watery, no solid pieces ENTIRELY LIQUID

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Continence Chart

Name: _____

Commencement Date: _____

	DAY 1			DAY 2			DAY 3		
	Fluid in/Type of Fluid	Codes	Fluid out/Pad weight	Fluid in/Type of Fluid	Codes	Fluid out/Pad weight	Fluid in/Type of Fluid	Codes	Fluid out/Pad weight
0600									
0700									
0800									
0900									
1000									
1100									
1200									
1300									
1400									
1500									
1600									
1700									
1800									

	DAY 1			DAY 2			DAY 3		
	Fluid in/Type of Fluid	Codes	Fluid out/ Pad weight	Fluid in/Type of Fluid	Codes	Fluid out/ Pad weight	Fluid in/Type of Fluid	Codes	Fluid out/ Pad weight
1900									
2000									
2100									
2200									
2300									
0000									
0100									
0200									
0300									
0400									
0500									

Notes:

Codes

- 1 = Pad checked (wetness indicator)
 - 2 = Pad changed
 - 3 = Pad soiled
 - 4 = Clothing/bed wet
 - 5 = Toileted
 - 6 = Same pad reapplied
 - 7 = Pad removed by patient
- Day:** Type of pad _____
 Dry pad weight _____
- Night:** Type of pad _____
 Dry pad weight _____

Instructions on How to Use the Continence Chart

The completed Continence Chart is an essential part of the assessment process. The chart is designed to help the assessing nurse to understand the client's fluid intake, the volume of urine passed (voided), and the pattern of use of the toilet and / or incontinence. It will also identify frequency of pad changes and other information, which will be invaluable when planning an individual programme for the client. It is therefore very important that the chart is completed accurately, following the instructions below.

Dry pad weight

On the second page, there is a space for you to record the pad or pads being used for the client, and the dry weight of the pad. Please weigh a dry pad and record the weight in grams or ounces, if possible.

Fluid in / Type of fluid

Please include the following information:

- Type of fluid, for example, tea, coffee, juice (flavour), fizzy drinks, alcohol, etc.
- The volume in mls (if possible), fluid ounces, cups or mugs.

Codes

At the end of the second page of the chart there are a series of numbers corresponding to events, which may be associated with toileting. Please write each number, which applies at that time, for example 2 & 4 would indicate that the pad was changed and the bed or clothing was also wet.

Fluid out / pad weight

Please include the following information:

- Write PU if urine passed on the toilet
- Measure urine and enter volume if passed on a commode
- Enter wet pad weight if pad is being changed

Your nurse relies on you to provide accurate information, around which a treatment plan can be formulated. If a disposable product is required, then the information you have recorded on the Continence Chart will ensure the correct product is prescribed. If for any reason you are unable to fill in the chart on a particular day, for example, if short of staff or you simply forget, please document this on the chart.

Thank you for your help. If you are still unsure about what is required, please contact the following:

Name: _____

Tel: _____

Instructions on How to Use the Bladder Diary

This diary helps you and us to understand why you get trouble with your bladder. The diary is a very important part of the tests we do, so that we can try to improve your symptoms. Please choose any three days between receipt of the diaries and when you attend your appointment with the Continence Promotion Service. The days do not have to be consecutive. On the chart you need to record:

1. When you get out of bed in the morning, show this on the diary by writing '**Got out of bed**'.
2. During the day please enter the **correct time the drinks you have during the day**, e.g. 8.00am – two cups of coffee (total 400 ml).
3. The **time you pass your urine**, e.g. 7.30am. Do this every time you pass urine throughout the day and night.
4. Each time you pass urine, collect the urine in a measuring jug and **record the amount** (in mls or fl ozs) next to the time you passed the urine, e.g. 1.30pm/320ml.
5. Each time you pass your urine, please write down **how urgent was the need** to pass urine:
'O' means it was not urgent
+ means you had to go within 10 minutes
++ means you had to stop what you were doing and go to the toilet
6. **If you leak urine**, show this by writing a '**W**' on the diary at the time you leaked.
7. If you have a leak, please add a '**P**' if you have to change a pad and '**C**' if you have to change your underclothes or even outer clothes. So if you leak and need to change a pad, please write '**WP**' at the time you leaked.
8. If you have a leakage please write in the column called 'comments' whether you **leaked a small amount** or a **large amount** and **what you were doing when you leaked**, e.g. 'leaked small amount when I sneezed three times'.
9. Each time you **change a pad** or **change clothes**, please write in the 'comments' box.
10. When you go to bed at the end of the day show it on the diary – write '**went to bed**'.

Source: 'Incontinence: 2nd International Consultation July 1 – 3 2001'

Collecting a mid-stream specimen of urine

Please note: The following instructions are intended for carers. If the client is self-caring, explain the procedure and allow the client to collect the sample independently.

The aim of collecting a mid-stream specimen of urine is to obtain a fresh, clean urine sample for sending to the laboratory, which is not contaminated with bacteria (germs) from outside the urinary tract.

A mid-stream urine specimen is collected as an aid to diagnosing the cause of the bladder symptoms.

You may be supplied with a urine specimen bottle, which does not need refrigeration. If not, once the urine specimen has been collected, it is essential that this is stored in a refrigerator used only for laboratory specimens, if there is to be a delay before this can be taken to the laboratory. Ask the nurse in charge for guidance regarding the local policy.

Procedure

- Collect the equipment, which will include: sterile bowl or tray, urine specimen container, gloves and equipment for washing and drying the genital area
- Explain the procedure to the client in a private environment where you cannot be overheard. Make sure that you have the equipment required
- Wash your hands and cleanse the genital area with soap and water and dry, as specified in the local policy. Do not use an antiseptic for cleansing this area before collecting a urine specimen, as this may contaminate the sample obtained
- Ask the client to pass a small volume of urine into the toilet. Collect the next small volume of urine into the sterile bowl or tray (approximately 20 – 30 ml)
- Ask the client to finish emptying the bladder into the toilet
- Make the client comfortable and give any assistance which is required
- With gloved hands, transfer the urine specimen from the bowl or tray to the container, label the specimen as required by local policy and place in the plastic cover with the completed laboratory request form (the exact procedure may vary locally). Place in the agreed storage place for collection
- Document in the notes, and inform the nurse in charge once the specimen has been obtained

Collecting a clean-catch specimen of urine

The aim of collecting a clean-catch urine specimen instead of a mid-stream specimen of urine is to obtain a fresh, urine specimen for sending to the laboratory, which is as clean as possible but, due to difficulties in obtaining the specimen, may be contaminated with bacteria (germs) from outside the urinary tract. This may be appropriate for clients who suffer from severe physical difficulties or those with dementia.

A clean-catch urine specimen is collected as an aid to diagnosing the cause of the bladder symptoms.

You may be supplied with a urine specimen bottle, which does not need refrigeration. If not, once the urine sample has been collected, it is essential that this is stored in a refrigerator used only for laboratory specimens, if there is to be a delay before this can be taken to the laboratory. Ask the nurse in charge for guidance regarding the local policy.

Procedure

- Collect the equipment, which will include: sterile bowl or tray, urine specimen container, gloves and equipment for washing and drying the genital area
- Explain the procedure to the client in a private environment where you cannot be overheard. Make sure that you have the equipment required
- Wash your hands and cleanse the genital area with soap and water and dry, as specified in the local policy. Do not use an antiseptic for cleansing this area before collecting a urine specimen, as this may contaminate the sample obtained
- Collect a small volume of urine into the sterile bowl or tray (approximately 20 – 30ml). This may be done by placing a sterile bowl or tray into a clean and dry commode insert, prior to the client being helped onto the commode to pass urine
- After using the commode, make the client comfortable and give any assistance which is required
- With gloved hands, transfer the urine specimen from the bowl or tray to the container, label the specimen as required by local policy as a clean catch specimen and place in the plastic cover with the completed laboratory request form (the exact procedure may vary locally). Place in the agreed storage place for collection
- Document in the notes, and inform the nurse in charge once the specimen has been obtained

Pelvic Floor Exercises for Women

To learn pelvic floor exercises sit upright, legs slightly apart with your feet touching the floor. Lean slightly forward, resting your elbows on your thighs.

Slow exercise

Tighten and lift the muscle around the back passage. Now tighten and lift the muscles around the front passages. Doing both exercises together, hold for as long as you feel comfortable.

Gradually increase duration to a count of ten if possible. Relax the muscles fully to the same count. Repeat the exercise until your muscles feel tired.

Remember: Breathe normally.

Fast exercise

Repeat the above exercise but this time quickly as to a drumbeat "tighten – relax – tighten – relax..."

These exercises can be done whilst sitting, standing or lying and can be incorporated into your daily routines.

For maximum effect, the slow and fast exercise should be repeated several times a day.

Remember: Success does not happen overnight. Improvement is usually gradual and may take several months.

It is always recommended to seek medical advice if you experience bladder problems.

Do you have any questions?

This information sheet is designed to teach you how to control your bladder, so that you will be dry and comfortable. If you have any problems doing the exercises, or if you do not understand any part of this information sheet, ask your doctor, nurse, continence advisor or physiotherapist for help.

Pelvic Floor Exercises for Men

Men have the same hammock-sling of pelvic floor muscles as women, and if they have 'weak bladders' (particularly after treatment for an enlarged prostate) they too can benefit from the exercises described in this leaflet.

To learn pelvic floor exercises sit upright, legs slightly forward, resting your elbows in your thighs.

Slow exercise

Tighten and lift the muscle around the back passage as though you are trying to prevent wind. Now pretend you want to pass water but there is no toilet nearby. Tighten the muscles in your water pipe, feeling your muscles pull up.

Doing both exercises together, hold for as long as you feel comfortable. Gradually increase the duration to a count of ten if possible. Relax the muscles fully to the same count. Repeat the exercise until your muscles feel tired.

Remember: Breathe normally

Fast exercise

Repeat the above exercise but this time quickly twitching the penis upwards by controlling the muscle.

These exercises can be done whilst sitting, standing or lying. For a maximum effect, the slow and fast exercises should be repeated several times a day.

Remember: Success does not happen overnight. Improvement is usually gradual and may take several months.

It is always recommended to seek medical advice if you experience bladder problems.

Do you have any questions?

This information sheet is designed to teach you how to control your bladder, so that you will be dry and comfortable. If you have any problems doing the exercises, or if you do not understand any part of this information sheet, ask your doctor, nurse, continence advisor or physiotherapist for help.

Bladder Retraining

1. Keep a chart (sometimes called a Bladder Diary) see pages 9, 10 and 12

Chart your trips to the toilet and the volume of urine passed for a few days; a week if possible. You will need to buy an inexpensive plastic jug if you don't have one and, when at home, pass urine into this each time you visit the toilet. Write down on a piece of paper or on a chart if you have been given one, the times, day and night, and the volume of urine in the jug. Empty the jug and rinse it with cold water after use every time.

Keep the jug for this purpose only. Once you have completed your first chart, store the jug in a safe place as you may be asked to repeat this procedure to compare and assess your improvement.

If you are going out or if you work, the clinic will not expect you to take your jug, but please keep a note of each time you pass urine. When you arrive home, put the time and a tick on the chart each time you passed urine while away from home.

2. Increase your fluids

Many people seem to rely entirely on tea and coffee for their fluid intake. Experience has shown that this does not help with bladder training, as the caffeine in these drinks (and many others) makes the body produce urine quickly and makes the bladder muscle squeeze harder than usual, causing urgency (the sudden need to reach the toilet quickly).

Try varying your fluids to include water, fruit juices, lemon or orange barley water or milk drinks. Be careful about the sugar content of some drinks if you want to keep your sugar intake under control. Try to drink 8 to 10 beakers or glasses of fluid a day, gradually throughout the day and evening, having a drink every 1 to 2 hours. It may be necessary to drink more in hot weather. Your urine should be pale straw colour most of the time and you are aiming to pass good volumes when you need to go.

3. Pelvic Floor Exercises (PFEs)

The nurse or physiotherapist will teach you to carry out a programme of PFEs. This will strengthen the supporting muscles and encourage the bladder itself to relax. Also, by tightening the pelvic floor muscles when you feel the sudden need to pass urine, you can help this urgent feeling go away, helping the bladder to stretch and hold on for longer.

See also pages 16 and 17 in this Programme regarding pelvic floor exercises.

4. Bladder Retraining

You are going to increase the time between visits to the toilet by 'holding on' to your urine for longer. When you feel the sudden desire to pass urine, sit down on a hard chair, tighten the pelvic floor muscles and breathe deeply. Concentrate on sending messages to the bladder to try to help the urgent sensation to go away. Once this feeling has passed, carry on with what you were doing. Try to extend the time between visits to the toilet. You are aiming, eventually, to pass urine every 2 to 3 hours during the day.

It may take several weeks to retrain the bladder so do not give up. The extent of the improvement depends on your commitment. Sometimes the doctor may prescribe some tablets to help with the retraining, but the biggest effort must come from you carrying out the bladder retraining technique as described here and the pelvic floor exercises.

Once back to a normal pattern of passing urine, remember to continue with a good fluid intake and the pelvic floor exercises.

Planning a Toileting Programme for Clients

- Individualised toileting programmes should be planned, as people have different toileting needs
- Those clients taking diuretics (water tablets) often need to pass urine more frequently after they have taken this medication
- Charts should be completed to establish a baseline and monitor progress (see pages 9, 10 and 12)
- Commence 2 hourly checking / toileting during the day and evening for the first 2 days, recording on the chart whether the client used the toilet or was wet when taken
- From this information, re-adjust the toileting times to anticipate the client's need to pass urine
- Continue with this until the client has a reasonable pattern of voiding
- Document this programme in the care plan and review on a regular basis
- Discontinue the charts when a satisfactory programme has been established
- **DO NOT PUT THE CLIENT ON THE TOILET OR COMMODOE 2 HOURLY DURING THE NIGHT.** This leads to sleep deprivation. It may be appropriate to offer the toilet or commode once during the night or at the client's request
- If the client is passing large volumes of urine during the night, it may indicate heart or other medical problems, or it can be a result of the hormone that normally suppresses urine production being absent or diminished
- Clients will need help in both these instances so report to the officer or nurse in charge, or the GP
- If the client is wetting excessively during the night it may be necessary to use re-usable bed sheets to absorb the urine
- **DO NOT** lay body-worn pads underneath the client! This could lead to skin breakdown. Clients should wear a suitable absorbent pad that is held in place with net pants or close-fitting underwear. If these pads are not absorbent enough, speak to the district nurse
- Clients should not be left sitting on a commode or toilet for too long, as tissue damage may occur

Common Types, Symptoms and Causes of Urinary Incontinence

Stress Urinary Incontinence

Stress urinary incontinence (SUI) is the complaint of involuntary leakage on effort or exertion, or on sneezing or coughing.

Symptoms

Urinary leakage associated with an increase in the pressure within the abdomen. The leakage is usually slight, but can be moderate or severe.

Underlying Cause

Weak bladder neck sphincter.

Contributing factors include pregnancy and childbirth, lowering of oestrogen levels at the menopause, side effects of medication and chronic constipation. In men, prostate surgery may be a factor in SUI.

Urge Urinary Incontinence

Urge urinary incontinence is the complaint of involuntary leakage accompanied by or immediately preceded by urgency.

Symptoms

- Urinary frequency
- Urgency
- Nocturia

Urinary leakage which is associated with urgency

Underlying Causes

Detrusor Overactivity (an overactive bladder is one which contracts involuntarily during filling). This may be: idiopathic, obstructive or associated with underlying neuropathy.

Contributing factors may include the menopause, side effects of some medication, fluid intake and type, and anxiety.

Mixed Urinary Incontinence is the complaint of involuntary leakage associated with urgency and also with exertion, effort, sneezing or coughing.

Incontinence associated with Bladder Outlet Obstruction

An obstruction to the outflow tract, such as a stricture or stenosis in the urethra, or an enlarged prostate gland in the male patient, can result in urinary incontinence previously described as 'overflow incontinence'.

Symptoms

These may include:

- Frequency and urgency
- Hesitancy & poor stream
- Intermittent stream
- Terminal dribbling

Feeling of incomplete bladder emptying

- Urinary leakage which may occur with urgency or without awareness

- Urinary tract infection may occur

Underlying Causes

An enlarged prostate gland, urethral narrowing or pressure on the urethra from, for example, a full colon. **Contributing factors** include previous urethral trauma and constipation.

Incontinence associated with Detrusor Underactivity

A reduced or absent contraction of the detrusor (bladder muscle), may result in incomplete bladder emptying and incontinence, previously described as 'overflow incontinence'.

Symptoms

These may include:

- Urinary frequency
- Hesitancy & poor stream
- Intermittent stream
- Terminal dribbling

Feeling of incomplete bladder emptying

- Urinary leakage which may occur with urgency or without awareness

- Urinary tract infection may occur

Underlying Causes

Usually a neurological deficit, or this may occur with the ageing process. **Contributing factors** may include side effects of medication and sudden immobility.

Functional Incontinence / Inappropriate Voiding

Incontinence which occurs as a result of illness, severe learning or physical disability, or behavioural problems. There may or may not be any underlying bladder dysfunction.

Symptoms

Incontinence which is usually a full void. The bladder may be emptied in an inappropriate place.

Contributing factors include severe learning or physical disability, dementia, confusion, mental health problems and short-term memory loss.

Further reading:

Abrams, P. et al (2002)

The standardisation of terminology in lower urinary tract function. *Neurology and Urodynamics*; 21: 2, 167-178. (Full report at www.contininet.org)

Treatment Plan for Urinary Incontinence

Stress Urinary Incontinence	Urge Urinary Incontinence	Incontinence associated with Bladder Outlet Obstruction	Incontinence associated with Detrusor Underactivity	Functional Incontinence / Inappropriate Voiding
<p>Patient-specific pelvic floor exercises</p> <p>Use 'The Knack' (the technique of contracting the pelvic floor prior to any effort or exertion)</p> <p>Dietary advice</p> <p>Avoid constipation</p> <p>Oestrogen replacement in women if indicated</p> <p>Biofeedback</p> <p>Electrotherapy</p> <p>Surgery</p>	<p>Exclude / treat urinary tract infection.</p> <p>Patient-specific pelvic floor exercises</p> <p>Advise to maintain fluid intake as appropriate, but eliminate caffeinated drinks and alcohol from diet</p> <p>Oestrogen replacement in women if indicated</p> <p>Bladder retraining / timed voiding</p> <p>Pharmacological therapy</p>	<p>Depending on diagnosis and medical assessment</p> <p>Medication may be indicated</p> <p>Catheterisation, intermittent or indwelling</p> <p>Surgery</p> <p>Stricture therapy</p> <p>Avoid constipation</p>	<p>Bladder expression using a manoeuvre such as abdominal straining or Valsalva's manoeuvre</p> <p>Queen's Square Bladder Stimulator may be useful for some patients</p> <p>Catheterisation, intermittent or indwelling</p>	<p>Improve underlying disabilities where possible</p> <p>Assess and treat any underlying bladder dysfunction</p> <p>Ensure supporting agencies are involved</p> <p>Involve Occupational Therapist and Physiotherapist when indicated</p> <p>Observe behaviour and voiding pattern</p> <p>Plan individual toileting programme or simply remind patient to visit toilet</p>
<p>Management of urine leakage from incontinence of any type can include the use of various aids and appliances available, such as a hand-held urinal, or a drainage sheath for male patients. The selection is dependent on assessment and individual choice.</p>				

Overall, it is essential to control odour and maintain the dignity and social acceptability of the sufferer.

- Before implementing a Treatment Plan, a full assessment must be undertaken initially, to determine the underlying cause of incontinence.
- The treatments listed above are not necessarily inclusive of all treatments available, neither are they in any particular order of preference. Treatment selection will be guided by specialist opinion and patient preference.
- Knowledge of and access to a full range of other resources such as hand-held urinals and other aids to promote continence is essential.

Product supply principles

The 'Good practice in continence services', Department of Health, 2000, states the key principles as:

- Pads only issued after an initial assessment;
- Full range of products available;
- Supply of products should only be governed by clinical need;
- Needs are regularly reviewed.

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