

Acute Training Solutions

Continence Management - Bladder problems in adults

Minimum history	Minimum investigation
<ul style="list-style-type: none"> When started Frequency, amount of leakage Current management, fluid intake Effect on lifestyle 	<ul style="list-style-type: none"> Frequency / volume chart Residual urine estimation (scan or in / out catheterisation) Dipstick / MSSU
Minimum examination	
<ul style="list-style-type: none"> Abdomen: PR, PV; relevant neurological assessment 	

Causes & symptoms	Possible underlying problems	Treatment	Referral options
Stress incontinence: leaking with coughing, laughing, exercise	Urethral sphincter incompetence, pelvic floor weakness	Pelvic floor therapy, urethral appliances, surgical intervention	Continence specialist nurse, physio-therapist, urogynaecologist, urologist
Voiding inefficiency, continual dribbling, weak flow, hesitancy, incomplete emptying, intermittent stream, straining to void	Bladder outlet obstruction (prostatic enlargement, urethral stricture, faecal impaction)	Clear impaction; otherwise, surgical referral required	Prostate assessment clinic, urologist
	Detrusor failure (secondary to neurological disease)	Clean intermittent catheterisation if post-micturition residual >150ml	Continence specialist nurse, specialist continence service
Detrusor overactivity, urinary urgency, frequency (>8/24h), urge incontinence, latchkey morning urgency	Idiopathic detrusor overactivity	Check residual volume, advice on fluid intake, bladder retraining programme, anticholinergic drugs	Continence specialist nurse, specialist continence service
	Detrusor overactivity secondary to neurological disease (eg MS)		
	Cystitis, classical (internal) dysuria secondary to UTI	Appropriate antibiotic therapy. Refer if recurrent	Urologist, urogynaecologist, specialist continence service
	Atrophic, urethritis or vaginitis, external dysuria	Topical oestrogen replacement or systemic HRT	Gynaecologist, specialist continence service
	Bladder calculus	Surgical referral	Urologist
Cognitive impairment	CNS Bladder (dementia, delirium)	Exclude iatrogenic causes; appropriate toileting programme; minimise handicap	Community Nurse, community psychiatric nurse, specialist continence service
Physical impairment	Impaired dexterity / mobility		Physiotherapist, occupational therapist
Enuresis - bed wetting	Detrusor instability, prostatism, immobility, primary nocturnal enuresis	As for underlying condition. Antidiuretic in some cases.	Specialist continence service

Possible confounding factors: anticholinergics, diuretics, alpha adrenoreceptor blockers, calcium channel blockers, sedatives.