



# SUMO FUN



## Types of Bladder Incontinence

**Stress Incontinence:** the loss of a small amount of urine with physical activity such as coughing, sneezing, laughing, walking stairs, or lifting

- 2nd most common type of urinary incontinence in older women.



**Urge Incontinence:** abrupt urgency and frequency...*Gotta go... Gotta go... Gotta go...*

- Resident feels the need to void, but is unable to prevent voiding long enough to reach and sit on the toilet/commode.
- **Most** common type of urinary incontinence in elderly persons.



**Mixed Incontinence:** combination of urge incontinence and stress incontinence

Many elderly persons (especially women) will experience symptoms of both urge and stress.

**Overflow Incontinence:** bladder is distended from urine retention

Symptoms of overflow incontinence: weak stream, hesitancy or intermittency.

- Post void residual (PVR) volume exceeds 200 milliliters (ml).
- Overflow incontinence may mimic urge or stress incontinence but is less common.



**Functional Incontinence:** incontinence that is secondary abnormal urinary tract function & may be related to:

- physical weakness or poor mobility/dexterity (e.g., due to poor eyesight, arthritis, or stroke)
- cognitive problems (e.g., confusion, dementia, unwillingness to toilet),
- various medications (e.g., anticholinergics, diuretics) or;
- environmental barriers (e.g., distance to toilet, poor lighting, low chairs that are difficult to get out of, physical restraints, and toilets that are difficult to access).



Center for  
**Healthy Aging  
and  
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## Interventions and Treatments

**Bladder Rehabilitation/Bladder Retraining** requires the resident to resist the sensation or urgency (strong desire to urinate), to postpone or delay voiding, and to urinate according to a timetable rather than to the urge to void

- intervals between voiding may be increased progressively.
- consists of education, scheduled voiding with systematic delay of voiding, and positive reinforcement.

**Best Residents for this Program:** residents who are fairly independent in activities of daily living, have occasional incontinence, and are aware of the need to urinate (not for cognitively impaired residents)

**Prompted Voiding** has three components:

- 1) regular monitoring with encouragement to report continence status;
- 2) prompting to toilet on a scheduled basis; and
- 3) praise and positive feedback when the resident is continent and attempts to toilet.

**Best Residents for this Program:** appropriate for cognitively impaired residents

**Habit Training/Scheduled Voiding:** scheduled toileting at regular intervals to match the resident's voiding habits

- includes timed voiding with the interval based on the resident's usual voiding schedule or pattern.
- timed voiding, usually every three to four hours while awake.
- Unlike bladder retraining, there is no systematic effort to encourage the resident to delay voiding and resist urges.

**Best Residents for this Program:** residents who cannot self-toilet may be candidates for habit training or schedule voiding programs



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