

Welcome to the RCN Bladder & Bowel Forum Webinar

Fundamentals of Continence Care

by Anna Hancock RGN – Lead Nurse for Bladder and Bowel care

- Impact of bladder dysfunction on the patient
- Normal bladder function
- Continence assessment including the use of a 3-day bladder diary
- Signs, symptoms, and treatment options for the 4 types of urinary incontinence.

Q&A Session

Webinar will be recorded & available on the RCN Bladder & Bowel Forum Webpage





Fundamentals of Continence Care - ...an awareness session around bladder dysfunction

Anna Hancock RGN – Lead Nurse for Bladder and Bowel care



It is estimated that 14 million men, women, young people and children of all ages are living with bladder problems and 6.5 million adults in the UK suffer with some form of bowel problem (NHS England, 2018)

Impact of bladder dysfunction on patients...

I'm
ashamed

"I don't feel
like myself..."

"I'm so
lonely...I'm
scared to go
out..."

I can't tell my
husband...we are
separated...unable to
have a sexual
relationship...

"I've had to leave
work, I couldn't
travel to site..."

I'm scared I
smell....

It is estimated that fewer than 40% of people with urinary incontinence seek help for their condition from a GP or nurse.

This figure is even higher for those with faecal incontinence.

Continence is all of our business...

....take every opportunity to ask about bladder and bowel symptoms, and listen to your patients.

So what can be done?

We can holistically assess,
diagnose and plan care with our
patients...

or

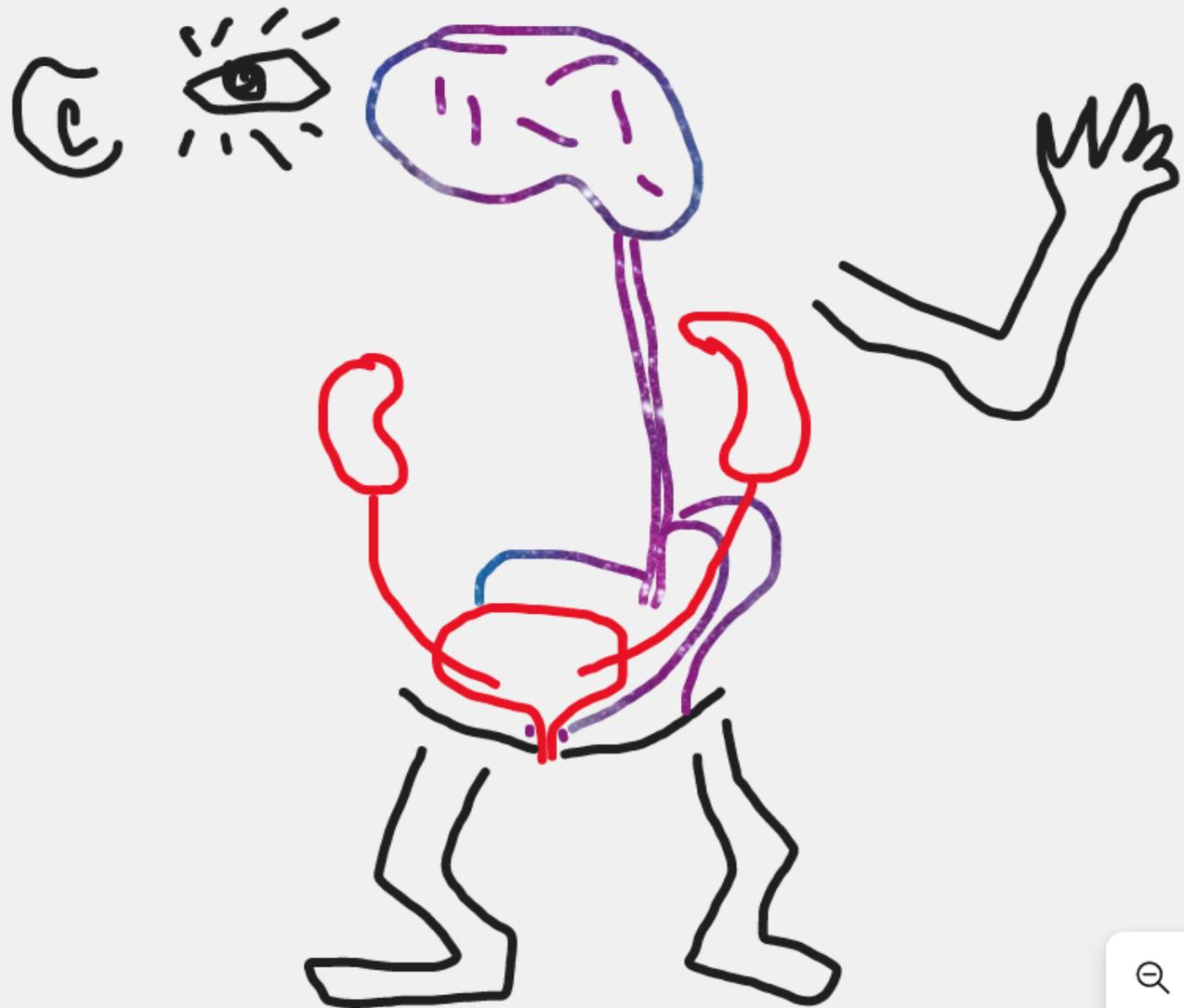
...we can signpost to those who
can.

Symptom Profile...

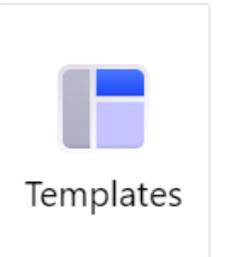
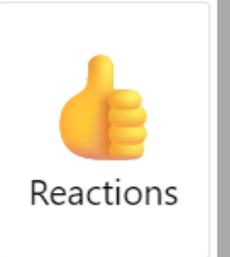
Incontinence is a symptom of underlying problems which with simple assessment and investigation, can be identified and treated.

Holistic Assessment is the Key...

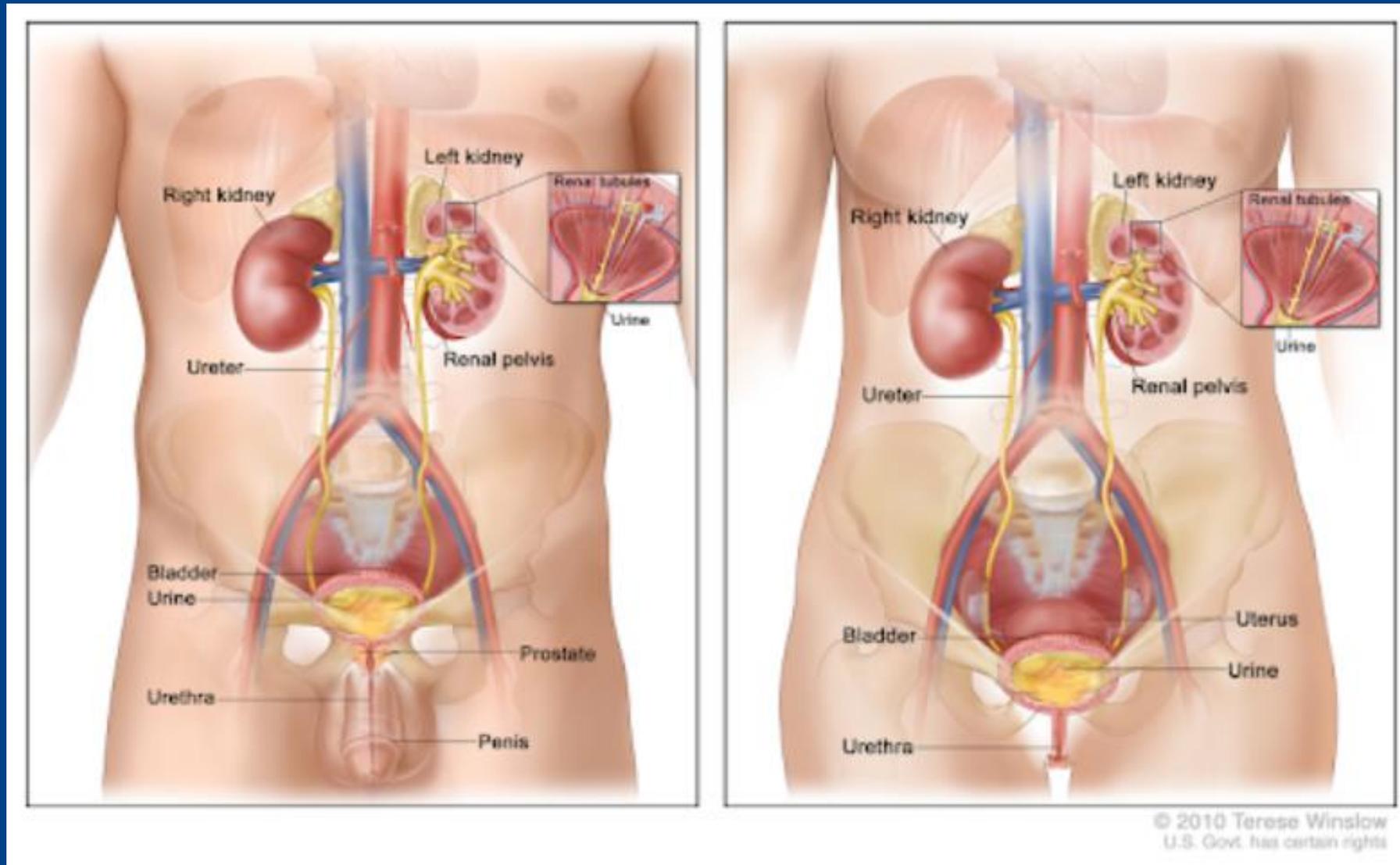




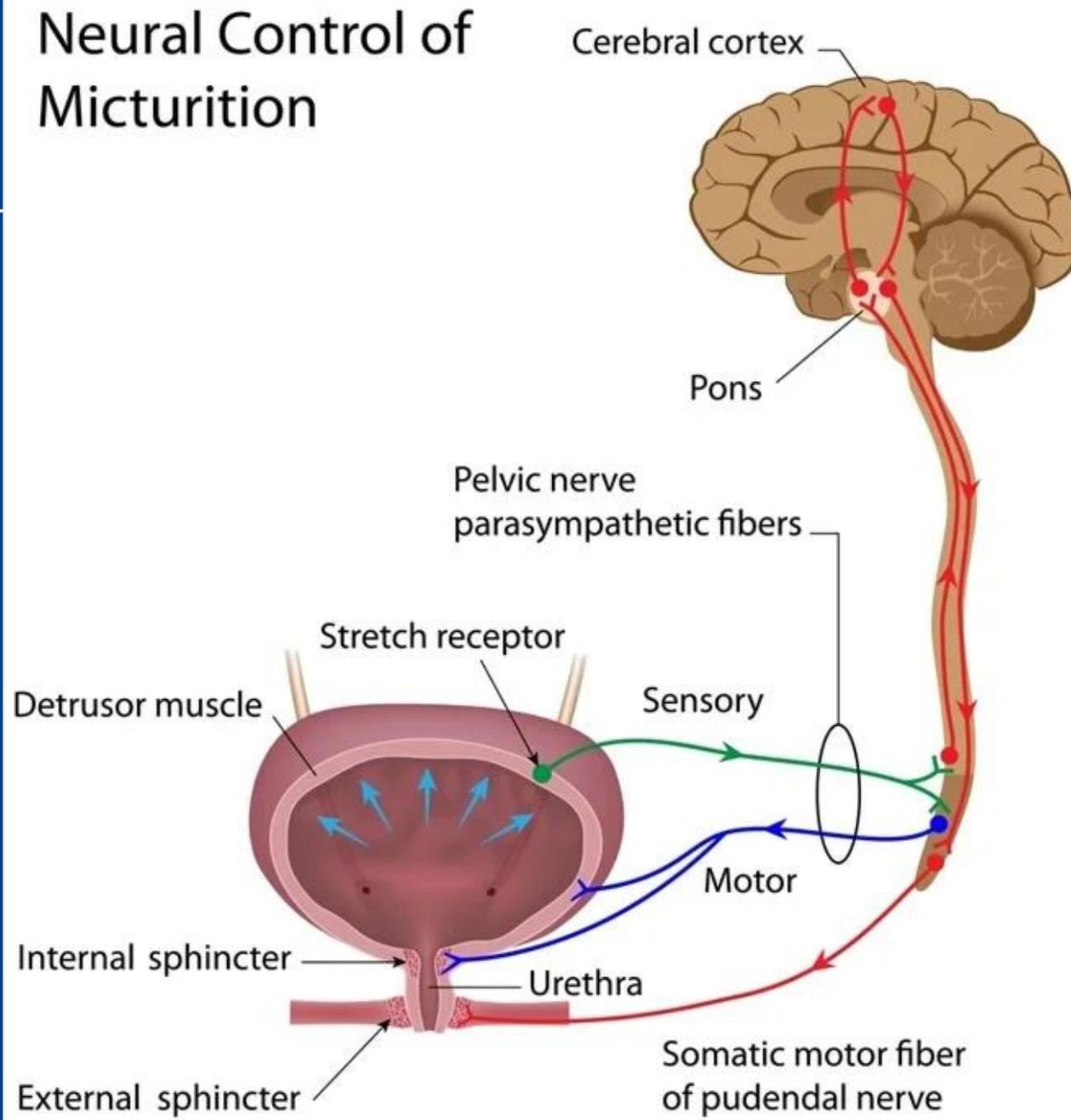
Text



Male and female anatomy of the urinary tract...



Neural Control of Micturition



Basic Requirements for Continence...

- A bladder that remains relaxed whilst filling with urine, and will contract to empty.
- A sphincter mechanism which is strong enough to prevent urine leakage, and which will relax to allow voiding.
- A pelvic floor that is strong enough to support the bladder and help the sphincter mechanism to keep the urethra closed.
- A nervous system, which is able to transmit messages accurately between the brain and the bladder via the spinal cord.
- A brain that can interpret the messages sent to it by the bladder, make decisions and send out commands.
- The physical ability to get to use toilet facilities.

If any of these things are not functioning properly then incontinence can occur

4 Types of urinary incontinence...

Stress

Overactive
Bladder
(OAB)

Outflow Obstruction
/ Neurogenic bladder

Functional

Stress Urinary Incontinence

Symptoms	Underlying causes / risk factors	Investigations and Treatments
Leaking small amounts of urine when...	Pregnancy	3 day bladder diary
Exercising	Long 2 nd stage during labour	Pelvic floor examination
Coughing	Instrumental delivery	Pelvic Floor Exercises / specialist women's physiotherapy referral
Sneezing	Perineal tears	Reviewing Asthma / COPD / chronic cough
Having sex	Chronic constipation and straining	Reviewing allergies
Standing up	Obesity	Treat underlying constipation
Lifting	Following surgery e.g. hysterectomy, radical prostatectomy.	Surgical intervention

Overactive Bladder

Symptoms	Underlying causes / risk factors	Investigations and Treatments
Urinary frequency	Neurological conditions e.g. Multiple Sclerosis	3 day bladder diary / bladder scan
Urinary urgency	In-correct amount of fluid intake	Pelvic Floor Exercises
Leaking before getting to the toilet	Caffeine	Drink the right amount and types of fluid Avoid caffeine and alcohol
Getting up more than twice at night	Alcohol	Bladder re-training
Worse near running water, in the cold, when getting home....key in the door syndrome.	Habit forming – going just in case	Medication – e.g. Solifenacin / Mirabegron
		Percutaneous Tibial Nerve Stimulation (PTNS)
		Botox

Fluid Intake Matrix

A guide to the volume of fluid required per body weight for 24 hours. Not to be followed if medical condition contra-indicates i.e. chronic renal failure.

Patient's weight		Mls	Fluid Oz	Pints	Mugs
Stones	Kilos				
6	38	1190	42	2.1	4
7	45	1275	49	2.5	5
8	51	1446	56	2.75	5-6
9	57	1786	63	3.1	6
10	64	1987	70	3.5	7
11	70	2179	77	3.75	7-8
12	76	2377	84	4.2	8
13	83	2575	91	4.5	9
14	89	2773	98	4.9	10
15	95	2971	105	5.25	10-11
16	102	3136	112	5.5	11

This matrix is to be used as a guideline and broadly it is suggested that patients fall within a margin of error of +/- 10%. The guideline applies to body frame and gross obesity should not be taken as a guide for increasing fluid.

Activity levels should be taken into account.

Reference:

Abrams & Klevmar "Frequency Volume Charts – an indispensable part of lower urinary tract assessment" 1996 Scandinavian Journal of Neurology 179; 47 - 53

Outflow Obstruction / Neurogenic Bladder

Symptoms	Underlying causes / risk factors	Investigations and Treatments
Recurrent urinary tract infections	Enlarged Prostate / prostate cancer	3 day bladder diary
Urinary frequency	Female Organ Prolapse	Bladder scan
Difficulty voiding	Faecal impaction / constipation	Treat constipation
Stop / Start Stream	Urethral stricture	PSA test / rectal examination of prostate – rule out prostate cancer. Treat Benign Prostatic Hyperplasia
Straining to void	Underlying neurological condition e.g Multiple Sclerosis, stroke	Manage female organ prolapse
Voiding without any warning	Spinal Cord Injury	Teach intermittent self-catheterisation
Nocturnal enuresis	Bladder or other cancer	Indwelling urinary catheter – last resort

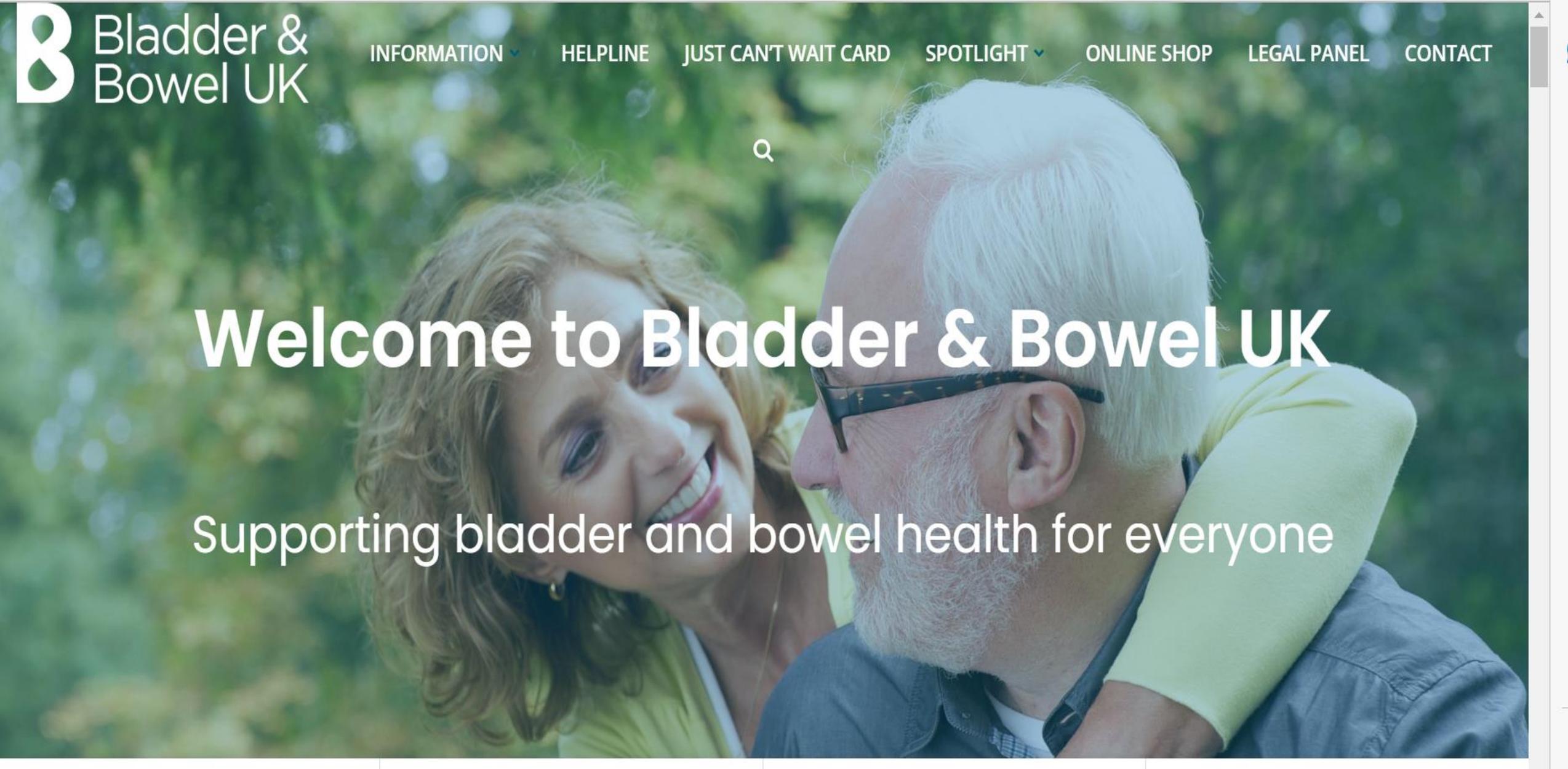
Functional Incontinence

Underlying causes	Treatment / management options
Poor mobility / balance	Physiotherapy referral
Dementia / cognitive impairment	Occupational therapy referral
Learning Disabilities	GP review of underlying health condition e.g arthritis
Pain	Pain review
Communication problems	Commode / urinal / penile sheaths / pads
Acute illness	Referrals to social services
Lack of care...	Social prescribing / signposting to partner organisations.



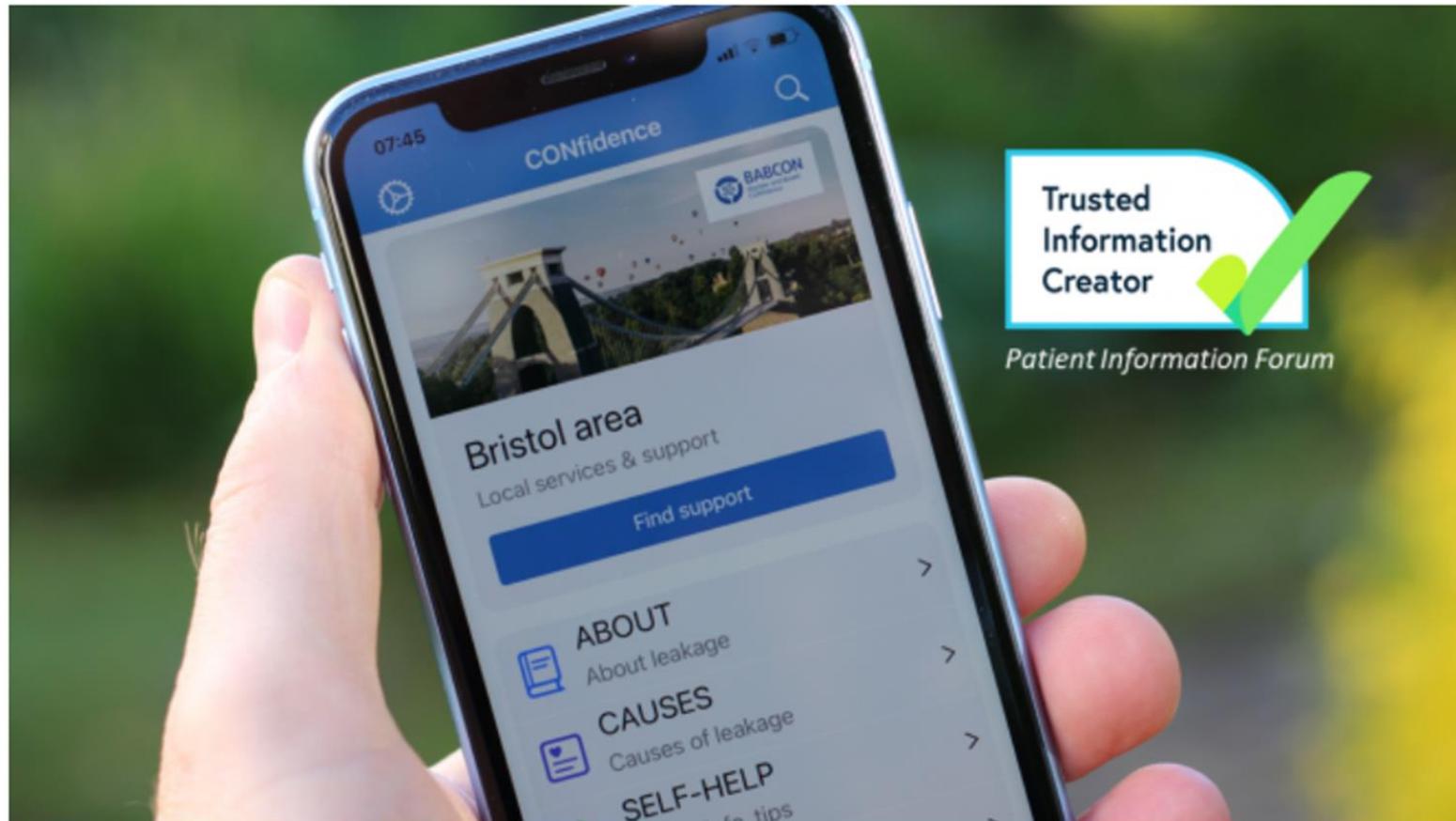
Welcome to Bladder & Bowel UK

Supporting bladder and bowel health for everyone



Resources...Download the CONfidence App...

CONfidence App



RCN Bladder and Bowel Learning Resource - <https://www.rcn.org.uk/clinical-topics/Bladder-and-bowel-care/RCN-Bladder-and-Bowel-Learning-Resource>



RCN Bladder and Bowel Learning Resource

This updated resource is designed to help you support people who have incontinence or bowel and bladder problems.

This resource is for registered nurses, nursing students and nursing support workers (which includes assistant practitioners, nursing associates, health care assistants, nursing assistants and health care support workers) working in any health and social care setting or specialism.



Save the Date...

- **Fundamentals of lower bowel dysfunction – 13th July 2023**
- **Fundamentals of catheter care – 14th September 2023**
- **Current challenges in delivering Continence Care for Specialist Nursing – 16th November 2023**



Thank you!

Any questions?

NHS England (2018) Excellence in Continence Care

<https://www.england.nhs.uk/publication/excellence-in-continence-care/>

Urinary incontinence and pelvic organ prolapse in women:
management

NICE guideline [NG123]

<https://www.nice.org.uk/guidance/ng123>