

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





Be Informed

Clues to good care...

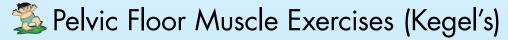
- Dietary Management of Urinary Incontinence
 - Eliminate caffeinated beverages and foods
 - Why? Caffeine is an irritant to the bladder muscle wall
 - Restrict fluid intake two to three hours before bedtime
 - Why? To prevent voiding and incontinence at night
 - Drink fluids during daytime hours





Be Aware

Clues to good care...



- 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





Be Informed

Clues to good care...

Cause of incontinence that responds to treatment:



- 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)





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.





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





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?"





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





Be Proactive

Clues to good care...

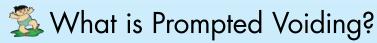
- What is Bladder Rehabilitation or Bladder Retraining?
 - Voiding on a schedule with progressively longer periods between voiding—<u>always</u> with positive reinforcement
 - Work with resident to resist the strong urge to void and wait for the next scheduled voiding
 - How? Take slow deep breaths to relax bladder
- Which residents are best for this bladder program?
 - Fairly independent in ADLs, occasional incontinence, aware of need to urinate





Be Proactive

Clues to good care... Prompted Voiding – Part 1



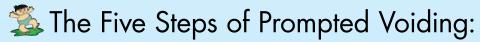
- Toileting program that includes a toileting schedule, verbal feedback, and positive reinforcement
- Assists with resident continence awareness
- Which residents are best for this bladder program? Cognitively impaired residents who are:
 - Able to say their name
 - Can reliably point to one or two objects





Be Proactive

Clues to good care... Prompted Voiding – Part 2



- **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."





Be Proactive

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





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





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





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





Private Eyes

Can you identify this?

- This type of incontinence comes from an overdistended 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





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





Private Eyes

Can you identify this?

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

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





Private Eyes

Can you identify this?

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

Answer: Stress Incontinence

