

**S**tress Incontinence  
**U**rge Incontinence  
**M**ixed Incontinence  
**O**verflow Incontinence  
**F**unctional Incontinence

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## Be Informed

### Clues to good care...



#### Dietary Management of Urinary Incontinence

- Increase non-caffeinated fluid intake (Water is best!)
- Minimum 1500 ml/day=six eight-ounce glasses
- Why? To prevent concentrated urine in bladder which irritates the bladder lining and causes urgency/frequency

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## Be Informed

### Clues to good care...



Dietary Management of Urinary Incontinence

- Eliminate caffeinated beverages and foods
  - Why? Caffeine is an irritant to the bladder muscle wall
- Restrict fluid intake two to three hours before bedtime
  - Why? To prevent voiding and incontinence at night
- Drink fluids during daytime hours

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## Be Aware

### Clues to good care...



#### Pelvic Floor Muscle Exercises (Kegel's)

- Find the muscles: Imagine trying to control urine flow—the muscles you tighten are the pelvic floor muscles
- Exercise: Tighten the muscles for three seconds and then relax for three seconds. Increase time to five to ten seconds.
- Where to do exercise?: Anywhere...Anytime
- How long until exercises help?: six to eight weeks after daily exercise
- Great exercise for everyone—definitely can improve stress and urge urinary incontinence

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## Be Informed

### Clues to good care...

Cause of incontinence that responds to treatment:



#### *Atrophic Vaginitis*

- Cause: Vaginal canal more fragile and atrophies (shrinks), less lubrication and more alkaline pH
- Leads to: Infection and symptoms similar to UTI or yeast infection
- Symptoms: Itching, foul-smelling discharge, urinary incontinence
- Treatment: Topical estrogen creams or estrogen replacement therapy (discuss with primary care provider)

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## Be Involved

### Clues to good care...

#### Double-voiding



Effective treatment for mild to moderate urinary retention



What is it? Teach the resident to void twice when toileting; can reduce residual urine volume after voiding



Technique: Resident will void, rest two to five minutes, then try to void again. Also can ask resident to void, then stand up and sit back down to try to void a second time.

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## Be Sensitive

### Clues to good care...



Residents with urinary incontinence often report feeling stressed, ashamed, embarrassed, alone, and that they are a burden

- It is important you believe incontinence can usually be improved or eliminated
- It is critical that you know urinary incontinence is NOT part of normal aging

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## Be Sensitive

### Clues to good care...

 It is important that you are sensitive and accepting and encourage the resident to share these feelings

 Examples of questions to ask the resident:

- “How do you feel about losing your urine?”
- “How do you feel about wearing briefs?”
- “How can I help you reduce your urine loss?”

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## Be Proactive

### Clues to good care...



- Do the residents have edema (swelling) in their legs?
- Elevate their legs during the day (particularly early afternoon) to stimulate the natural process of diuresis (urine release)
  - Helps limit increased urine production and voiding at night

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## Be Proactive

### Clues to good care...



What is Bladder Rehabilitation or Bladder Retraining?

- Voiding on a schedule with progressively longer periods between voiding—always with positive reinforcement
- Work with resident to resist the strong urge to void and wait for the next scheduled voiding
- How? Take slow deep breaths to relax bladder



Which residents are best for this bladder program?

- Fairly independent in ADLs, occasional incontinence, aware of need to urinate

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## Be Proactive

### Clues to good care...

### Prompted Voiding – Part 1

 What is Prompted Voiding?

- Toileting program that includes a toileting schedule, verbal feedback, and positive reinforcement
- Assists with resident continence awareness

 Which residents are best for this bladder program?

Cognitively impaired residents who are:

- Able to say their name
- Can reliably point to one or two objects

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## Be Proactive

### Clues to good care...

### Prompted Voiding – Part 2



The Five Steps of Prompted Voiding:

- 1. Check:** Check resident clothing or linens on regular basis for wetness (inform resident what you are doing)
- 2. Talk:** Encourage resident to talk about bladder problem and wetness to increase awareness of condition
- 3. Prompt:** Say, *“Would you like to use the bathroom? I can help you to the bathroom now. Please give it a try.”*
- 4. Praise:** Praise for being dry or attempting to use toilet. Say, *“Very good, you tried to use the bathroom”* or *“It has been three hours and you have remained dry—good job.”*
- 5. Correction:** If resident is wet, indicate desire for dryness. Say, *“You were wet this time, please call before you have to go next time.”*

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### Clues to good care...



What is Habit Training or Scheduled Voiding?

- Scheduled toileting at set intervals to match resident's typical voiding habits



Which residents are best for this bladder program?

- Residents who can no longer self-toilet



Procedure:

- Keep bladder diary for three days
- Identify times resident is likely to void and schedule toileting at these times
- Usually every two to three hours after meals
- If no incontinence for 24 hours, can increase interval by 30–60 minutes

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## Private Eyes

### Can you identify this?



A resident wears a pad because she is afraid that when she coughs and sneezes she will be wet



The incontinence is caused by failure of the urethral sphincter to remain closed during times of increased intra-abdominal pressure



Women have problems with this due to weakened pelvic floor muscles and men after prostate surgery

**Answer:** Stress Incontinence

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## Private Eyes

### Can you identify this?

-  This is the most common type of urinary incontinence elderly persons experience
-  The resident has involuntary leakage of urine preceded by a strong urge to void
-  Incontinence is caused by an overactive detrusor (bladder) muscle
-  Associated with stroke, dementia, and Parkinson's disease

**Answer:** Urge Incontinence

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## Private Eyes

### Can you identify this?



This urinary incontinence is a combination of urge and stress incontinence



This type of incontinence occurs frequently in nursing home residents

**Answer:** Mixed Incontinence

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## Private Eyes

### Can you identify this?

-  This type of incontinence comes from an over-distended bladder
-  Symptoms include a weak urine stream, hesitancy to start stream, or intermittency in stream
-  Results from poor detrusor (bladder) muscle contractility or obstruction
-  Will have a large amount of post-voided residual urine in bladder

**Answer:** Overflow Incontinence

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## Private Eyes

### Can you identify this?

-  Another common type of urinary incontinence in the nursing home
-  Not directly related to a disorder of the lower urinary tract
-  Results from physical weakness and mobility problems, cognitive problems such as confusion and dementia, psychological problems such as depression, environmental barriers such as distance to toilet, restraint

**Answer:** Functional Incontinence

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## Private Eyes

### Can you identify this?



What are the five main categories or types of urinary incontinence?

**Answer:** Stress, Urge, Mixed, Overflow, and Functional

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## Private Eyes

### Can you identify this?



What is the second most common type of urinary incontinence in women?

**Answer:** Stress Incontinence

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