

Better Bladder Management
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Objectives

- Describe three methods to prevent perineal skin injury.
- List three skin health competencies.
- Describe three factors which influence urinary and fecal incontinence.
- Describe three of the seven differential diagnoses for incontinence related skin care.
- Describe the difference between skin protection aids & skin barrier aids.
- Describe two operational approaches to incontinence related skin care.
- Describe two educational approaches to incontinence related skin care.

Etiology of Chronic Wounds

- Pressure
- Vascular Insufficiency
- Neuropathy
- **Moisture**
 - Moisture-Associated Skin Damage (MASD)
 - Incontinence-Associated Dermatitis (IAD)
 - Intertrigo

Urinary Incontinence

- 15 to 34% over 65 in hospitals had UI
- Hospitalized patients 22 to 92 – 42% prevalence rate of UI
- UI affects 15 million Americans – 85% female
- 26.3 billion/yr spent on continence care
- Community – 9-22% of adults have UI
- Women 15 to 64 → 10 to 30% have urine control troubles
- 1 in 4 women 39 to 59 has had an episode of incontinence

Normal Micturition

- Filling Phase
 - Bladder pressure rises
 - Critical bladder pressure
 - Increased sympathetic stimulation
- Emptying Phase
 - Bladder distention increases
 - Sympathetic stimulation decreases
 - Parasympathetic stimulation increases

Reversible Causes of Incontinence DIAPPERS (DIAPPERRS)

- Delirium
- Infection
- Atrophic Vaginitis
- Pharmaceutical Agents
- Psychological Disorders
- Excessive Urination
- Restricted Mobility
- Stool Impaction

Types of Urinary Incontinence

- Stress
- Urge
- Mixed
- Overflow

Stress Incontinence

- Involuntary loss of urine during coughing, sneezing, laughing, exercise or other physical activity that increases intra-abdominal pressure
- Related to failure of sphincter
 - Women (internal or external sphincter damage)
 - Men (internal sphincter damage)

Stress Incontinence - Treatment

- Behavioral changes (Weight loss)
- **Medication**
 - Alpha-adrenergic agonists
 - Antimuscarinic drugs
 - Estrogen therapy
- Pelvic floor muscle training – Kegal exercises (Pessary/E-stim/Biofeedback)
- Surgery

Urge Incontinence--“Gotta go, gotta go, gotta go!” (OAB)

- Involuntary loss of urine accompanied by or immediately preceded by urgency
- Urgency – sudden, compelling desire to pass urine, which is difficult to defer
- Most common cause of IC in the elderly
- Related to detrusor instability

Urge Incontinence - Treatment

- Behavioral interventions
- Scheduled voidings (3-4/hrs.)
- Pelvic floor muscle training
- **Medications**
 - **Anticholinergic**
 - Oxybutinin (Ditropan)
 - **Muscarinic receptor antagonist**
 - Tolterodine (Detrol)
 - Solifenacin (VESIcare)
 - Darifenacin (Enablix)
 - **Antimuscurinic / Anti-spasmodic**
 - Trospium (Sanctura)

Mixed Incontinence

- Urinary leakage associated with urgency and also with exertion/effort, sneezing, coughing, etc.
- Overflow Incontinence
- Involuntary loss of urine associated with over-distention of the bladder

Mixed Incontinence - Causes

- Bladder contractile dysfunction
- Outlet obstruction
- Commonly associated with prostatic hyperplasia

Overflow Incontinence - Treatment

Medications

- **Alpha-blockers**
 - Alfuzosin (Uroxatral)
 - Tamsuloson (Floxmax)
 - Prazosin (Minipress)
- **5-alpha-reductase inhibitors**
 - Finasteride ((Proscar)
 - Dutasteride (Avodart)

Minimally Invasive Therapy

Transurethral Surgery (TURP)

Fecal Incontinence

- Fecal incontinence is the inability to control your bowels
- Community
 - Women - 6 to 15%
 - Men – 6 to 10%
- Nursing Homes – 45%

Causes

- Damage to the anal sphincter muscles
- Damage to the nerves of the anal sphincter muscles or the rectum
- Loss of storage capacity in the rectum
- Constipation
- Diarrhea
- Pelvic floor dysfunction

Treatment

- Dietary Changes
 - Keep a food diary
 - Eat small meals more frequently
 - Eat and drink at different times
 - Eat the right amount of fiber
 - Eat foods that make stool bulkier
 - Get plenty to drink
- Medication
- Bowel Training
- Surgery

Moisture-Associated Skin Damage

- Urinary Incontinence
- Fecal Incontinence
 - Incontinence Associated Dermatitis
 - Containment Devices
 - Perineal Skin Cleansers
 - Designed to remove irritants & debris from skin
 - pH balanced
 - No-rinse
 - Comes in liquid, foam, towelette
 - Protective Barriers
 - Shields the skin from exposure to irritants or moisture
 - Active ingredients include petrolatum, dimethicone, lanolin, or zinc oxide
 - May be incorporated into skin cleansers or applied separately as a cream or ointment
 - Foley Catheters
 - Male External Catheters
 - Fecal Incontinence Collectors
 - Diapers

Differential Diagnosis

- Erythema
- Erythema with erosion
- Candidiasis
- Intertrigo
- Erythrasma
- Herpes

Causes

- Occurs in skin folds
- Common in the obese
- Decreased activity (bed bound)
- Medical devices - splints
- Obesity
 - BMI > 30
 - 25.6% were obese
 - 26.4% of men
 - 24.8% of women

Symptoms of Intertrigo

- Erythema
- Itching
- Maceration
- Denudement
- Satellite Lesions
- Odor

Complications

- Fungal infections
- Bacterial infections
- Pressure Ulcers

What Grows in Those Skin Folds?

- Staph coag negative
- Proteus
- Diphtheroids
- Enterococcus
- Candida
- VRE
- E Coli
- Strep viridans
- Acinetobacter
- Group D enterococcus

Skin Inspection

- Total Body Inspection
- Lower Head of Bed
- Move Pannus
- Trapeze

Standard Treatment Options

- Paper Towels
- Pillow Cases
- Barrier Creams
- Skin Protectants
- Body Powders
- Antifungal Cream / Powders

New Treatment Option

- Knitted Polyurethane Coated Textile with Silver

In Review

- Moisture-Associated Skin Damage (MASD)
- Incontinence-Associated Dermatitis (IAD)
 - Urinary Incontinence
 - Fecal Incontinence
- Intertrigo
- Periwound Skin Injury