

A person is lying in the back of a car with their legs outstretched. They are wearing blue jeans and sneakers. The car's interior is visible, including the headrests and seatbelts. Outside the car, there is a field of yellow flowers, possibly rapeseed, under a bright sunset sky. The sun is low on the horizon, creating a warm glow. In the top right corner, there is a decorative graphic element consisting of a yellow and white striped triangle pointing downwards, and a red triangle pointing upwards.

# LIVING WELL WITH INCONTINENCE

**Presented by:** Shield HealthCare and  
Capital Nursing Education

**Speaker:** Barbara West RN, MSN, CWOCN



# BIG PICTURE QUESTIONS FOR INCONTINENCE

D i s c o m f o r t

## Safety

Fall risk  
Skin Damage  
Infection

## Social

Odor  
Noise  
Travel/bathroom access  
Stigma  
Independence



## PSYCHOLOGICAL **ISSUES**

- Shame
  - Childhood toilet training history affects current feelings
  - History of bed-wetting?
- Guilt
- Frustration
- Fear
- Isolation



## **DERICK FAGE**

Montreal TV personality who went public with his personal story of living with lifelong fecal incontinence. Ambassador / Champion for Canadian Continence Foundation.

## Key turning points:

**Age 20: Derick decides to “just start telling people.”**

Five years ago: Hosted president of Canadian Continenence Foundation. Before the show, he spontaneously disclosed his lifelong struggle to her. She asked him to talk about it on air a few minutes later and he did!



**Derick And His Wife**

# DIFFERENT TYPES OF INCONTINENCE

Cognitive

Physical

## Urinary

- Urge or Overactive Bladder (OAB)
- Stress
- Overflow
- Functional (can't get to bathroom in time)

## Fecal

- Neuromuscular
- Anatomical
- Stool consistency
- Functional



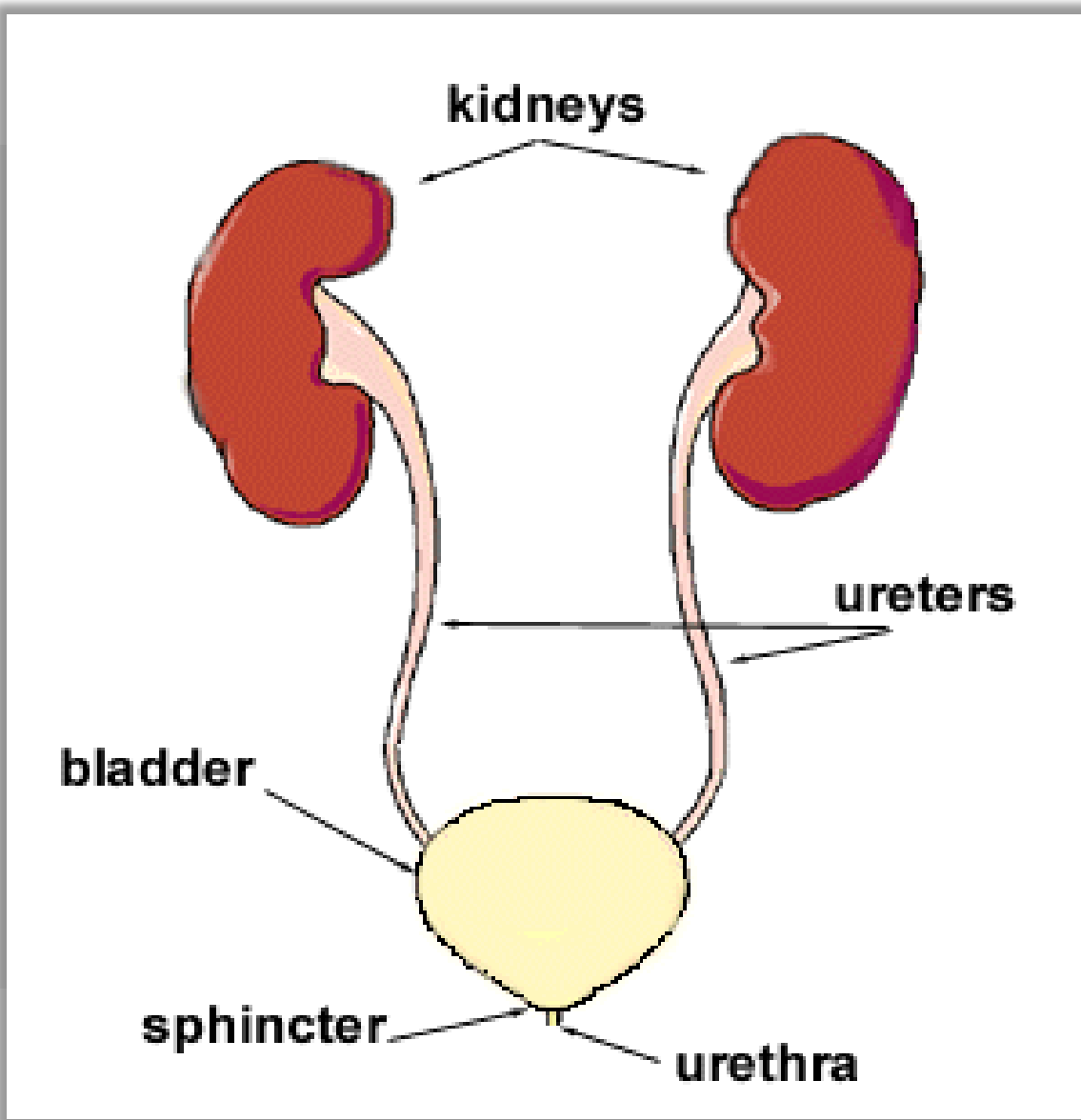
## **LOW VOLUME VS. HIGH VOLUME INCONTINENCE**

- Different types of treatments
- Different products needed
- Different life impact and cost
  
- Frequency
- Predictability

# RISK FACTORS FOR INCONTINENCE



- Age
- Chronic cough (bronchitis, smoking, etc.)
- Obesity Diabetes
- Pregnancy and childbirth
- Hysterectomy
- Prostate surgery
- MS
- Paralysis
- Medications

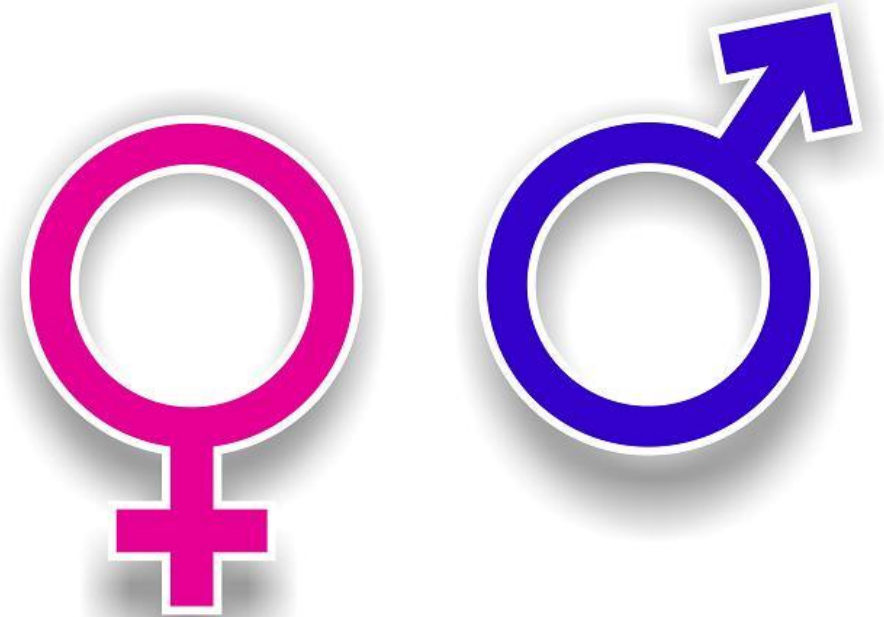


Front View Of Urinary Tract

# ANATOMY -- DIFFERENCES BETWEEN MEN AND WOMEN

Men have a longer urethra

- less risk for stress incontinence
- Higher risk for retention
- More options for external devices



# DIFFERENT RISKS FOR MEN AND WOMEN

## Women

- Most incontinence meds/surgeries
- Child-bearing injuries
- Stress incontinence

## Men

- Prostate enlargement or cancer
- Post-prostate procedure issues
- Correlation between incontinence and erectile function





# FINANCIAL AND OTHER COSTS

- Disposable vs. Re-useable products
  - Insurance coverage?
    - Briefs
    - Catheters
      - Intermittent
      - Continuous
        - Who is inserting/changing catheter?
- Laundry, furnishings, carpet
- Environmental cost

# TYPES OF CONTINENCE PRACTITIONERS

- Urologists (MD's)
- Continence specialists
  - Nurses
  - Physical Therapists (P.T's)
  - Occupational Therapists (O.T's)
  - Midwives
  - Pelvic pain specialists

# URINARY INCONTINENCE -- PRECIPITATING FACTORS

- Infection
- Intake
  - Caffeine
  - Artificial sweeteners
  - Alcohol
- Retention leading to overflow incontinence
  - Prostate enlargement
  - Post-surgery
  - “School-teacher’s bladder”



# URINARY INCONTINENCE SURGERIES

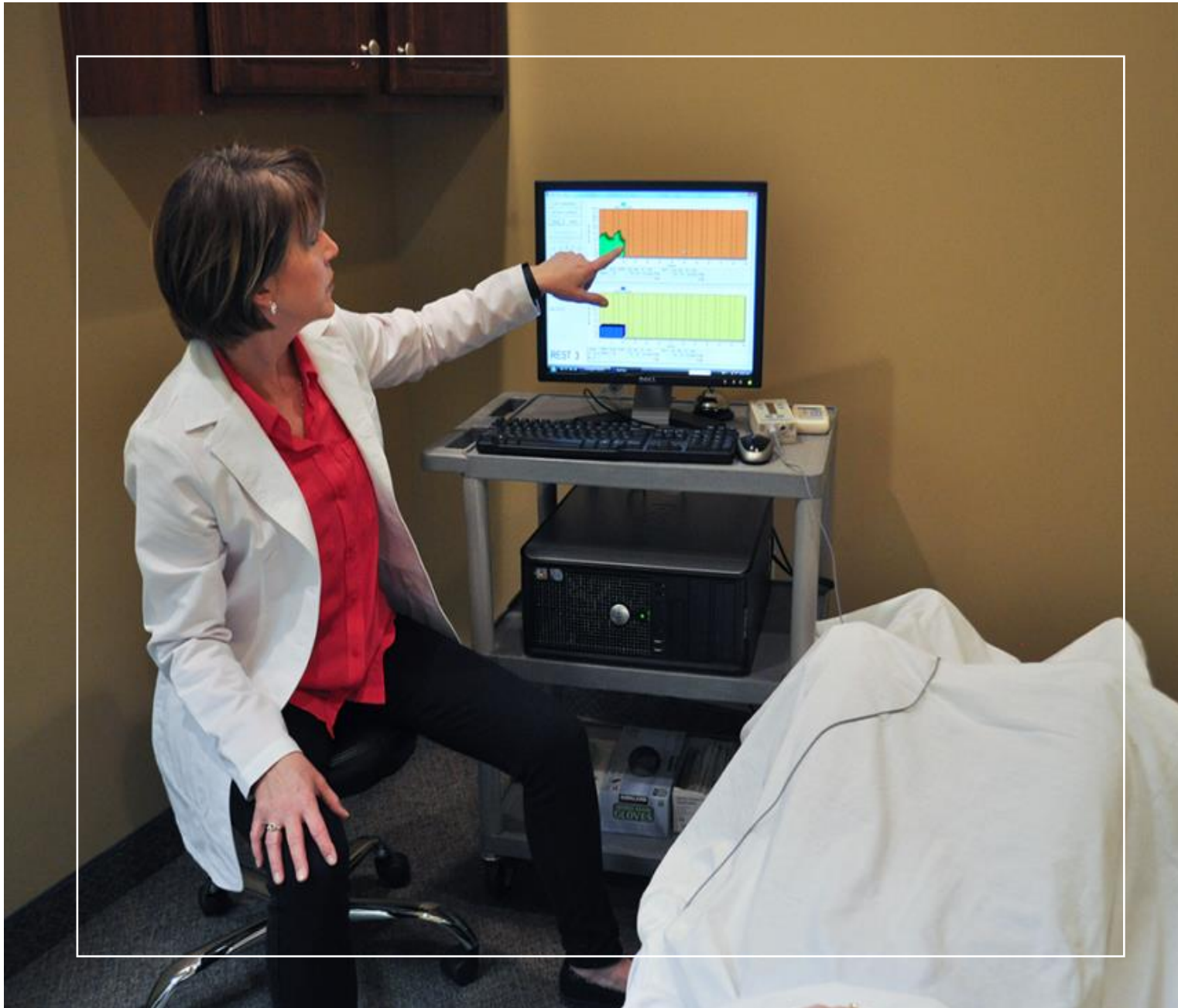
## WOMEN

- Tension-free vaginal tape (TVT)
- Retropubic suspension
- Urethral sling
- Electrical stimulation
  - Sacral nerve
  - Tibial nerve
- Urethral bulking

Surgery is a last resort with high rates of failure

## Men

- Artificial sphincter
- Urethral bulking
- Bulbourethral sling
- Sacral nerve stimulation (SNS)



# BIOFEEDBACK

Builds muscle strength  
& coordination

Requires intact cognition

Long-term commitment

Now at home?



# EXERCISE

## Specific exercises

- Kegel's
- Continence practitioner
- Biofeedback
- Vaginal weights/barbell

## General exercise

- Improved muscle tone
- Core strength
- Weight loss

# ENVIRONMENTAL MODIFICATIONS

- Bedside Commode
  - Room closer to toilet
  - Bell or baby monitor
  - Eliminating barriers
- 
- Urinals
    - Portable
    - Installed
  - Bidet or “Washlet” toilet seat
  - Raised or “lift” toilet seat



# URINALS



# ENVIRONMENTAL FACTORS:

## Living Room & Bedroom



- Raising couch/chairs/bed
- Lift chair
- Transfer pole
- Eliminate rugs

- Bed rails
- Bedside commode
- Hoyer lift
- Nightlight

# DRESSING

- Simplify wardrobe
- Buy a size larger
- Easily washable
- Velcro/elastic
- Zippers or snaps instead of buttons
- Pull-up vs. Tape-up briefs





# TOILETING

## AIMING ISSUES FOR MEN

- Provide grab bar to self-stabilize
- Provide contrasting color toilet seat
- Colored electrical tape to outline toilet bowl rim
- "Target" inside toilet bowl
- Rubber floor mat

# TOILETING TIPS



- Scheduled voiding / Prompted voiding
- Watch for signs of needing to go
- Limit fluids in evening
- Resting during day with feet up can reduce nocturia
- Invest in a wet/dry vacuum-cleaner or carpet cleaner
- Incontinence pads on chairs, car seat, etc.
- Find a continence practitioner! (nurse/O.T./P.T.)



# MANAGING URINARY INCONTINENCE

- Avoid alcohol, coffee, artificial sweeteners, other bladder irritants
- Avoid dehydration -- concentrated urine irritates
- Pelvic floor exercises / biofeedback
- General exercise program with core strengthening
- The “knack”
- “Freeze and squeeze”
- Quick flicks
- Screen for infection



# CONDOM CATHETERS



# PENILE CLAMPS



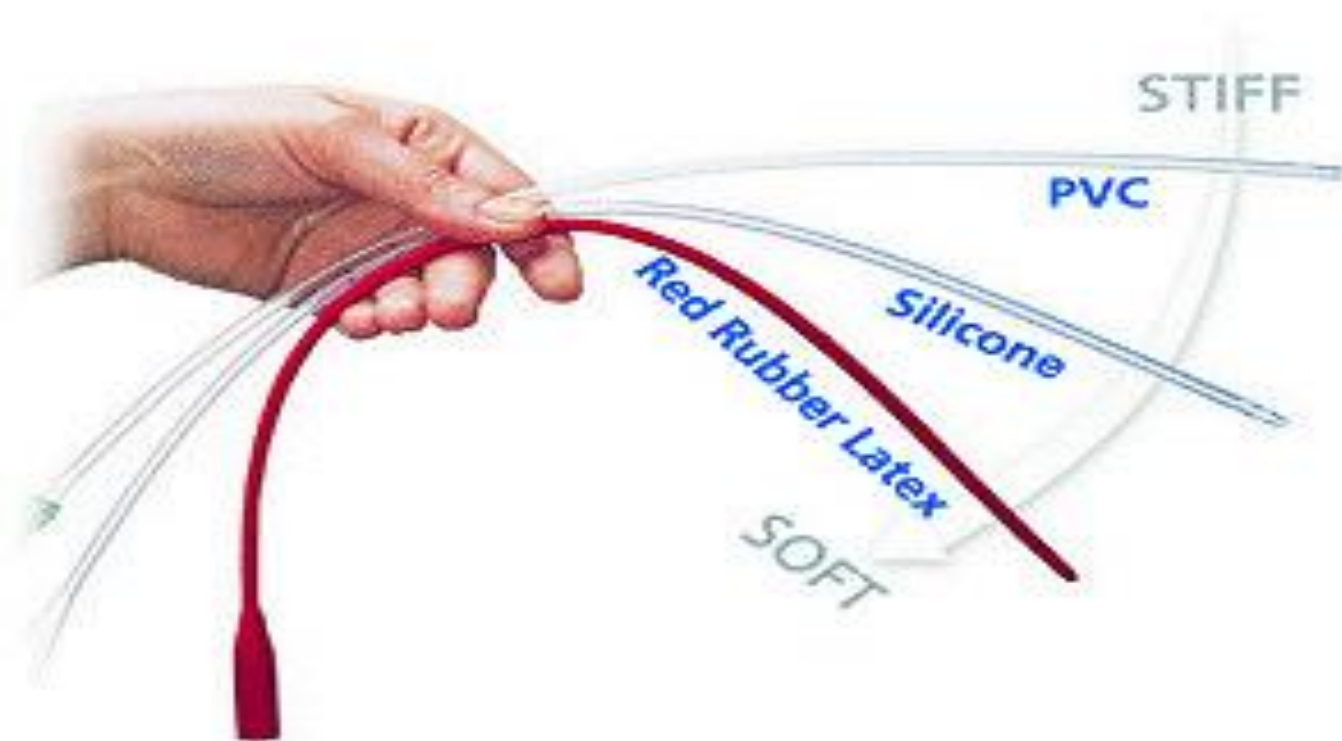
# MALE INCONTINENCE POUCHES



# Female External Catheter



# INTERMITTENT CATHETERIZATION



# INDWELLING CATHETER

## BENEFITS:

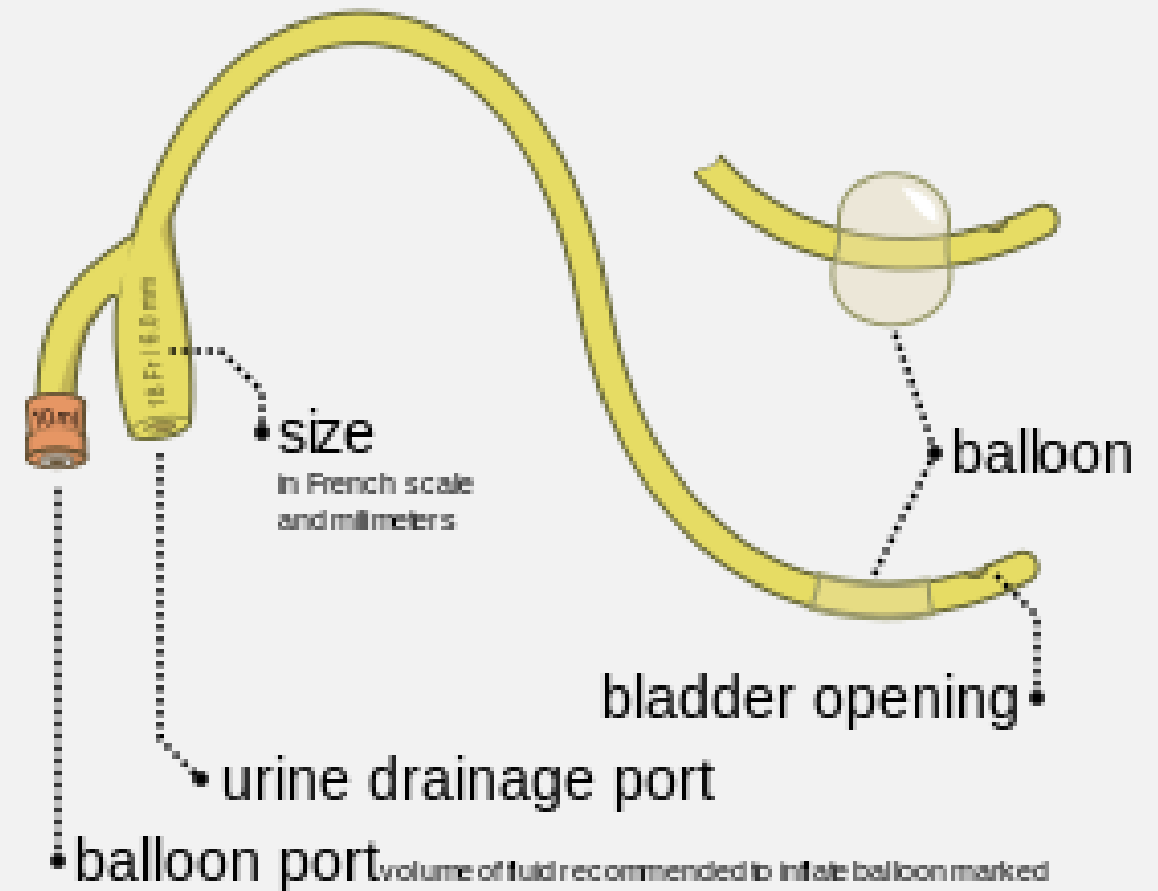
Controls incontinence

May be only option for urinary retention

## RISKS:

Infection

Odor





# **RISK CATEGORIES FOR FECAL INCONTINENCE**

- Frail elderly
- Loose stools or diarrhea
- Obstetric injury
- Neurological or spinal disease/injury
- Severe cognitive impairment
- Urinary incontinence
- Pelvic organ or rectal prolapse
- Anal surgery
- Radiation

# MANAGING FECAL INCONTINENCE

- Treat/prevent constipation & diarrhea
- Regular time of day
- Normalize stool texture
  - Avoid foods that cause loose stools
  - Encourage foods that promote formed stools
    - BRAT diet (Bananas, Rice, Applesauce, (white) Toast)
    - Low residue diet
- Antidiarrheal medications
- Ointments to protect peri-anal skin
- “Squatty Potty” or other means to promote pelvic angle
- Many folks with paralysis/neurogenic bowel use a bowel regimen
  - Suppositories or enemas may give more control than oral meds
- Colostomy, last resort option for long-term management



A photograph of a person from the waist up, seen from the back. They are wearing a dark grey t-shirt and light blue jeans. Their hands are clasped together over their lower back, indicating pain or discomfort. The background is plain white.

## **Constipation And Diarrhea Are The Most Common Reversible Causes For Fecal Incontinence**

### Constipation

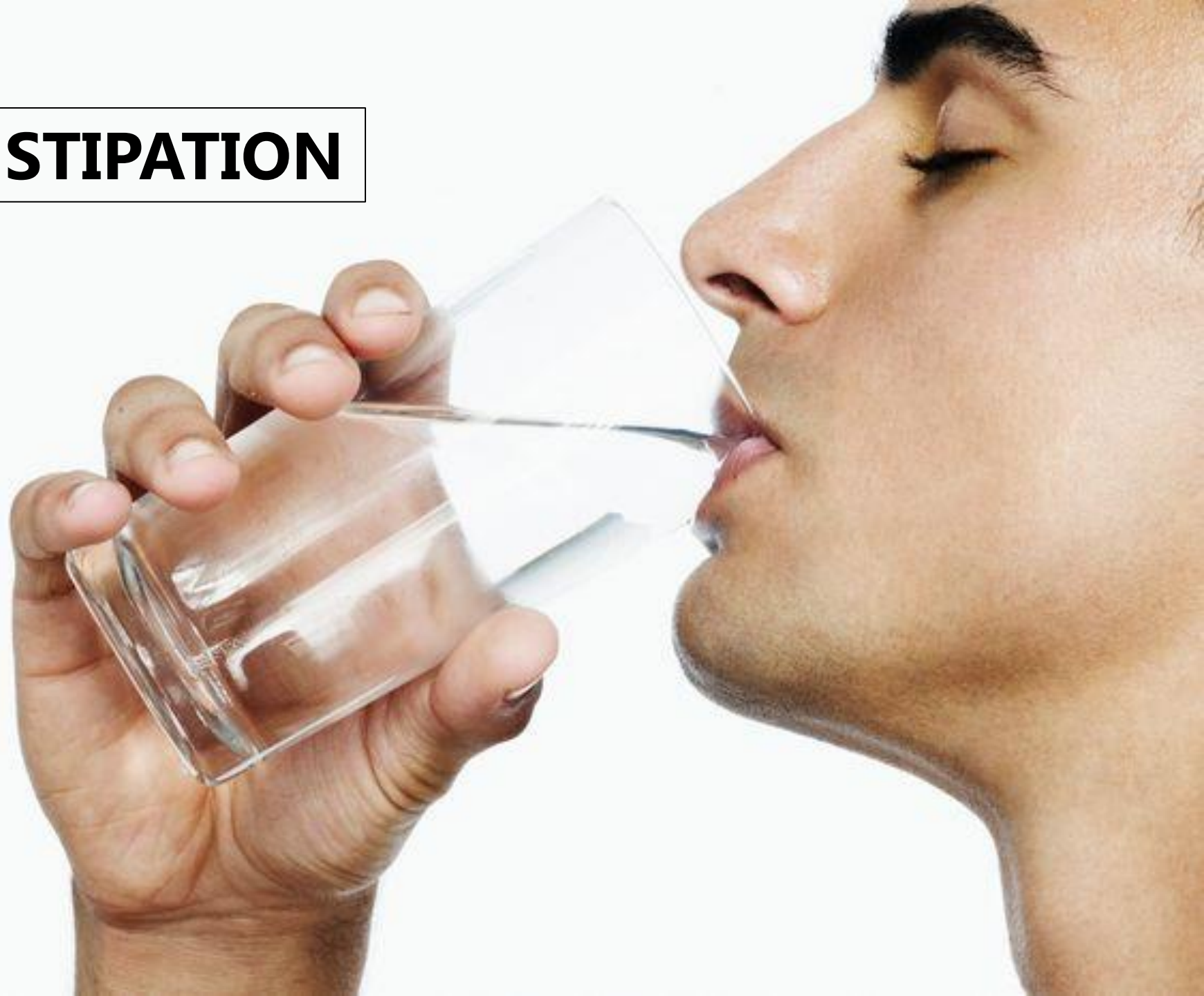
- Blockage causes body to secrete water into bowel, eventually causing a leak around the blockage or a “blowout.”
- Post-constipation diarrhea can last for days

### Diarrhea

- Harder for sphincter to contain liquid than solid
- Increased frequency
- Increased volume
- unpredictability

# TREATING CONSTIPATION

- Drink plenty of fluids
- Exercise
- Dietary fiber
- Fiber supplements
- Stool softeners
- Laxatives
- Suppositories
- Enemas



# TREATING DIARRRHEA

- BRAT diet
  - Bananas
  - Rice
  - Applesauce
  - Toast
- Low-residue diet (e.g. for Crohn's Disease, Colitis, etc.)
- Avoid caffeine, dairy, etc. What are your triggers?
  - Keep a food/output diary
- Medications
- Pectin, Marshmallows, Peanut butter
- Look at Ostomy lists!!!!



# **FECAL INCONTINENCE**

## **CONSERVATIVE THERAPY**



- Pelvic floor muscle/anal sphincter exercise
- Bowel retraining
- Specialist dietary assessment and management
- Biofeedback
- Neuromuscular electrical stimulation

# FECAL PAD

For low volume incontinence



# ANAL PLUG

Prevents Uncontrolled Loss Of Solid Stool

**Insertion similar to a suppository**

**Expands like a tampon**

**Prevents odor**

**Use up to 12 hours**



# FECAL COLLECTOR



# FECAL INCONTINENCE – MEDICAL TREATMENTS

- Bulking agents
- Anti-motility meds
- Suppositories or enemas



# FECAL INCONTINENCE

## SURGICAL TREATMENTS

- Anal sphincter repair
- Rectal prolapse repair
- Sacral nerve stimulation



# GENERAL ABSORPTIVE PRODUCTS

- ✓ Pads
- ✓ Briefs
  - Tape-up
  - Pull-up
- ✓ Chux
  - Disposable
  - Washable
  - Specialty



# LOW-VOLUME INCONTINENCE

Pads worn within regular underwear  
(men having to adapt)  
Washable pants



# Underpads & Mattress Covers



# HIGHER VOLUME INCONTINENCE



# CLEANSERS



# SKIN PROTECTANTS

- Barrier cream
- Zinc
- Xylex (Petrolatum)
- Crusting technique
- Cyanoacrylate ("Marathon")



# INTERNET RESOURCES

## Continence-specific resources:

National Association for Continence: <https://www.nafc.org/>

Find a pelvic health practitioner: <https://pelvicguru.com/2016/02/13/find-a-pelvic-health-professional/>

Herman & Wallace practitioner directory: <https://hermanwallace.com/practitioner-directory>. Herman & Wallace is a leading educator for pelvic health practitioners. They maintain a list of providers who have taken their classes.

Incontinence Support Resource Center: <http://www.incontinencesupport.info/>

# DERICK FAGE



# INTERNET RESOURCES

Derick Fage TEDx talk: <https://tedxtv.blogspot.com/2017/06/the-relentless-pursuit-of-happiness.html>

Derick Fage on FB. Also WOCN conference talk: "Me? The Spokes-Model for Incontinence?"

<http://www.prolibraries.com/wocn/?select=session&sessionID=1047>

Eldercare Locator: [eldercare.gov](http://eldercare.gov) 800-677-1116. Links to local area agencies on aging that oversees local services.

Family Caregiver Alliance: [caregiver.org](http://caregiver.org) 800-445-8106. Provides information on topics for caregivers. Family Care Navigator helps find local resources in your area.

National Rehabilitation Information Center: <http://www.naric.com/> 800/346-2742 (V) 301/459-5984 (TTY)

Contact your local Area Agency on Aging!

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Mace, N. & Rabins, P. (1999). The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer's Disease, Related Dementing Illnesses, and Memory Loss Later in Life, 3<sup>rd</sup> Ed. Baltimore, MD: Johns Hopkins University Press.

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Questions?