

# Acute Training Solutions

## Pressure Area Care & Tissue Viability - Continence assessment process

<b>Stress urinary incontinence</b>
<p>This is the complaint of involuntary leakage of urine on effort or exertion, such as sneezing or coughing (Abrams et al, 2002). It occurs when intra-abdominal pressure is raised and the pelvic floor, sphincter muscle and urethral closing pressure are not able to respond or are too weak to prevent leakage. Risk factors include: childbirth, multiple pregnancies, heavy birth weight, interventions during birth e.g. forceps, tears, menopause and obesity.</p>
<b>Urge urinary incontinence</b>
<p>This is the complaint of involuntary leakage accompanied by or immediately preceded by urgency (Abrams et al, 2002). Symptoms include frequent urination, urgency and nocturia.</p>
<b>Mixed urinary Incontinence</b>
<p>This is the complaint of involuntary leakage associated with urgency and also with exertion, effort, sneezing and coughing (Abrams et al, 2002).</p> <p>Voiding symptoms/obstructive incontinence: any symptoms or obstruction that can cause the bladder to malfunction and usually prevents the bladder from emptying completely i.e. enlarged prostate, faecal impaction, urethral strictures, underlying neuropathies, prolapse. Can present with frequency, urgency, nocturia, incomplete emptying, hesitancy, poor stream, splitting or spraying of stream, terminal dribble or post-micturition dribble. Voiding symptoms/ obstructive incontinence may indicate presence of a urinary tract infection.</p>
<b>Functional incontinence</b>
<p>This is when the environment cannot support individual continence needs i.e. due to poor mobility, poor dexterity and inappropriate toileting equipment.</p>