LIVING WELL WITH INCONTINENCE

Presented by: Shield HealthCare and Capital Nursing Education

Speaker: Barbara West RN, MSN, CWOCN
BIG PICTURE QUESTIONS FOR INCONTINENCE

Discomfort

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 Continence 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!
DIFFERENT TYPES OF INCONTINENCE

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
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

<table>
<thead>
<tr>
<th>WOMEN</th>
<th>Men</th>
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<tbody>
<tr>
<td>• Tension-free vaginal tape (TVT)</td>
<td>• Artificial sphincter</td>
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<tr>
<td>• Retropubic suspension</td>
<td>• Urethral bulking</td>
</tr>
<tr>
<td>• Urethral sling</td>
<td>• Bulbourethral sling</td>
</tr>
<tr>
<td>• Electrical stimulation</td>
<td>• Sacral nerve stimulation (SNS)</td>
</tr>
<tr>
<td>– Sacral nerve</td>
<td></td>
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<tr>
<td>– Tibial nerve</td>
<td></td>
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<tr>
<td>• Urethral bulking</td>
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Surgery is a last resort with high rates of failure
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
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
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 DIARRHEA

- BRAT diet
  - Bananas
  - Rice
  - Applesauce
  - Toast
- Low-residue diet (e.g. for Chrohn’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
Prevents Uncontrolled Loss Of Solid Stool

ANAL PLUG

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

Prevail Belted Shields

Total Dry Booster Pads Ultra

- Without Waterproof Backing
- Wide Adhesive Strip Keeps Pad Securely in Place
- ULTRA Absorbent

www.TotalDry.com
SKIN PROTECTANTS

- Barrier cream
- Zinc
- Xylex (Petrolatum)
- Crusting technique
- Cyanoacrylate (“Marathon”)
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/
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 800-677-1116.  Links to local area agencies on aging that oversees local services.

Family Caregiver Alliance: 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!


Questions?