



An illustrated guide to the
management of incontinence.



The problem of incontinence

The ACA describes incontinence as an involuntary loss of urine and/or bowel motion. The amount can vary from slight to copious. Incontinence is not a disease, but is a symptom of an underlying disorder. (Association for Continence Advice 1993). The ICS defines urinary incontinence as the complaint of any involuntary loss of urine. (International Continence Society 2002). Urinary incontinence has a higher prevalence than faecal incontinence.

It is estimated that between 3 and 6 million people in the UK suffer from incontinence of varying degrees of severity, which often causes severe physical difficulties and psychological distress. Incontinence is still a condition that people may be too embarrassed to talk about and may conceal as far as possible.

People suffering from urinary incontinence should be encouraged to seek medical advice. There are many treatment and management options which can greatly alleviate both the psychological and the physical burden experienced by the sufferer.

This brochure aims to discuss the problem of incontinence openly, remove the social taboos and embarrassment surrounding it and provide information on its management by describing practical methods of dealing with the problem.

How does urinary incontinence occur?

At a variable age during infancy, the skill is acquired to voluntarily control bladder emptying. This involves a complicated mechanism controlling the coordination of the urinary bladder, the sphincter at the neck of the bladder and the nervous system.

As the bladder fills with urine, an urge to void is experienced which becomes increasingly stronger as the bladder fills to capacity. The volume of urine stored in the healthy adult bladder varies as situations demand, but the maximum capacity is usually about 1/2 litre.

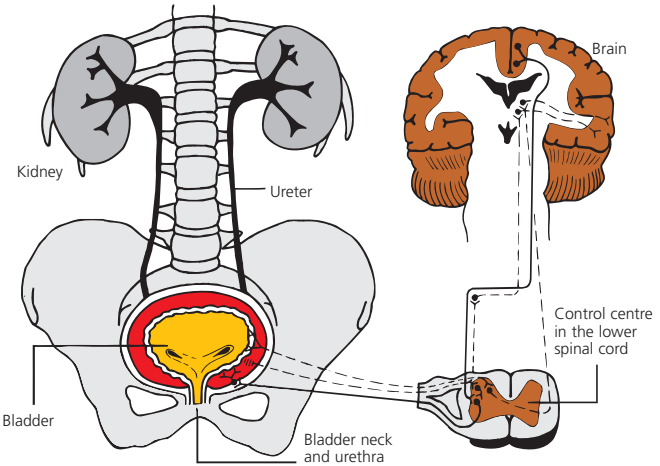
Information on the volume of urine in the bladder is transmitted through a special nerve centre in the sacral region in the spinal cord to the relevant centres in the brain. When the urine in the bladder reaches a certain volume, a conscious decision to void is triggered. The command is transmitted from the brain to the bladder via the spinal cord. The bladder contracts, the sphincter relaxes and urine is voided.

Involuntary leakage of urine can occur if:

- the bladder muscles are not functioning normally and the bladder contracts involuntarily,
- the sphincter tone decreases,
- the nerve pathway between the bladder, the spinal cord and the brain is partially or totally disrupted.

It is important to remember that urinary incontinence is caused by an underlying condition; for example, infection of the urinary tract, prostatic enlargement, prolapse of the bladder, rectum or uterus into the vagina, stroke, metabolic disease, injuries to the spinal cord, severe physical disabilities etc. Post-operative complications can also cause incontinence.

Illustration of Normal Bladder Emptying



When normal bladder function occurs, information regarding the volume of urine in the bladder is transmitted via the control centre in the lower spinal cord to the brain, from where bladder emptying is voluntarily determined.

- nerve impulses which provide information to the brain
- nerve impulses giving commands back to the bladder

Urinary incontinence is not an illness in itself, but rather a symptom of an underlying condition, which needs to be identified and treated by a doctor or other health care professional. Urinary incontinence is classified according to type and degree

of severity, which may be described as slight, moderate or severe.

Although urinary incontinence affects all age groups, the prevalence increases with age.

Some common types of urinary incontinence

Stress Urinary Incontinence

Stress incontinence occurs when the bladder sphincter is weak and ceases to function efficiently due to weakness of the muscles in the pelvic floor. In women, stress incontinence is often first reported after childbirth. Hormonal changes during the menopause can aggravate the situation, as may obesity. In stress incontinence, the function of the urethra and bladder sphincter is impaired because of the inadequate support received from the muscles in the pelvic floor.

Stress urinary incontinence is the complaint of involuntary leakage on effort or exertion, or on sneezing or coughing. (ICS 2002) If there is a rise in intra-abdominal pressure, the pressure on the bladder also rises, and can overcome the closure pressure of the sphincter, resulting in involuntary urine loss.

Stress incontinence may be classified as slight, moderate or severe. In patients with severe stress incontinence, leakage can occur with minimal movement. This type of incontinence occurs mainly in women.

Urge Urinary Incontinence

Urge urinary incontinence is the complaint of involuntary leakage accompanied by or immediately preceded by urgency (ICS 2002).

Urge incontinence is caused by overactivity of the bladder muscles, which may result in the sudden, spontaneous, partial or complete emptying of the bladder when an acute urge to void develops.

In less severe cases, the symptoms are those of a persistent urge to pass urine frequently, with the patient retaining voluntary control. As the symptoms increase in severity, the urge to void can no longer be controlled voluntarily and incontinence results.

Urge incontinence may be associated with urinary tract infection, enlargement of the prostate gland, metabolic diseases such as diabetes, or degenerative diseases of the central nervous system. In the elderly, urge urinary incontinence is the type of incontinence most commonly seen.

Neurogenic Detrusor Overactivity

Neurogenic detrusor overactivity occurs in patients with relevant neurological conditions and is characterised by the onset of spontaneous, uninitiated, detrusor (bladder muscle) contractions, with or without the sensation of urgency, leading to urinary incontinence. With all neurogenic bladder dysfunction, urodynamic investigation is essential to determine the functioning of the detrusor and sphincter.

Neurogenic detrusor overactivity can be caused by spina bifida, spinal cord injury, tumours, multiple sclerosis, Parkinson's disease, stroke or dementia.

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.'

As a result of this partial blockage of the urethra, difficulty is experienced passing urine and the bladder may not empty completely. Over time, chronic retention of urine results and a large volume of urine accumulates in the bladder. Chronic retention of urine is defined as a non-painful bladder, which remains palpable after the patient has passed urine (ICS 2002). As a result there may be incontinence, which may be intermittent or may be described as a constant dribble.

Acute retention of urine is defined as a painful, palpable bladder, when the patient is unable to pass any urine (ICS 2002). This is a medical emergency.

Methods of treatment and management

Before prescribing any treatment, the doctor or other health care professional must first identify the causes of the urinary incontinence. The patient can help in the diagnosis, by giving accurate answers to questions, such as:

- Under what circumstances does urine leakage occur?
- How often does urine leakage occur and how much urine is lost?
- Is there a sudden urge to pass urine?
- Can the patient sometimes hold on and pass urine voluntarily?

The assessing professional should have access to the patient's case notes, and be aware of any relevant previous history, such as repeated urinary tract infection.

The assessor should inform the patient of all appropriate treatment options, including medication, surgery and conservative methods of treatment.

Surgery is considered mainly in cases where anatomical changes have occurred. Conservative methods are preferred in cases where

surgery appears unlikely to be successful or the risk is too great, or where the underlying condition cannot be corrected by surgery. In such cases, conservative treatment is available to alleviate the effects of incontinence. Conservative methods of treatment include:

Toileting Programmes

An individual toileting programme aims to pre-empt bladder emptying, so preventing incontinence by getting the patient to go to the lavatory in time. By examining the pattern of voiding and incontinence, a programme is planned for the individual, documenting set times or set intervals for visits to the lavatory.

Pelvic Floor Training

Pelvic Floor Exercises aim to strengthen the muscles supporting the bladder and urethra and are often effective in the treatment of stress and urge incontinence. Electrical Stimulation can also be used to stimulate and strengthen the pelvic floor muscles. Both these treatments are available from a specialist Physiotherapist or Continence Service.

Bladder Reflex Triggering

Bladder reflex triggering is used mainly in paraplegic patients, and comprises of various techniques to elicit a reflex detrusor contraction. Techniques used include suprapubic tapping and thigh scratching. The aim is to completely empty the bladder so that the patient can remain continent during the intervals between treatments.

Catheterisation

Indwelling catheters involve a high risk of infection and should only be used after careful consideration, and having discussed the benefits and risks with the patient and carers. Initial insertion should be by a health care professional competent in the procedure.

Intermittent catheterisation is a procedure which does not carry the same long-term complications as indwelling catheterisation. This procedure is performed either by the patient, a family member or carer and is taught under supervision, using a clean technique. The hands and the genital region must be thoroughly washed before each intermittent

catheterisation. Single use catheters may reduce the risk of infection.

Urinary Sheath Systems

Urinary sheath systems can be used to manage incontinence in men. Special urinary sheaths are applied to the penis and attached to a drainable bag, which is attached to the upper or lower leg, to collect the urine.

If correctly selected and fitted, urinary sheath systems are a reliable method of managing incontinence. Urinary sheath systems facilitate discreet management of incontinence in mobile male patients and enable them to pursue their normal social activities without embarrassment. Wheelchair users and bedridden male patients can also successfully use this management system.

Medication

Medication may be prescribed to help some causes of bladder dysfunction, such as the treatment of an overactive bladder or enlargement of the prostate gland. In the near future, medication is expected to be available for stress urinary incontinence.

Methods of treatment and management *(cont'd)*

Practical Tips for the Management of Urinary Incontinence

- Avoid constipation by ensuring adequate fluid intake and fibre in the diet. Straining at stool, which occurs in chronic constipation, can weaken the pelvic floor.
- The exact effect of obesity in stress incontinence is unclear, but it is widely accepted that overweight sufferers would benefit from weight reduction.
- A fluid intake of 1½ to 2 litres in 24 hours is generally advised. Fluids known to be irritant to the bladder such as tea, coffee, fizzy 'pop' and alcohol, should be avoided. Drinking two small glasses of cranberry juice a day may reduce the incidence of urinary tract infection. **Please note: Patients taking the drug warfarin have been advised to limit or avoid drinking cranberry juice, due to a possible interaction between warfarin and cranberry juice. Any concerns should be discussed with their GP.**
- Restricting drinks is counter-productive, unless the patient has an excessive fluid intake.
- With age, the period from sensing the first desire to void until bladder capacity is reached becomes shorter. It is therefore reassuring for an older person to be familiar with toilet locations.
- Clothing which is easy to manage can make a difference, promoting continence and confidence.
- Personal hygiene is very important. After washing, small amounts of a prescribed preparation may be applied to the skin. However, oil-based creams should not be used with continence products as the cream will occlude the pores in the coverstock, so trapping urine next to the skin.

Absorbent Incontinence Products

Modern, disposable incontinence briefs or pads enable the patient to lead an almost normal life despite incontinence problems. Absorbent incontinence products can be worn discreetly inside the underwear, absorbing the urine quickly and reliably, whilst at the same time protecting sensitive skin and preventing unpleasant odours. They give the patient a feeling of security and restore self-confidence.

Incontinence products are also essential in the care of bedridden patients, where they improve the basic hygienic conditions and help to prevent the occurrence of complications such as skin lesions. It is for this reason that incontinence products are often provided free of charge by health care providers.

The colour coding of the Moli range from HARTMANN












The colour coding used for the Moli range from HARTMANN enables you to identify at a glance which product is suitable for which degree of incontinence.












The four colours represent the four degrees of severity of incontinence:

- Yellow for slight incontinence
- Green for moderate incontinence
- Blue for severe incontinence
- Violet for very severe incontinence

In addition to the colours used on the packaging and on the products themselves, the drop symbols are a further aid to rapid identification of the absorption capacity of a product.

The *Moli* range from HARTMANN

	
 <p>MoliForm Normal</p>  <p>MoliNea Plus-D 20 x 40cm 20 x 60cm 15 x 60cm</p>  <p>MoliMed Mini Midi Maxi</p>  <p>Couche</p>  <p>Strampelpeter</p>  <p>MoliMed For Men - Active</p>  <p>MoliMed For Men - Protect</p>	 <p>MoliForm Plus</p>  <p>MoliNea® Plus Underpad 40 x 60cm 57 x 60cm 57 x 90cm</p>

	
 <p>MoliForm Extra MoliForm Maxi</p>  <p>MoliCare Extra Small Small Medium Large Extra Large</p>  <p>MoliCare Mobile Small Medium Large</p>  <p>MoliCare Med Size 2 Size 3</p>  <p>MoliNea[®] Plus Underpad 57 x 60cm 57 x 90cm</p>  <p>MoliForm for Men</p>	 <p>MoliForm Super</p>  <p>MoliCare Super Small Medium Large</p>  <p>MoliCare Super Plus Small Medium Large</p>

How to find the right incontinence product

Urinary incontinence does not follow any set pattern. Depending on the underlying cause, it can manifest itself in varying degrees of severity, ranging from occasional slight leakage of urine to very severe urine loss.



1 MoliCare All-in-one Incontinence Briefs

2 MoliCare Mobile Incontinence Pants

3 MoliForm Incontinence Pads

4 MoliMed Incontinence Pads

5 MoliMed for Men Active

6 MoliNea Plus-D Absorbent Pads



The absorption capacity of the selected product must be adequate for the degree of severity of the incontinence. Experience has shown that the degree of severity can be graded according to the approximate amount of urine passed.





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'Hartmann Continence Care' or visit our website



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