Continence Management

Factsheet

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Introduction

The elderly experience the same bladder problems as other adults. Where the elderly differ though, is in their ability to respond and to compensate for problems which a younger adult may find trivial. Evidence suggests that the presence of urinary incontinence alone increases the chance of an elderly person becoming institutionalised earlier than a continent elderly person.

With people living longer, the expanding proportion of the elderly will place an increasing burden on services delivering continence care. However, incontinence should never be viewed as a normal consequence of ageing.

Care planning

The care value base forms the basis of all ethical decisions and judgments made in health and social care. One of the components of the care value base is that everyone has a right to dignity. Both urinary and faecal incontinence cause much distress and loss of dignity for the older person.

It is important that individualised assessment and goal setting are used with each resident to tailor strategies to the neurological and functional problems of the individual. Each factor of the residents current situation is unique and identifying why the incontinence is occurring for that resident will help to focus the strategies to specifically address the residents needs.

Assessment should be carried out routinely for all service users as part of the care planning process. When a problem is identified a review should be carried out. Reviewing is an ongoing task and anyone in the care team could be the first person to identify a need.

Policies

Each care setting should have a written policy covering continence care.

Detrusor instability

The overactive bladder is the most common cause of urinary incontinence in the elderly, regardless of sex. In many cases the cause of an overactive bladder is not known. It is commonly associated with progressive enlargement of the prostate. Individual symptoms are extremely important in making a diagnosis of detrusor overactivity. Not everyone will experience all symptoms and many go to great lengths to avoid experiencing incontinence, e.g. restricting fluid intake or increasing urinary frequency.

Incontinence figures

- 9.6 million UK women live with bladder problems
- 1.4 million UK men live with bladder problems
- 650,000 live with bowel control difficulties

Definitions

Urinary incontinence

'A condition in which the involuntary loss of urine is a social and hygienic problem'

The International Continence Society

Faecal incontinence

'The involuntary or inappropriate passage of faeces'

Royal College of Physicians

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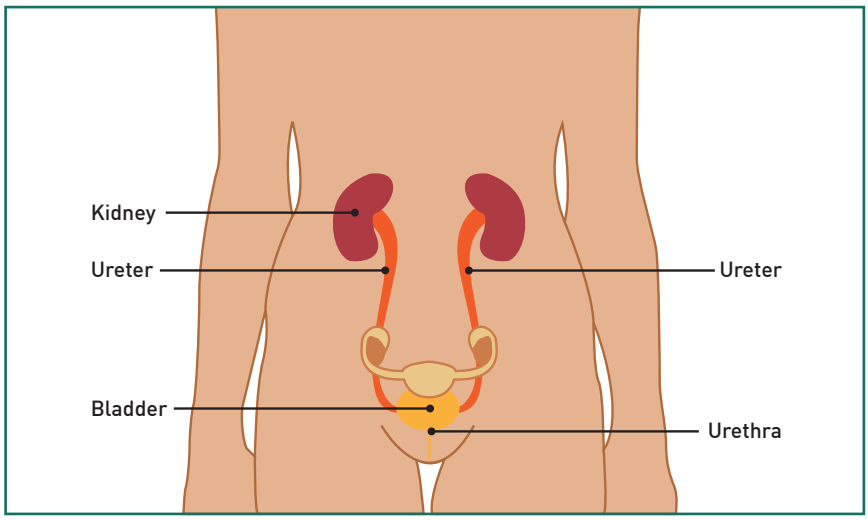
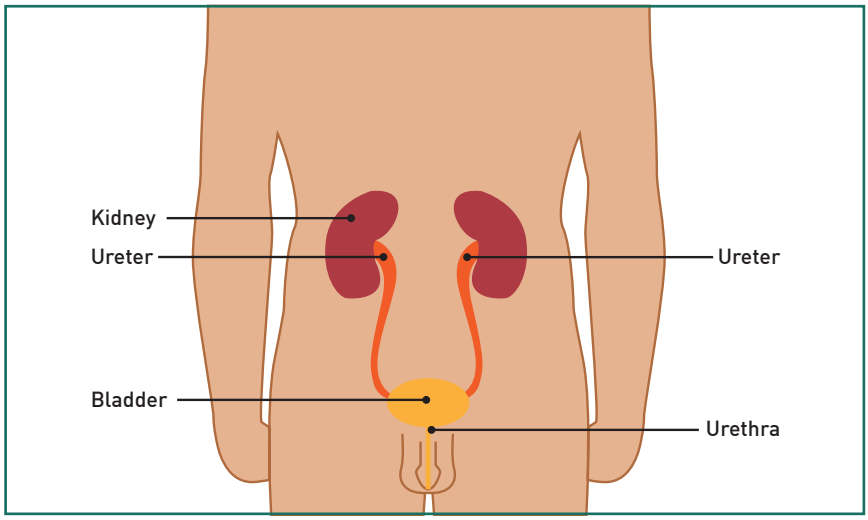
Urinary System

It will be useful to look at how the urinary system works to better understand incontinence.





- Urine is produced in the kidneys
- It passes down to the bladder (a muscular organ) via the ureter
- The valve controlling the bladder is called the urethral sphincter
- This valve opens to allow urine to flow out of the bladder
- It closes to hold urine in
- The pelvic floor muscles help support the bladder
- They assist in the retention of urine in the bladder

Incontinence strategies

- Use of individualised assessment and goal setting
- Scheduled toileting before and after meals, every 2 hours and as needed which is a Department of Health and long-term care standard
- Ensure a daily fluid intake of 1500ml
- Making sure the resident is close to a toilet
- Adaptable clothing
- Communication – resident can tell you what they need
- Adaptive devices – commode, grab bars, use of urinals, bed pans etc.
- Use incontinent products when needed
- Encourage independence and self-care
- Environment prompting
- Privacy

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