

Overview of Urinary Incontinence in the Long Term Care Setting

Management Strategies for the Nursing Assistant

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Learning Objectives

- ◆ Describe common types of incontinence
- ◆ Describe how to complete the 3 day voiding diary
- ◆ Describe the techniques in bladder training
- ◆ Will be able to facilitate pelvic muscle (Kegel) exercises
- ◆ Identify the steps to facilitating urinary incontinence



Steps to Continence

1. Complete Physical Assessment and History Form
2. Determine the type of urinary incontinence
3. Complete Algorithm



Prevalence of Urinary Incontinence (UI)

- ◆ Estimated 10% to 35% of adults
- ◆ \geq 50% of 1.5 million nursing home residents
- ◆ A conservative estimated cost of \$5.2 billion per year for urinary incontinence in nursing homes



Impact on Quality of Life

- ◆ Loss of self-esteem
- ◆ Decreased ability to maintain independent lifestyle
- ◆ Increased dependence on caregivers for activities of daily life
- ◆ Avoidance of social activity and interaction
- ◆ Restricted sexual activity



Consequences of UI

- ◆ An increased risk of falls
- ◆ Most hip fractures in elders can be traced to nocturia (night time voiding) especially if combined with urgency
- ◆ Risk of hip fracture increases with
 - ☞ physical decline from reduced activity
 - ☞ cognitive impairments that may accompany a UTI
 - ☞ medications often used to treat incontinence
 - ☞ loss of sleep related to nocturia



Risk Factors

- ◆ Aging
- ◆ Medication side effects
- ◆ High impact exercise
- ◆ Menopause
- ◆ Childbirth



Factors Contributing to Urinary Incontinence

- ◆ Medications
- ◆ Bowel Irregularities
 - ☞ Constipation
 - ☞ Fecal Impaction
- ◆ Diet
 - ☞ Caffeine
 - ☞ Alcohol
 - ☞ Chocolate
 - ☞ Acidic fruit or juices (OJ, pineapple)
 - ☞ Spicy foods
 - ☞ Nutrasweet products
 - ☞ Tomatoes, spaghetti



Age Related Changes in the Urinary Tract

- ◆ Majority of urine production occurs at rest
- ◆ Bladder capacity is decreased
- ◆ Quantity of urine left in the bladder after urinating is increased
- ◆ Bladder contractions without warning
- ◆ Desire to void is delayed



Several Types of Urinary Incontinence

- ◆ **Stress**: Leakage of small amounts of urine as a result of increased pressure on the abdominal muscles (coughing, laughing, sneezing, lifting)
- ◆ **Urge**: The strong desire to void but the inability to wait long enough to get to a bathroom



Several Types of Urinary Incontinence (continued)

- ◆ **Mixed**: A combination of two types, stress and urge
- ◆ **Overflow**: Occurs when the bladder overfills and small amounts of urine spill out (The bladder never empties, so it is constantly filling)
- ◆ **Total**: Complete loss of bladder control



Remember...

Urinary incontinence can be treated even if the resident has dementia!!



Stress Incontinence vs. Urge Incontinence: System Check List

Symptoms	Stress Incontinence	Urge Incontinence
Urgency accompanies incontinence (strong, sudden desire to void)	NO	YES
Leaking during physical activity (e.g. coughing, sneezing, lifting, etc.)	YES	NO
Ability to reach the toilet in time, following an urge to void	YES	NO
Waking to pass urine at night	SELDOM	OFTEN



Symptoms of Overactive Bladder

- ◆ Urgency to void
- ◆ Frequency in voiding
- ◆ Nocturia (getting up two or more times at night to void) and/or urge incontinence
- ◆ ANY COMBINATION



Causes of Mixed Urinary Incontinence

- ◆ Combination of bladder spasms and stress incontinence
- ◆ One type of symptom (e.g., urge or stress incontinence) often predominant



Reversible or Transient Conditions that may Contribute to UI

- | | |
|-----|---------------------------------------------------------|
| "D" | Delirium (Sudden or increased confusion)
Dehydration |
| "R" | Restricted mobility
Retention |
| "I" | Infection
Inflammation
Impaction |
| "P" | Pharmaceuticals (Drugs) |



Contenance Treatment

◆ Behavioral

- ☞ Pelvic Muscle Rehabilitation (PMR) - for strengthening or relaxation
- ☞ Urge Inhibition Training - reduce or control urgency
- ☞ Bladder and/or Bowel Training - reduce frequency
- ☞ Treatment of Bowel Dysfunction

◆ Medications

◆ Surgery



Behavioral Treatments

- ◆ Fluid management
- ◆ Voiding frequency
- ◆ Toileting assistance
 - ☞ Scheduled toileting
 - ☞ Prompted voiding
- ◆ Bladder training
- ◆ Pelvic floor muscle exercises



Bladder Training & Urgency Inhibition Training

- ◆ Bladder Training - Techniques for postponing voiding
- ◆ Urge Inhibition Training - Techniques for resisting or stopping the feeling of urgency
- ◆ Bladder Training & Urge Inhibition training - Strongly recommended for urge and mixed incontinence and is recommended for management of stress incontinence



Behavioral Treatments

- ◆ Pelvic Muscle (Kegel) exercises
- ◆ Goal: To strengthen the muscle that controls the release of urine
 - ☞ Proper identification of muscle (if able to stop urine in mid stream)
 - ☞ Planned active exercise (hold for 10 seconds then relax do this 30 - 80 times per day for a minimum of 8 weeks)



Biofeedback

- ◆ Very helpful in assisting residents in identifying and strengthening pelvic muscles
 - ☞ Give positive feedback for bladder training, habit training and/or Kegels



Summary

- ◆ With correct diagnosis of UI, expect more than 80% improvement or cure rate without surgery!!



Case Study 1

◆ Mrs. Martin:

- ☞ She was admitted to a skilled nursing facility following a hospitalization for surgical repair of a fractured hip which occurred when she fell on the way to the bathroom.



Prior to Admission:

- ◆ She was living at home with her daughter.
- ◆ Her medical history included high blood pressure and thinning of the bones. Mrs. Martin's daughter reported that her mother frequently rushed to get to the bathroom on time and often got out of bed 4 to 5 times per night to urinate.



Upon Admission to the Nursing Home:

- ◆ Mrs. Martin's transfer status was assist of one with a walker.
- ◆ Nursing staff implemented an every 2 hour toileting schedule.
- ◆ This resident was frequently incontinent.



Upon Admission to the Nursing Home: (continued)

- ◆ Mrs. Martin stated that she knew when she needed to void but could not wait until the staff could take her to the bathroom. She could feel the urine coming out but could not stop her bladder from emptying. Mrs. Martin felt embarrassed about wearing a brief but felt it was better than getting her clothing wet. Her incontinence was sudden, in large volumes and accompanied by a strong sense of urgency.



Problem Identification

- ◆ The problems identified by the staff during the first case conference included urge incontinence and impaired mobility.



What can we do to help Mrs. Martin?

- ◆ Help her get stronger in walking.
- ◆ Help her resist the urge to urinate frequently.
- ◆ Check her at night frequently and offer to take her to the bathroom as needed.
- ◆ Respond as quickly as possible.
- ◆ Give positive feedback when she is able to get to the bathroom in time.
- ◆ The doctor may order medication.



Voiding Diary, Why Use Them?

- ◆ People are not born with bladder control, it is a learned behavior.
- ◆ As people involuntarily lose urine they sometimes retrain their bladder by going to the bathroom too frequently.
- ◆ A voiding diary helps us to see if a new toileting pattern will help keep a person dry or if a simple reminder at a certain time will help that person get to the bathroom on time.



Voiding Diary, Why Use Them? (continued)

- ◆ Your help in completing these diaries is as important as many of the medications or treatments that the nurse may give !!!
- ◆ The information that you collect (including your comments) is vital for the development of an individualized plan of care for the resident.



What Information Do We Need?

- ◆ Time a person toileted (did the resident request or was it offered).
- ◆ Did the resident void in the bathroom or were they wet?
- ◆ Small or large incontinent episode.
- ◆ Reason for the incontinent episode.



How Long Do You Complete A Voiding Diary?

- ◆ The voiding diary is completed for 3 days across all three shifts.



What Effect Will This Program Have For the Resident & Staff?

- ◆ Improved quality of life for the resident
- ◆ Reduce the number of residents needing Q2 hour toileting.
 - ☞ All residents will have an individualized plan for scheduled toileting or prompted voiding that meets their needs.
 - ☞ Less briefs and clothing to change because of incontinence.
 - ☞ Overall, less time spent toileting and providing incontinence care, leaving more quality time to be spent with your residents.

