inthe**know**
CAREGIVER TRAINING

A CLIENT CARE MODULE:

HANDLING INCONTINENCE OF THE BOWEL AND BLADDER

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HANDLING INCONTINENCE OF THE BOWEL AND BLADDER

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

Define incontinence of bowel and bladder.

❖

Discuss the risk factors associated with incontinence.

❖

Explain how you can help prevent incontinence and the complications associated with it.

❖

Monitor incontinent clients for symptoms of UTI and report appropriately so treatment can be started.

❖

Apply at least three new skills learned that can help incontinent clients in their everyday lives.

Inside This Inservice:

inthe**know**
CAREGIVER TRAINING

A Client Care Module:
Handling Incontinence of the Bowel and Bladder

MOM'S CARE GOT COMPLICATED

Tonya lived about 15 minutes away from her mother. Her mother was getting older. She lived alone and was beginning to have health problems. So Tanya became her main caregiver.

Tanya felt completely in control of her mother's care. She took her to doctor's appointments, got her medication refills, made sure she ate well, and even took her to church every Sunday.

One day, Tanya noticed a ***faint smell of urine*** when she entered the home. She asked her mom about it but she didn't get a straight answer. Tanya arranged for a housekeeper to do some cleaning. The housekeeper reported to Tanya that the sheets on the bed were soaked with urine and that there were urine soaked pajamas in the laundry.

Tanya tried to talk to her mom about the problem but it was embarrassing for both of them. She took her to the store to choose between pads and briefs. She made an appointment with the doctor to make sure there wasn't something more serious going on.

Tanya's mom admitted to the doctor that she had problems with urine leakage when laughing and coughing, and that at night, she often couldn't reach the bathroom in time.

The doctor ran some tests and made a few suggestions. She told Tanya's mom to take her afternoon dose of Lasix (a water pill) at 3pm instead of 7pm. She also recommended cutting back on caffeine and doing Kegel exercises. She diagnosed Tanya's mom with ***stress incontinence*** related to weak pelvic floor muscles and ***urge incontinence*** related to her Lasix dose.

Tanya's mom took the doctor's suggestions, but the incontinence didn't improve. Then the urinary tract infections started. After the third UTI, Tanya began to feel overwhelmed by her mother's care. She started looking for a home health nurse to help.

Incontinence is one of the main reason's family caregivers seek professional help with caring for their loved ones. Keep reading to learn more about incontinence and how you can help care for the clients who suffer from it.

IT'S A PRETTY BIG DEAL

Incontinence affects millions of people worldwide. But that's just counting the folks we know about. The real numbers are probably a lot higher because many people are too embarrassed to report the problem or seek help. Here's what we know for sure:

- ***Urinary incontinence*** affects about 25 million American adults and 200 million adults worldwide.
- One in 12 Americans, or approximately 18 million people, is estimated to have ***fecal incontinence***.
- More than half of all residents in nursing homes suffer from one or both types of incontinence.
- Women wait an average of 6.5 years before seeking professional help for their incontinence problems.
- Urinary incontinence is a common ***risk factor for falls***. And falls are a leading cause of injury and death in people aged 65 and older.

SOME TERMS TO KNOW

- **Urinary Incontinence—**The accidental or unwanted loss or leakage of urine.
- **Bowel Incontinence** (aka fecal incontinence)—The accidental or unwanted movement of the bowels. It's the loss of liquid or solid stool at inappropriate times.
- **Continence—**This is the opposite of incontinence. To have control over the urge to urinate or move the bowels until an appropriate time and place can be found.
- **Pelvic Floor—**A group of strong and flexible muscles attached from bottom of the spine to the front of the pelvis. It's often described as a "hammock" because it holds the bladder and other organs in place.
- **Kegel Exercises—**Special exercises that strengthen the pelvic floor. They can help with certain types of urinary incontinence.

WHAT'S NEW?

*Grab your favorite highlighter! As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!*

What Words?

IT'S HARD TO TALK ABOUT IT!

When you work in health care, you HAVE to talk about "pee" and "poo" all the time! But many of your clients are embarrassed to talk about their urinary and bowel incontinence. And they definitely won't use medical terms like "stool" and "urine."

Here are some words you may hear to describe episodes of incontinence:

- Skidmarks
- PeePee
- Wetness in the pants
- Leakage
- Dampness in the underwear
- It leaks out
- I cannot make it to the bathroom
- Going #2 without knowing it

What words have you heard?

_____

_____

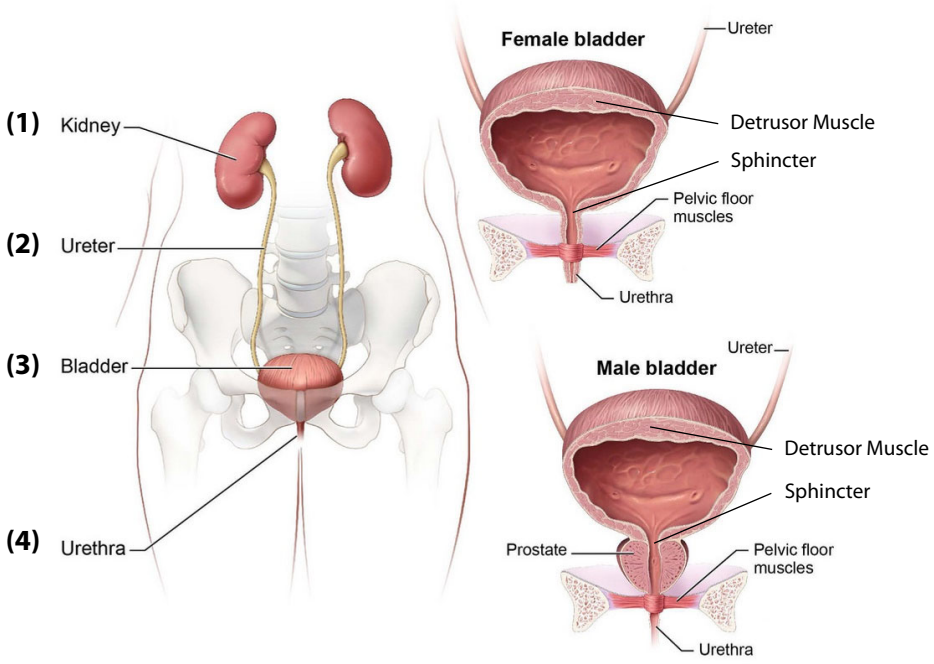
A QUICK QUIZ

Ask your clients, your loved ones, or even yourself these questions.

- Does urine leak out during exercise like walking, climbing stairs, or even getting up from a chair?
- Is there urine leakage when sneezing, laughing, or coughing?
- Is there urine loss on the way to the bathroom?
- How about at night? Does the person wake up during the night to use the bathroom?
- Are trips or places avoided because there may not be a bathroom available?
- Is there a frequent, strong, sudden urge to urinate that can't seem to be controlled?
- Does the person limit the amount she drinks before leaving home so that she doesn't have to worry about finding a bathroom?
- Are pads or diapers being worn to prevent clothes from getting wet?

If you answered "yes" to any of the questions, there may be a problem.

A CLOSER LOOK AT THE URINARY SYSTEM



WHAT DOES THE URINARY SYSTEM DO?

The main function of the urinary system is to flush waste from the body. Fluids in the blood are filtered by the kidneys. Excess water and waste are combined and eliminated in the form of urine.

The pathway:

- (1) Urine is produced in the kidneys. (2) The ureters drain the urine from the kidneys to the bladder where it collects. (3) Urine collects in the bladder until the bladder is full enough to trigger the sensation to urinate. (4) Urine travels from the bladder, through the urethra, to the outside of the body.

WHAT CAN GO WRONG?

1. **Difficulties with the Detrusor Muscle.** Inside the wall of the bladder is a muscle called the detrusor muscle. It helps the bladder expand so it can store urine. This muscle can either become weakened or overactive, both of which can cause incontinence.
2. **Sapped Sphincters.** There are two sets of muscles (called sphincters) that help hold urine in the bladder. The internal sphincter works without conscious effort. The external sphincter is under voluntary control. One or both of these sphincters can become weakened and lead to difficulty "holding" urine.
3. **Problems with the Pelvic Floor.** The pelvic floor is a group of muscles that form a hammock to keep the pelvic organs in the right place. The muscles of the pelvic floor can become weak and start to sag. This can lead to leaking urine or stool when straining, such as coughing, sneezing, laughing or lifting.

TYPES OF URINARY INCONTINENCE

There are two main categories of incontinence: *transient* incontinence and *chronic* incontinence.

- **<u>Transient Incontinence</u> is a temporary or short-term condition that *can* be fixed.** It's usually triggered by an illness like a UTI, a medical problem like a stroke, medications, or constipation. Once the problem is treated, the incontinence goes away.
- **<u>Chronic Incontinence</u> is a long-term condition that can be fixed *most* of the time, but not always**. It's caused by a damaged lower urinary tract and/or a weak pelvic floor.

FIVE TYPES OF CHRONIC INCONTINENCE

1. **Stress Incontinence** is caused by poor pelvic muscle control. Any extra pressure or stress causes urine to leak out.

   Symptoms: Urine leaks out when coughing, laughing, sneezing, exercising, running, jumping, lifting, sitting, and standing.

   The Three Levels of Stress Incontinence

   Mild—urine leaks out during coughing, laughing, straining, and so on.

   Moderate—urine leaks out during walking, rising, or with sudden movement.

   Severe—urine leaks with the slightest activity, like rolling over in bed.

2. **Urge Incontinence** is also called "overactive bladder." The detrusor muscle in the bladder is hyper. Even small amounts of urine can trigger the bladder to "let go!"

   Symptoms: Urge to go is strong and frequent. The bladder can't "hold it" once the urge is felt and it empties right away—before getting to the toilet. Urine loss is moderate to large.

3. **Overflow Incontinence** is caused by weak bladder muscles or a blockage. The bladder is always full and urine dribbles out constantly.

   Symptoms: Bladder never empties. Urine leaks out all the time. There is a weak stream of urine when using the toilet— only small amounts come out even though the bladder is full. The urine doesn't want to come out. Sometimes urine backs up into the kidneys which is dangerous.

4. **Functional Incontinence** means not being able to get to the toilet in time because of problems with moving, thinking, and communicating.

   Symptoms: Memory problems like Alzheimer's disease may prevent timely trips to the bathroom. Physical conditions like severe arthritis can cause delays with walking or removing clothing. Inconvenient bathrooms and poor toilet equipment (lack of handrails or small doorways) can make it difficult for those who need wheelchairs or walkers to get to the toilet in time.

5. **Reflex Incontinence** means there is no urge sensation to urinate. The bladder just empties when full.

   Symptoms: Loss of urine at inappropriate times. Birth defects like spina bifida, a spinal cord injury or surgery can cause loss of sensation to urinate.

A combination of incontinence types is called **Mixed Incontinence**. Women and older adults tend to have both stress and urge incontinence. Men are more likely to have a combination of overflow and urge incontinence.

WHAT ARE THE RISK FACTORS?

Anyone can develop urinary incontinence, but there are certain risk factors that make it more likely. Sometimes, several things combine to cause urinary incontinence.

- For example, a woman may have a history of diabetes, be overweight, and have a severe cough because of smoking. All of these might contribute to her incontinence problem.

PHYSICAL CONDITIONS THAT INCREASE THE RISK:

- **Having had a hysterectomy.** About half of all women who have had a hysterectomy report developing urinary incontinence.
- **Obesity or being overweight.** Extra weight puts pressure on the pelvic floor. This can weaken the muscles and lead to "accidents."
- **Enlarged prostate.** An enlarged prostate can block the urethra, making urine back up into the bladder until small amounts leak out constantly.

DISEASES OR ILLNESSES THAT INCREASE THE RISK:

- **Chronic cough.** A chronic cough that lasts for many years can stretch the pelvic floor and may even make tiny tears in the muscles.
- **Pelvic organ prolapse.** This is when the "hammock" can no longer hold the pelvic organs in place. Up to 60% of women with pelvic organ prolapse also report having urinary incontinence.
- **Diabetes.** Diabetes can lead to nerve damage, which includes the nerves in the bladder and bowel. This causes episodes of incontinence.
- **Parkinson's disease.** The main symptoms of PD are shaking, rigidity (stiffness), slowness, and unsteadiness. These symptoms can make it difficult to make it to the bathroom in time.
- **Alzheimer's disease.** People with AD may not recognize a full bladder. They may forget where the toilet is located or even how to use it.
- **Stroke.** After a stroke, it may be difficult to sense a full bladder—or control it. If speech is affected, they may be unable to communicate their need to use the toilet.

OTHER FACTORS THAT INCREASE THE RISK:

- **Certain Medications.** Taking diuretics (water pills), certain antidepressants, some blood pressure lowering medication, antihistamines (like Benadryl), or hormone replacement therapy (particularly estrogen) increases the likelihood of incontinence.
- **Smoking.** Smoking causes chronic coughing which can damage the pelvic floor. The chemicals in cigarettes are also known to be bladder irritants, which could cause overactive bladder symptoms.

CONNECT IT!

IS AGE A RISK FACTOR?

Becoming incontinent is NOT a normal part of aging. However, there are certain age-related changes that make incontinence more likely. They are:

- Elderly people may feel the need to urinate only when the bladder is almost full. (Most younger people feel the need to "go" when the bladder is only about half full.)
- As people get older, they produce more urine at night—2/3 of the fluids drunk during the day are made into urine at night. So, one or more bathroom trips at night are normal.
- And, as people age, their bladders shrink a bit, so they can't hold as much urine.

Urge incontinence is most common in people over age 60—4 out of every 10 women and 2 out of every 10 men experience it.

Incontinence is one of the major reasons that elderly people are put in nursing homes. It's second only to dementia.

THE NEXT STEP!

DOING KEGEL EXERCISES

If the doctor recommends that your client do Kegel exercises, you can help!

Teach your client to:

1. **Locate the muscle.** To identify the pelvic floor muscles, instruct your client to stop urination in midstream. If she succeeds, she found the right muscles!
2. **Tell her to remember that feeling.** Then, when she's not urinating, instruct her to tighten that pelvic floor muscle, hold the contraction for five seconds, and then relax for five seconds.
3. Have her work up to keeping the muscles ***contracted for 10 seconds, then relaxing for 10 seconds***.
4. **Repeat three times a day.** Aim for at least three sets of 10 repetitions a day.

DIAGNOSIS AND TREATMENT

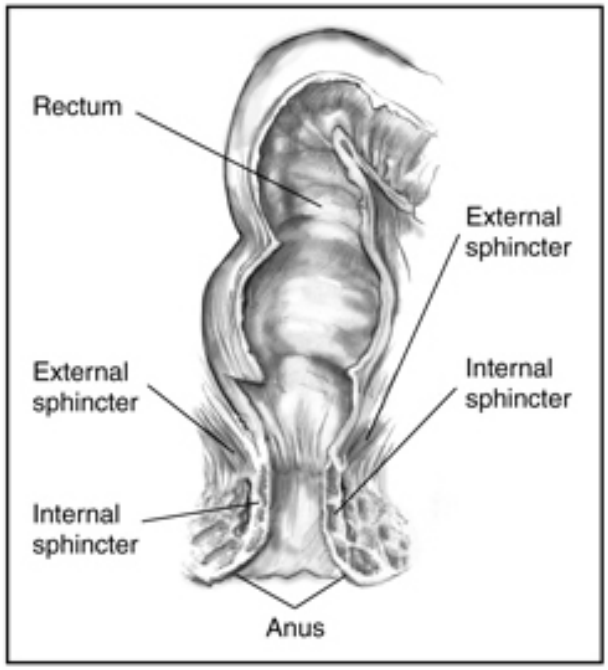
To diagnose urinary incontinence, doctors will do a complete physical exam and may order several kinds of tests, including:

- **Urinalysis.** A urine sample is tested for signs of infection.
- **Cystoscopy.** A tiny camera is used to see the bladder and urethra.
- **Post-void residual measurement.** The doctor checks the amount of leftover urine in the bladder (just after a person voids) using an ultrasound machine.

Treating incontinence depends on what type each person has and how bad the symptoms are. Here are some options:

- **Surgery.** There are many surgeries—some are more complicated than others. In one way or another, these operations support the bladder and urethra or put them back into their original position within the abdomen. Doctors usually do this as a last resort.
- **Medications**. There are many drugs to help control incontinence—too many to list! Some common brand names are: Detrol, Ditropan, Vesicare and Myrbetriq. These drugs relax the bladder muscle. (Estrogen may help women by making the bladder and urethra less sensitive.) Drug therapy may help urge or stress incontinence. It also helps with an overactive bladder.
    - ⇒ **Side effects—**Dry mouth and eyes, headache, constipation, indigestion, blurred vision, changes in heart rhythm, nervousness, and low blood pressure.
- **Biofeedback.** This teaches people how to listen to their bodies and change their habits by using computer equipment and measuring devices. It can be done at home or in the hospital.
- **Behavioral Therapy**. Behavior training programs teach people how to control their bladders and to use the toilet at the right time. These methods include:
    1. **Bladder retraining** to teach normal toileting patterns.
    2. **Scheduled Toileting** to set up timed toileting on a fixed schedule (whether or not the person has to go).
    3. **Habit Training** to match the toileting schedule to a person's needs and habits.
    4. **Prompted Voiding** to make people more aware of their need to urinate and to ask for help from a caregiver.

A CLOSER LOOK AT BOWEL INCONTINENCE



WHEN EVERYTHING WORKS PROPERLY . . .

The digestive system pushes food through the intestines by a series of muscular contractions (called peristalsis). Food passes from the stomach into the small intestine. This is where the nutrients are absorbed. What's left passes into the large intestine (or colon). The colon's job is to store, process, and get rid of waste.

The waste travels to the rectum. ***Nerves*** in the rectum trigger a message to the brain letting the person know the bowel is ready to be emptied. Circular muscles called ***sphincters*** close tightly like rubber bands around the anus until the person is on the commode. Pelvic floor muscles also help keep the stool in the body until the appropriate time to eliminate.

WHAT CAN GO WRONG?

- **Sphincters Stop Working.** There are two sphincters, the external and internal sphincters, that help keep stool in place until it's time to release it. If one or both of the sphincters are damaged , they may not be strong enough to prevent stool from leaking. Childbirth, injury, anal cancer, hemorrhoid surgery, and chronic constipation can all damage the anal sphincters.
- **Nerve Damage.** If the nerves that sense a full rectum are damaged, a person may not feel the urge to go to the bathroom. Childbirth and spinal cord injuries can damage the nerves. In addition, diseases that are known to damage nerves, such as diabetes and multiple sclerosis can also damage the nerves in the rectum and lead to incontinence.

THINK ABOUT IT!

There are three main types of bowel incontinence:

- **Passive incontinence—** Passing stool without any awareness of it at all.
- **Urge incontinence—** Passing stool in spite of attempts to "hold it."
- **Fecal soiling—**Staining of underwear without loss of significant amounts of fecal stool.

Bowel incontinence is further categorized by its severity. The severity is related to:

- The frequency of incontinence
- The type of stool lost
- The volume of stool lost

Think about a client you care for that has bowel incontinence. What type do you think he or she has? What is the severity?

_____

_____

GET OUT!

THINK OUTSIDE OF THE BOX!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

THE PROBLEM: You are caring for Robert, an 84-year-old man who is showing increasing signs of bowel incontinence.

When you suggest the use of adult briefs to Robert, he gets angry and tells you he doesn't need baby diapers.

WHAT YOU KNOW: You know Robert's incontinence is embarrassing to him but you also know it's putting him at risk for other problems.

GET CREATIVE: Think of 3 creative solutions you might try to help Robert with his problem while also helping him maintain his dignity.

TALK ABOUT IT: Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

RISK FACTORS FOR BOWEL INCONTINENCE

Just like urinary incontinence, anyone can have a problem with bowel control. But, whether it's an occasional accident or a chronic problem, certain people have a higher risk of developing bowel incontinence.

DISEASES OR ILLNESSES THAT INCREASE THE RISK:

- **Neurologic conditions.** Diseases or illness that affect the nervous system, such as stroke, multiple sclerosis, spinal cord injury, and spina bifida can increase the risk for bowel incontinence.
- **Dementia and Alzheimer's Disease.** Seniors with dementia or AD are four times more likely to have fecal incontinence than those without.
- **Diabetes.** Complications of diabetes cause nerve damage leading to incontinence.
- **Chronic Bowel Disorders.** People with Crohn's disease, ulcerative colitis, and irritable bowel disease may develop fecal incontinence.

OTHER FACTORS THAT INCREASE THE RISK:

- **Being a woman.** Most studies suggest that women are more likely to suffer from bowel incontinence than men. This is likely due to damage that occurs during childbirth. About 6% of women younger than age 40 report problems and 15% of women older than 65 years are predicted to suffer.
- **Aging.** Losing bowel control is not a normal part of aging, but age-related changes increase the risk. Age-related changes that increase the risk include muscle loss, decreased strength, and decreased mobility.

SOMETIMES, IT'S NOT REALLY INCONTINENCE

Occasionally, you may see uncontrollable leakage of liquid stool in someone who was not previously incontinent. This is common in people with chronic constipation and may be a sign that the person has a fecal impaction.

- A fecal impaction is a large lump of dry, hard stool that remains stuck in the rectum. It is most often seen in patients with long-term constipation or those who over-use laxatives.
- A common sign of fecal impaction is the leakage of watery stool. As the lump of stool sits in the colon, liquid stool begins to build up behind it. Eventually small amounts seep around the impaction and "leak" out.
- Report this symptom right away so that the process of removing the impaction can be started right away.

HOW IS BOWEL INCONTINENCE TREATED?

Treatment for bowel incontinence depends on what is causing it. Some treatment options include the following.

MEDICATIONS.

- **Antidiarrheals.** If chronic diarrhea is the problem, then drugs such as Imodium and Lomotil may help.
- **Laxatives and Stool Softeners.** When chronic constipation leads to bowel incontinence, medications such as Citrucel, Metamucil, and MiraLax may be prescribed.

DIETARY CHANGES

- **Adding Fiber to the Diet.** If constipation is the culprit, the doctor may suggest drinking plenty of fluids and eating fiber-rich foods. If diarrhea is contributing to the problem, high-fiber foods can also add bulk to stools and make them less watery.

OTHER THERAPIES

- **Biofeedback.** With this therapy, people learn how to strengthen pelvic floor muscles, sense when stool is ready to be released, and practice contracting the muscles.
- **Bowel training.** This type of therapy helps the person to establish a regular time to empty his or her bowels, and to find ways of stimulating the bowels to empty.
- **Sacral nerve stimulation (SNS).** The sacral nerves run from the spinal cord to the pelvis and regulate the sensation and strength of the rectal muscles. SNS involves implanting a device that sends small electrical impulses continuously to these nerves to strengthen the muscles.
- **Vaginal balloon.** This treatment involves inserting an inflated balloon into the vagina. The balloon puts pressure on the rectal area, leading to a decrease in the number of episodes of fecal incontinence.

SURGERY

- **Sphincteroplasty.** This procedure repairs a damaged or weakened anal sphincter.
- **Treating rectal prolapse, a rectocele or hemorrhoids.** Surgical correction of these problems will likely reduce or eliminate fecal incontinence.
- **Sphincter replacement.** A damaged anal sphincter can be replaced with an artificial anal sphincter.
- **Colostomy.** This surgery diverts stool through an opening in the abdomen. Doctors attach a special bag to this opening to collect the stool. Colostomy is only considered when other treatments have failed.

TALK ABOUT IT!

IS IT REALLY CONSTIPATION?

Many older adults believe they have to move their bowels every day.

The fact is, you don't have to have a bowel movement every day to be healthy.

So, what's normal?

⇒ It is normal to have a range of 1 to 2 bowel movements per day but it can be as infrequent as every 3 to 4 days.

Here are the signs of <u>true</u> constipation:

- Going more than 3 days without a BM.
- Having lumpy or hard stools.
- Straining to have bowel movements.
- Small, dry, or pellet-like stools.
- Feeling as though you can't completely empty the stool from your rectum.

COMPLICATION: URINARY TRACT INFECTIONS

Chronic urinary tract infections (UTIs for short) are common in people who are incontinent of bowel and/or bladder. Loss of bladder or bowel control can lead to sitting in wet or soiled garments. This can lead to frequent infections.

WHAT IS A UTI?

A UTI is any infection that involves the urinary system. Two common types are:

- **Cystitis.** The most common type of UTI is known as cystitis. This is an infection of the urinary bladder. This is the infection most people think of when they say "UTI."
- **Pyelonephritis.** This infection is commonly referred to as a "kidney infection." It usually results from a bladder infection that travels through the ureter to the kidney.

WHAT ARE THE SYMPTOMS?

- **Urgency.** An urgent need to urinate, with only a few drops of urine to pass.
- **Frequency.** The need to urinate often, usually at least once every hour.
- **Pain.** A burning feeling during urination, or lower abdominal, stomach, or back pain.
- **Abnormal Urine.** Cloudy or blood-tinged urine, or urine with a strong odor. **Fever.** Fever is the body's way of fighting an infection.
- **Nausea and/or vomiting.** If the infection has spread to the kidneys, the person may have nausea, vomiting, and complaints of pain in the lower back.
- **Behavior changes.** You may notice behavioral or mental changes in your elderly clients. Sometimes this is the ***only*** sign that something is wrong. A UTI can cause:
  - Agitation, confusion, and restlessness.
  - Balance problems, dizziness, falls.
  - Lethargy (sleeping more than usual).
  - Decreased appetite.

WHAT CAN YOU DO?

- **Wash your hands** before providing personal care and wear gloves when cleaning the genital area.
- **Change soiled clothing and briefs right away.** Sitting in a soiled brief is the #1 cause of UTIs in people with incontinence.
- **Try putting your client on a "bathroom schedule."** Regular toileting may help incontinent clients avoid accidents (and sitting in soiled clothing).
  - ⇒ Remind clients to void at least every 2 to 3 hours during the day and to completely empty the bladder. "Holding it" increases the risk for incontinence and a UTI.
- **When a client asks for help to get to the toilet, don't delay!** Your promptness may prevent an accident *and* a UTI!
- **Always clean your client carefully after each bowel movement—**wipe front to back to prevent germs in the stool from getting near the urethra.
- **Recognize and report the signs of a UTI right away.** Early recognition of UTI and prompt treatment are essential to prevent recurrent infection and the possibility of complications. Some dangerous complications that may occur include **renal failure** and **sepsis**.

FIVE KEY POINTS!

REVIEW WHAT YOU LEARNED!

1. More than half of all residents in nursing homes suffer from either bowel or bladder incontinence. Many suffer from both.
2. Chronic urinary tract infections (UTIs for short) are common in people who are incontinent of bowel and/or bladder.
3. Caring for incontinent clients can be overwhelming. It's one of the main reasons families seek long term care help in the first place.
4. Being incontinent is embarrassing. Be patient and understanding with those who suffer.
5. Depression is a common problem for incontinent people. Watch for and report any signs right away.

TIPS FOR HELPING INCONTINENT CLIENTS

- **Be patient and understanding with your incontinent clients.** They can't help having accidents. There is a reason behind their urinary problems. Remember that they don't do it on purpose just to annoy you!
- **Try to toilet your client on a regular schedule.** Reminding your client to use the bathroom every two to three hours will prevent "emergencies" and "accidents."
- **Make it safe!** For those clients who can self-toilet, be sure to clear a direct path to the bathroom. It will prevent falls and help them make it there in time!
- **Light the way.** It's a good idea to help your clients prevent falls by placing night lights along the path to the bathroom.
- **Make sure your clients can easily use the toilet—**provide grab bars and a raised toilet.
- **Encourage your clients to wear clothing that's easy to remove!** Suggest elastic waistbands for slacks and skirts and Velcro instead of buttons, snaps, and hooks.
- **Use sign reminders.** For clients with Alzheimer's disease and dementia, hang a sign with the word "toilet" and a picture of a commode on the bathroom door so they know where it's located. You may have to remind them to use the toilet every two to three hours and help them with their clothing.
- **Stay dry.** If your clients must use absorbent products, be sure to change their pads or diapers as soon as they are wet or soiled to prevent skin breakdown. If left in a wet diaper, your client may get rashes, pressure injuries and/or infections like UTIs.
- **Take extra good care of your client's skin.** It's important to wash the skin with a mild soap like Dove after each urine or bowel occurrence.
- **Air it out!** After washing your client, it's best if you let their skin air dry rather than rubbing it with a towel—this will help avoid skin tears and irritation that may cause sores or infection.

FINAL TIPS ON INCONTINENCE

- **Encourage your client to drink plenty of liquids—**at least 6 to 8 glasses of liquid a day. Suggest that they drink throughout the day—not all at once! Too much fluid at one time can stress the bladder.
- **Slow down in the evening.** If nocturia (urination at night) is a problem, remind your client to stop drinking fluids after dinner.
- **Don't stop altogether!** Drinking fewer fluids won't get rid of incontinence. In fact, it may make it worse. It can lead to both UTIs and constipation. (Constipated bowels put pressure on the bladder and make urinary incontinence worse.)
- **Include fiber in the diet.** If you cook for your clients, fix them foods with high fiber content like bran, whole grain breads, fresh fruits and vegetables, and leafy greens.
- **Avoid these foods.** Foods that can make incontinence worse include, alcoholic drinks (wine & beer), soda, citrus fruits & juices, spicy foods, artificial sweeteners, and tomatoes.

- **Limit caffeine intake.** Caffeine is a natural diuretic (like a "water pill") and it irritates the bladder. Drinking a lot of coffee and tea will cause frequent trips to the bathroom. (Keep in mind that caffeine is in chocolate, soft drinks, and some over-the-counter medications, too.)
- **Exercise is important too!** After checking with your supervisor, try exercising with your client. Take a walk around your client's home, within your facility, or even outside.
- **Be aware!** Depression is a common problem for incontinent people. Signs of depression include weight loss or gain, lack of energy, overwhelming feelings of sadness, anxiousness, sleeping more or less than usual, loss of interest in usual activities, and thoughts of suicide.
- **Caring for incontinent clients can be overwhelming.** Remember, it's one of the main reasons families seek long term care help in the first place. Do your best to help your clients, but remember...accidents will happen no matter how hard you try to prevent them. ***Be patient, take a deep breath, and move on!***

WHAT I KNOW NOW!

Now that you've read this inservice on Incontinence, jot down a couple of things you learned that you didn't know before.

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EMPLOYEE NAME
(Please print):

_____

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

_____

SUPERVISOR SIGNATURE:

_____

Inservice Credit:	
☐ Self Study	1 hour
☐ Group Study	1 hour

File completed test in employee's personnel file.

inthe**know**
CAREGIVER TRAINING

A Client Care Module:
Handling Incontinence of the Bowel and Bladder

Are you "In the Know" about Incontinence? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. This muscle forms the "hammock" that keeps the pelvic organs in place

A. Internal Sphincter.
B. Detruser Muscle.
C. Pelvic Floor Muscle.
D. Urethra.

2. Mary can't get to the bathroom fast enough. She just can't "hold it." She is probably suffering from:

A. Stress Incontinence.
B. Urge Incontinence.
C. Overflow Incontinence
D. Reflex Incontinence.

3. You know Mr. Smith is having "accidents" because you have found the soiled laundry. But when you ask him about it, he lies. You should:

A. Let it go. He'll talk about it when he's ready.
B. Make him do his own laundry so he'll learn not to soil himself.
C. Report the symptoms to the doctor so he can be treated.
D. None of the above.

4. Which of the following is a risk factor for bowel incontinence?

A. Diabetes.
B. Being a woman.
C. Chronic Constipation.
D. All of these.

5. True or False
You should restrict fluid intake to avoid urinary incontinence.

6. True or False
Always clean from front to back after a bowel movement.

7. True or False
Urinary incontinence is a common risk factor for falls.

8. True or False
Caffeine can make urinary incontinence worse.

9. True or False
Confusion and agitation can be symptoms of a UTI.

10. True or False
Becoming incontinent is a normal part of aging.