Urinary Incontinence

FACTS

Urinary incontinence (UI) is the inability to control urination. It may occur only occasionally, or the person may have no control at all. UI is a very common problem, especially among the elderly. It occurs twice as often in women as in men. While it is not a normal part of aging, there are some changes in the body that do result from aging that increase the likelihood that UI will develop.

Many patients are very embarrassed by their incontinence and do not tell their doctors or nurses about the problem. Some of them will actually deny that they have a problem. Because you work more closely with patients than anyone else, there will be times when you know a patient has UI, but the nurse does not. Although UI is sometimes permanent, there are many times that people show a lot of improvement, so it is very important that you talk with the nurse if you find that a patient is incontinent.

Urination

The process of urination is very complex. There are many muscles and nerves in the body that must all work together in order for a person to have control over urination.

The bladder is a large muscle that looks and acts like a balloon. Most of the time it is relaxed and stores urine. When you urinate, the bladder tightens and helps squeeze urine out.

There are also sphincter muscles that surround the urethra (the tube that leads from the bladder to the outside) and keep the urine from coming out unexpectedly. Other muscles in the pelvic floor also support the bladder and help keep the urethra closed.

Nerves that send messages from the muscles to the brain and back to the muscles control all of these muscles. When the bladder is full of urine, nerve messages are sent to the brain. That produces the urge to urinate. The person goes to the bathroom and the brain sends down messages for the sphincter muscles to relax and for the bladder to tighten. Urine flows out of the bladder. Once the bladder has emptied, the brain sends messages to sphincter muscles to tighten and the bladder to relax. Urination stops and the bladder is ready to store more urine. People with normal urinary systems can go to the bathroom and urinate even when the bladder is not full and the brain has not produced the urge to urinate.

DIFFERENT TYPES OF UI

Although the result of UI is always some amount of uncontrolled leaking of urine, there are several different types of incontinence. They include:

» **Stress Incontinence:** Stress incontinence is uncontrolled loss of urine (usually small amounts) when sneezing, coughing, laughing, running, lifting or doing any activity that increases pressure within the abdomen. It is the most common type of UI in women and is usually due to loss of muscle tone in the sphincter muscles.

» **Urge Incontinence:** Urge incontinence is the uncontrolled loss of urine that immediately follows the urge to urinate. Individuals with urge incontinence usually leak small amounts of urine before they can get to the

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bathroom. This is also a very common type of UI and can be due to nerve or muscle problems, or a combination of both.

» **Overflow Incontinence:** Overflow incontinence is uncontrolled loss of urine from a full bladder. It is a less common type of UI. Many people who have overflow incontinence require an indwelling catheter in order to properly drain the bladder.

» **Total Incontinence:** Total incontinence is constant uncontrolled loss of urine. The urine is not held in the bladder, but drips out continually day and night. Total incontinence usually occurs when the sphincter muscles do not close.

It is important to keep in mind that one person often has more than one type of UI at the same time.

Causes of UI

There are many different causes of the various types of UI. If a person suddenly develops incontinence, it is very possibly caused by a urinary tract infection. There are also many medications that can cause UI. It is important that a physician evaluate all new instances of UI. Common causes of UI include:

» weakness of the sphincter or pelvic floor muscles due to damage during childbirth

» enlargement of the prostate in men

» menopause and the lack of estrogen in women

» spinal cord or other nerve injuries

» injury to the muscles of the bladder, urethra, or pelvic floor during surgery

» stool impaction

» cancer

» birth defects

» strokes, and/or

» dementia.

Treatment for UI

Treatment for UI is aimed at achieving better bladder control in the least invasive (non-surgical) way. Fortunately, many treatments are effective in reducing or eliminating UI in many patients. The treatment will depend in part on what type of UI is involved as well as the patient's motivation and ability to be compliant. Specific exercises may be taught to women, and many patients benefit from scheduling their fluid intake and voiding techniques.

Helping the patient

There may be special instructions on your assignment sheet to help you assist the patient in gaining better bladder control. Follow those directions carefully. Here are some of the ways you may be able to help:

» Tell the nurse if you suspect the patient has UI. Sometimes the patient may tell you even if he did not tell the nurse. Watch for the following signs:

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- You find the bed linen or clothing wet.
- There are urine stains on the bed, clothing, or furniture.
- The bedroom or other parts of the house smell like urine.
- The patient leaks urine on the way to the bathroom.
- The patient is using toilet tissue, old cloths, or sanitary pads in her underwear.

» Ask the nurse if it would be helpful to keep a voiding record. If so, help the patient write down every time he or she is incontinent. The record should include the time of day and circumstances as well as how much urine was leaked.

» Help the patient with a voiding schedule. Going to the bathroom every two hours may reduce the incidence of incontinence.

» Maintain a positive attitude and treat the patient with dignity.

- Most adults are very embarrassed by having "accidents." Never scold or act disgusted if the patient is incontinent.
- Use the term "undergarment" instead of "diaper."
- Allow as much privacy as possible.
- Be patient. Bladder control programs take time. Praise the patient for success and minimize comments about episodes of incontinence.

» Help make it easier for the patient to get to the toilet.

- If the patient uses an assistive device, make certain it is kept close at hand.
- If the patient uses a wheelchair, make certain that the path to the bathroom or commode is clear and well lighted. Notify the nurse if you think the patient needs bathroom equipment such as a raised toilet seat or grab bars.

» Encourage the patient to select clothing that is easy to remove. Pants with elastic waistbands are better than those with zippers and/or buttons.

» If the nurse has developed a schedule for drinking fluids, make certain that you understand it so that you can help the patient decide when and how much fluid to drink.

Bladder Training Programs

The nurse may establish a bladder re-training program for the patient. If so, you must completely understand what is expected of you. Call the nurse if you are not sure. Consistency is very important to success. While programs may vary from patient to patient, most of them will include the following:

» Keeping a voiding chart or diary

» Scheduling fluid intake

» Timed or scheduled voiding

- Typically, the patient will be assisted to the toilet to void every two hours.

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» Habit training
    - Based on the voiding chart, the patient will be assisted to the toilet on a schedule that matches her voiding habits.

» Prompted voiding
    - Prompted voiding begins by asking the patient whether he is dry or wet. Then he is asked (prompted) to try to use the toilet. Praise is given for recognizing whether or not he is wet as well as his attempt to use the toilet.

» Special exercises for women designed to strengthen the pelvic and sphincter muscles
    - The nurse may teach the patient how to do Kegel Exercises. These exercise the muscles that a person uses to stop the flow of urine or keep from passing gas. Patients are instructed to squeeze and hold these muscles for a certain count and then relax them. The exercises must be repeated several times a day. You role is not to teach the exercises, but you may need to encourage the patient to do them consistently.

» Medications
    - There are some medications that are helpful for certain types of UI. Your role related to medication will likely be to encourage compliance.

Special Skin Care

Skin breakdown is always a potential problem in patients with UI. Chronic moisture can damage the skin, and incontinent patients are at much greater risk of breakdown and pressure ulcers than other patients. Urine is irritating and this makes skin breakdown even more likely. Remember these important points:

» Keep the skin thoroughly clean and dry. Take care to rinse off the soap and to dry the skin carefully.

» Use creams/lotions to protect the skin after cleansing.

» If the patient wears protective pads, make certain they are as wrinkle free as possible.

» Check the patient often and change him or her whenever wet.

» Inspect the skin carefully every visit.
    - Check the perineal and groin areas for redness or excoriation.
    - Check the buttocks and hip areas for early signs of skin breakdown.
    - Notify the nurse of any changes in the skin.

» Notify the nurse if the patient does not appear to be receiving proper skin care between your visits.

» Notify the nurse if the patient is using cloths or paper to catch the urine. Commercial products have much better wicking and will keep the skin drier. However, these products are rather costly. The nurse needs to know if the patient is unable to purchase them.

» Use special care in application of condom catheters. Improper use increases the likelihood of skin breakdown.

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KEY POINTS ABOUT WHEN TO NOTIFY THE NURSE OR SUPERVISOR

Because helping patients with UI is a team effort, it is essential that you contact the nurse or supervisor with any questions or concerns. The following checklist points out some key times you must contact the nurse:

» When a patient who is usually continent becomes incontinent

» When you suspect a patient has UI even if she told the nurse she doesn't

» If there is no voiding record and you think it may be of help to keep one

» If you think the patient needs bathroom equipment

» If you do not understand the schedule for drinking fluids

» If you do not understand any part of the patient's bladder re-training program

» If you have reason to believe the patient is noncompliant

» If there are changes in the condition of the skin

» If the family does not appear to be providing adequate skin care

» If the patient cannot afford protective products to keep him or her drier.

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Case Study: A Patient's Story

Nancy is a fifty-year-old home health aide. Nancy has visited Mrs. Schwartz twice a week for a month to assist her with showers. Mrs. Schwartz lives alone. Most mornings Mrs. Schwartz is already out of bed when Nancy arrives.

One morning, however, she was still in bed. As Mrs. Schwartz got out of bed, Nancy noticed something she had not seen before. There were damp chux on the bed, and they smelled like urine. Nancy also noticed that the back of Mrs. Schwartz's gown was wet. When Mrs. Schwartz saw Nancy looking at the bed she said, "I'm sorry, I always try to have that cleaned up before you come." She seemed very embarrassed. Nancy gently said to her, "Do you often leak a little at nighttime?" Mrs. Schwartz said she did but asked Nancy not to tell anyone. She went on to say that she felt kind of bad because the nurse had actually asked her about that the first day and she was too ashamed to tell the nurse the truth. So she told the nurse she never had any problems.

Nancy assisted Mrs. Schwartz with her shower, and while she was helping her with her clothing she asked, "Mrs. Schwartz, do you usually wear something in your panties for protection?" Mrs. Schwartz said, "Yes, I use pads, but I have been waiting until you leave to use them." Mrs. Schwartz began to cry. She said the leaking made her feel like a baby or some old woman who needed to be in a nursing home. "My family wants me to leave this big old house and move into an assisted living apartment. If they were to find out that I can't even hold my urine anymore, they'd insist on it," she cried. "I just don't know what to do."

Nancy sat down beside Mrs. Schwartz and allowed her to cry. Then she told her, "Mrs. Schwartz, this is a very common problem. And there are lots of things that might help. I think I should talk with Susan, your nurse. You don't need to worry because you didn't tell her about this problem before. She will understand." Mrs. Schwartz seemed very relieved. She thanked Nancy for being so kind.

Nancy included the information about the urinary incontinence in her visit report. She called the nurse and reported what had happened during the visit. Nancy noted on the visit report that she notified the nurse, Susan, about the incontinence.

Think About It

Why do you think Mrs. Schwartz wanted to hide her incontinence? Do you think you may have patients who also may be trying to hide this? What are some of the signs that would make you suspect a patient has urinary incontinence?

What do you think may happen after the nurse comes to visit?

What might have happened if Nancy had decided simply to ignore the evidence that Mrs. Schwartz was incontinent?

What if Mrs. Schwartz had told Nancy not to tell the nurse? How should Nancy have handled the situation?

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Urinary Incontinence

DIRECTIONS: READ EACH QUESTION CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON YOUR ANSWER SHEET. DO NOT WRITE ON THIS POST-TEST.

1. Which of the following is not likely to cause urinary incontinence?
    a. Enlargement of the prostate
    b. Pneumonia
    c. Dementia
    d. Spinal cord injury

2. A person with urinary incontinence has no bladder control at all.
    a. True
    b. False

3. Patients with urinary incontinence are at greater risk of skin breakdown because:
    a. They don't get up and move around.
    b. People with urinary incontinence have bowel incontinence as well.
    c. They have chronic moisture which can damage the skin.
    d. They don't care about hygiene.

4. Which of the following is true about urinary incontinence?
    a. It occurs more often in women than in men.
    b. It can always be corrected.
    c. All elderly patients will have urinary incontinence.
    d. The best treatment is not to drink fluids.

5. What is the role of the home health aide in caring for patients with urinary incontinence?
    a. Start a bladder training program if the patient isn't on one.
    b. Keep the patient's confidence and don't tell anyone if he or she asks you not to.
    c. Restrict the patient's fluids.
    d. Keep in contact with the nurse when there are questions or concerns.

6. Which type of urinary incontinence is least common?
    a. Stress incontinence
    b. Overflow incontinence
    c. Urge incontinence
    d. No one is more common than the others

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7. When a patient suddenly becomes unable to hold his or her urine, what may be a likely cause?
    a. Dementia
    b. Urinary tract infection
    c. Congestive heart failure
    d. Drinking too much

8. Which of the following meet(s) the definition of urinary incontinence?
    a. It is the inability to control urination at all.
    b. It is the inability to control urination when coughing or sneezing.
    c. It is the inability to control urination when you feel the urge.
    d. All of the above meet the definition of urinary incontinence.

9. Which of the following is not a component of a bladder re-training program?
    a. Keeping a voiding chart
    b. Scheduling fluid intake
    c. Restricting fluid intake
    d. All of the above are components of a re-training program.

10. A person can have more than one type of urinary incontinence.
    a. True
    b. False

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BEACON HEALTH

Urinary Incontinence

NAME _____ DATE _____

DIRECTIONS: READ EACH QUESTION IN THE POST-TEST CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON THIS ANSWER SHEET. DO NOT WRITE ON THE POST-TEST.

MULTIPLE CHOICE ANSWER SHEET

1.	❑ a	❑ b	❑ c	❑ d
2.	❑ a	❑ b		
3.	❑ a	❑ b	❑ c	❑ d
4.	❑ a	❑ b	❑ c	❑ d
5.	❑ a	❑ b	❑ c	❑ d
6.	❑ a	❑ b	❑ c	❑ d
7.	❑ a	❑ b	❑ c	❑ d
8.	❑ a	❑ b	❑ c	❑ d
9.	❑ a	❑ b	❑ c	❑ d
10.	❑ a	❑ b		

INSTRUCTOR'S COMMENTS/SIGNATURE

Signature _____ RN Date _____

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