

Continence Management Strategies

8 November 2023



Queensland
Government

Session Outline

Continence Assessment

Case Study

General Management of Bladder and Bowel Concerns

Bladder Management

Functional Incontinence

Bowel Management

Continence Aids

MASS Resources

With a focus on equipment available
through MASS

Ageing and Continence

- Incontinence is highly prevalent in older people
- Comorbidities can impact on LUT
- Symptoms are usually multifactorial so a comprehensive continence assessment very important
- Ageing is associated with a decline in contractile strength of the bladder and an increase in nocturnal urine output
- Changes to the CNS may lead to incontinence

Gibson, W. (2021). Management of incontinence in the frail elderly. *Obstetrics, Gynaecology and Reproductive Medicine* 31, 3.



Continence Assessment



Watch this 20 min recording for more details:

[Basic Continence Assessment](#)



- Description and history of bowel/bladder complaint
- Medical History, Medication and Functional Skills
- Personal Factors e.g. routine, oral intake, culture, goals
- Living Environment and Social Supports
- Review of [Bladder Diary](#) and [Bowel Habit Diary](#) / Discussion
- Current Strategies and Trials of Continence Aids



**Reduce
Symptoms**



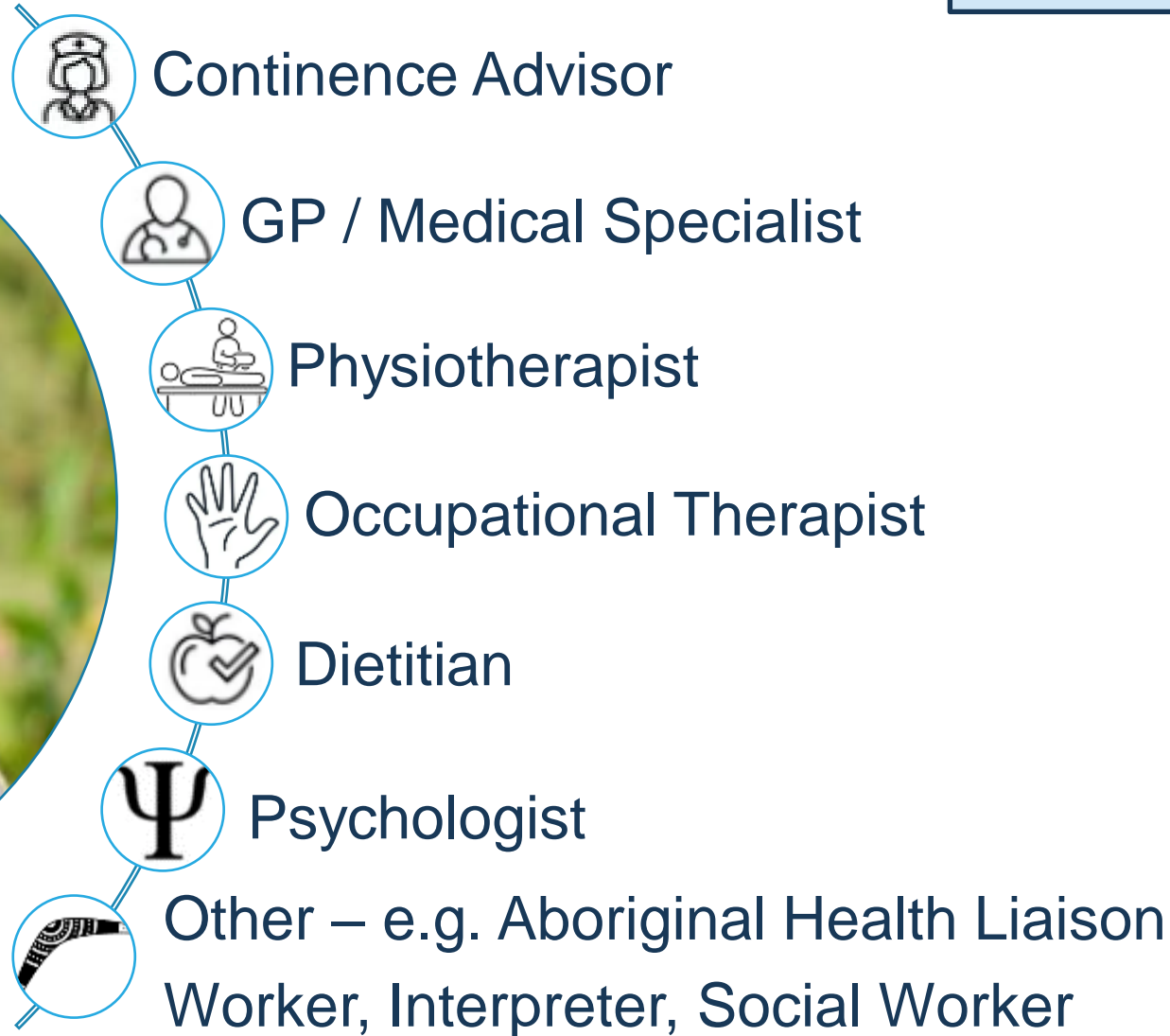
**Improve
Functional
Status**



**Improve
Quality of
Life**



Client/Family Focused, Multi-disciplinary Team Approach




Watch this webinar recording
for more details:

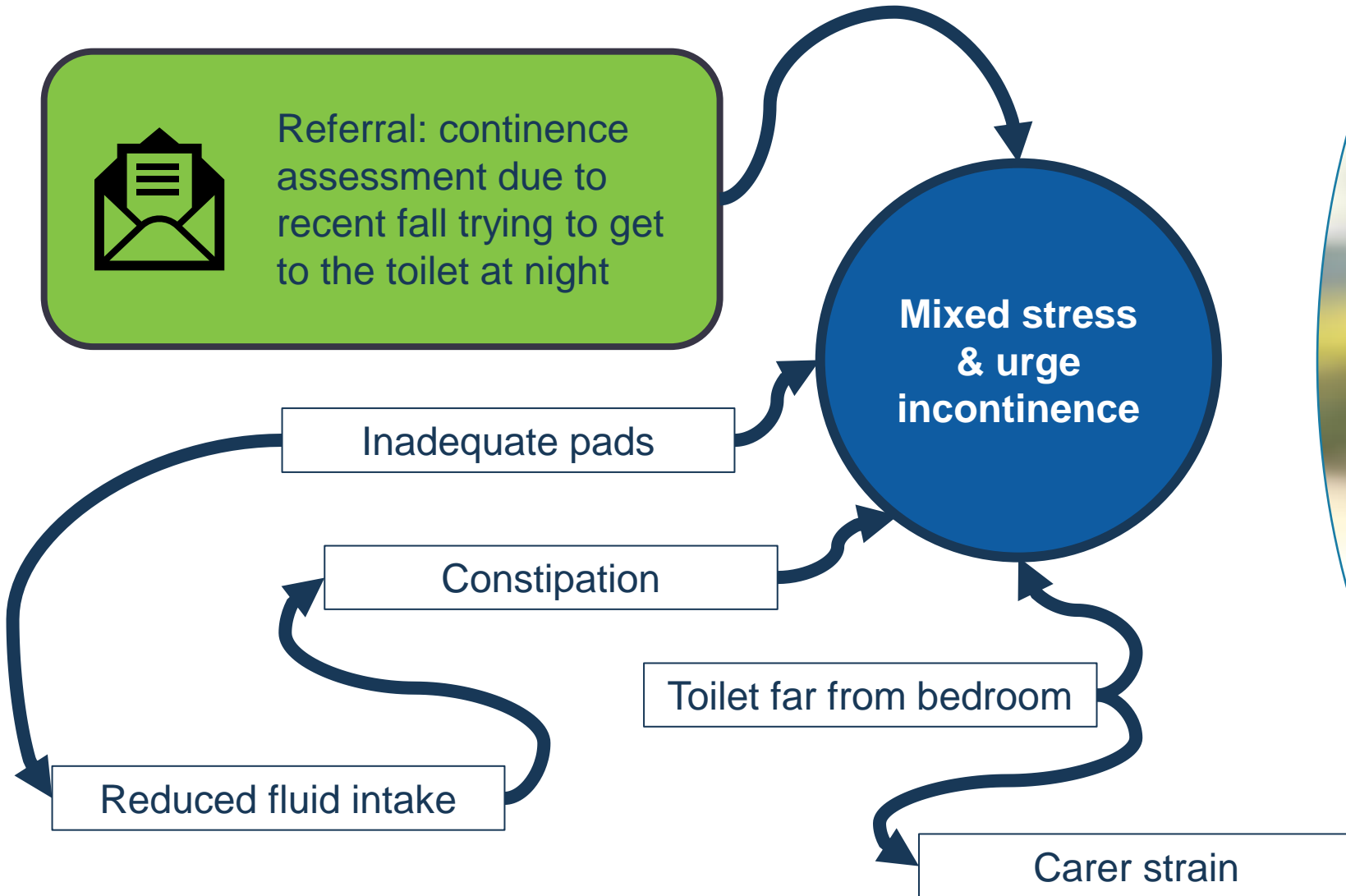
[The Role of Allied Health in
Continence Management](#)



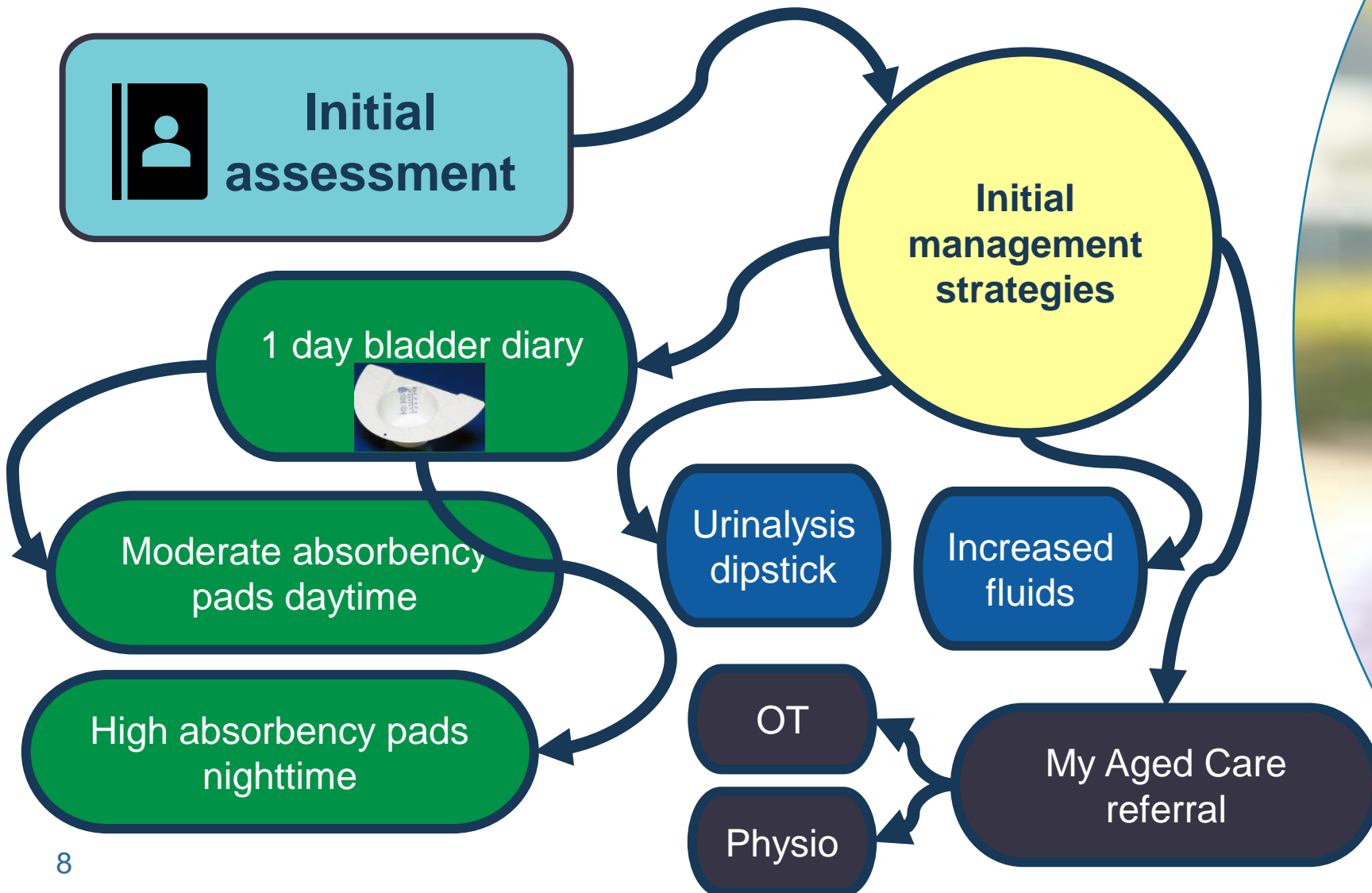
Case study – Mei (82yo)



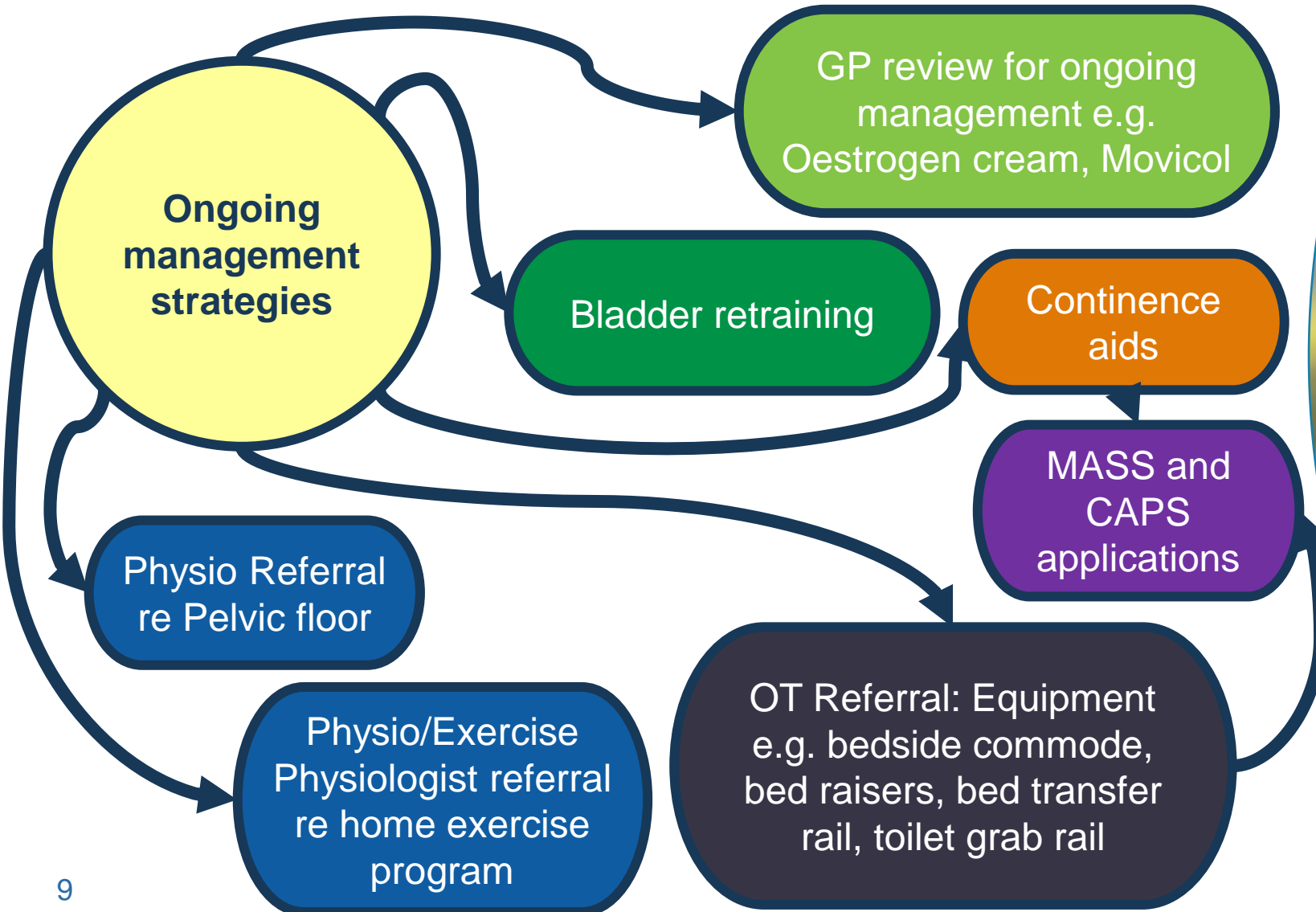
Referral: continence assessment due to recent fall trying to get to the toilet at night



Case study – Mei (82yo)



Case study – Mei (82yo)



General Management of Bladder and Bowel Concerns





Lifestyle Modifications

- Maintain healthy weight
- Smoking cessation
- Avoid intake of fluids 2 – 3 hours before sleep
- Decrease bladder irritants intake
e.g. artificial sweeteners, carbonated beverages, caffeine, spicy food and alcohol
- Manage constipation
- Better management of chronic diseases
- Improvement of mobility if difficulty

Client Education Resources for Aboriginal and Torres Strait Islanders

- [Contenance Foundation Australia's resources for Aboriginal and Torres Strait Islanders](#)
- [Diappers Red Flag A4 Poster \(2010\)](#)
- [Postnatal Physiotherapy Information for Aboriginal Women](#)
- [Bladder Cancer in Aboriginal and Torres Strait Islander People - Our mob and cancer](#)
- [Information for Aboriginal and/or Torres Strait Islander people on free bowel cancer screening | Cancer Council](#)
- [The prostate and bladder problems](#)



Bladder Management



Types of Urinary Incontinence

Type	Underlying Abnormality	Characteristics
Urgency	Bladder overactivity	<ul style="list-style-type: none"> • Strong, uncontrolled urgency prior to urine leakage • Large-volume urine loss • Urinary frequency • Nocturia (two or more times) • Nocturnal enuresis
Stress	Urethral underactivity	<ul style="list-style-type: none"> • Urine leakage with physical exertion (coughing, sneezing, laughing, lifting, changing positions, exercise) • Small amounts of urine loss
Mixed	Bladder overactivity and urethral underactivity	<ul style="list-style-type: none"> • Urine leakage associated with both urgency and physical exertion
Related to chronic retention of urine (or overflow incontinence)	Bladder underactivity or bladder outflow obstruction	<ul style="list-style-type: none"> • Difficulty starting urine stream • Weak or intermittent urine stream • Postvoid dribbling • Prolonged voiding • May have urinary frequency • Voiding a small amount • Feeling of incomplete bladder emptying
Functional	None	<ul style="list-style-type: none"> • Urine leakage associated with mobility, manual dexterity, cognitive impairment, or environmental factors that make it difficult to reach a toilet or urinal or to disrobe in time

1. Davis, N. et.al. (2020). Urinary Incontinence in Older Adults. *Supporting Family Caregivers No Longer Home Alone*. 120, 1, 57 – 62
2. Ketai, L.H. et al. (2016). Urgency urinary incontinence and the interoceptive network: a functional MRI study. *American Journal of Obstetrics & Gynecology*, 215(4), 449.e1-449.e17

Urge Urinary Incontinence

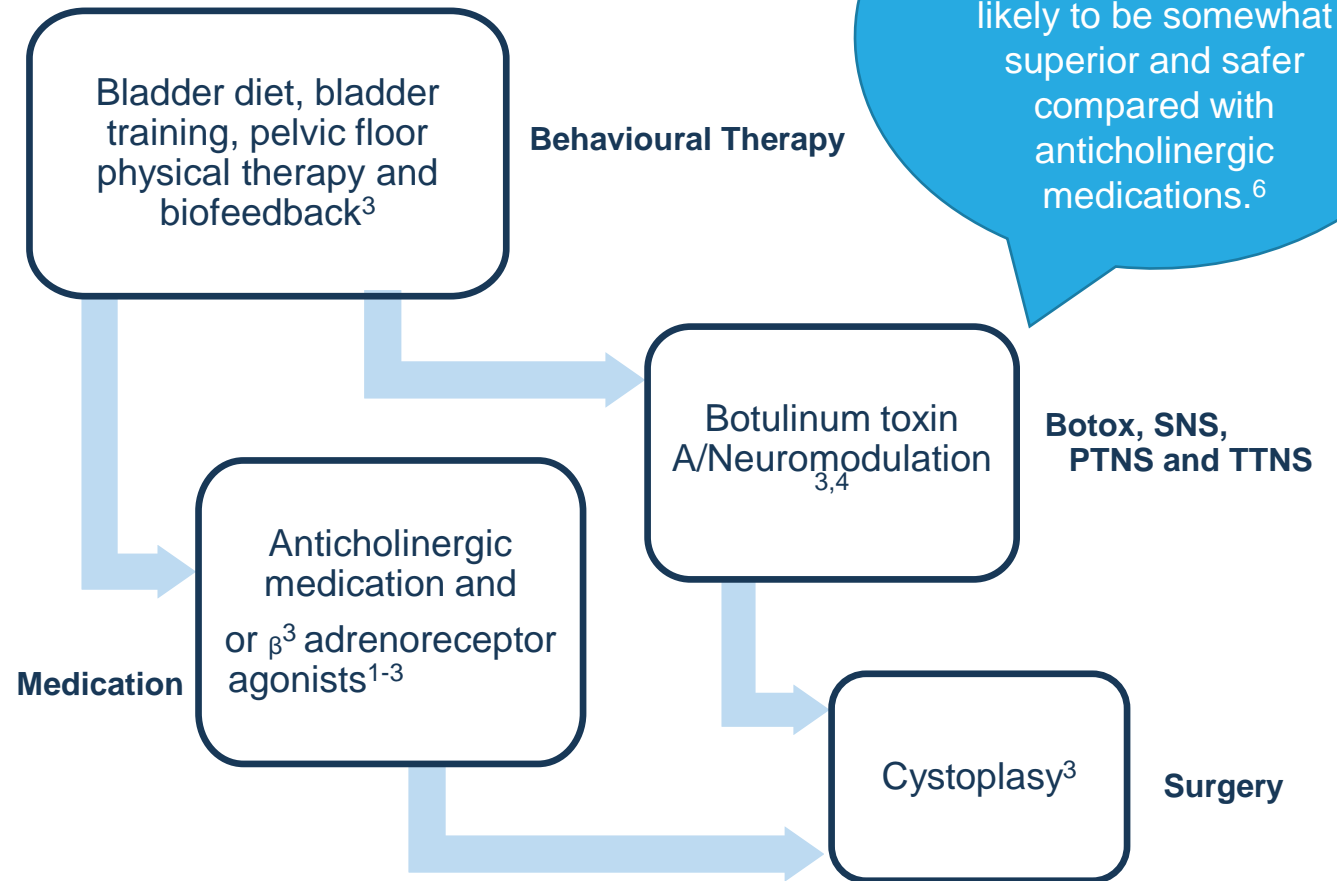
- Low-dose, topical oestrogen therapy¹
- Behavioural therapies²
- Anti-spasmodic medications³
 - Oxybutynin and Oxytrol Patch
 - Tolterodine (Detrusitol)
 - Solifenacin (Vesicare)
 - Mirabegron (Betmiga)



1. Davis, N. et.al. (2020). Urinary Incontinence in Older Adults. Supporting Family Caregivers No Longer Home Alone. 120, 1, 57 – 62
2. Victor, E., O'Connell, K.A., & Blaivas, J.G. (2012). Environmental cues to urgency and leakage episodes in patients with overactive bladder syndrome. *Journal of Wound, Ostomy & Continence Nursing*, 39(2), 181-186.
3. Ketai, L.H., et al. (2021). Mind-body (hypnotherapy) treatment of women with urgency urinary incontinence: changes in brain attentional networks. *American Journal of Obstetrics & Gynecology*, 224(5), 498.e1-498.10.

Overactive Bladder

- The most common cause of incontinence in adults^{1 – 3}
- Risk factors: >65 y.o.a., urinary tract infection, BMI >30, smoking, high caffeine intake (more than 400mg/d), post-menopause, neurological conditions which impact on LUT
- Referral for Urodynamics / Specialist

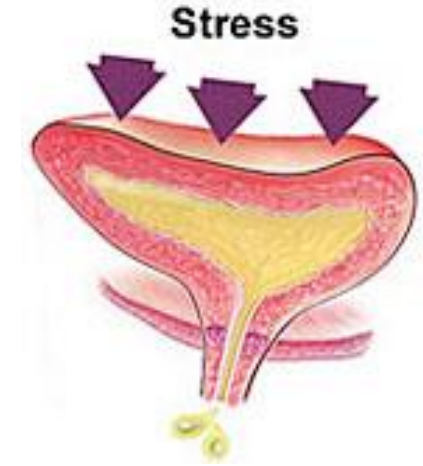


TTNS has similar efficacy to PTNS, and superior to SNS^{4,5}. It is likely to be somewhat superior and safer compared with anticholinergic medications.⁶

1. Gibson, W. (2021). Management of incontinence in the frail elderly. *Obstetrics, Gynaecology and Reproductive Medicine* 31, 3
2. Gillespie, J.I. (2013). What determines when you go to the toilet? The concept of cognitive voiding. *BJOG An International Journal of Obstetrics and Gynaecology*, 1, 20, 133 – 136.
3. Hina, S. (2021). Over active bladder: A review of current practices in evaluation and management. *Isra Med Journal*, 13, 3, 227 – 232
4. Jacomo, R.H., et al. (2020). Transcutaneous tibial nerve stimulation versus parasacral stimulation in the treatment of overactive bladder in elderly people: a triple-blinded randomized controlled trial. *Clinics*, 75, e1477.
5. Sonmez, R., Yildiz, N., & Alkan, H. (2022). Efficacy of percutaneous and transcutaneous tibial nerve stimulation in women with idiopathic overactive bladder: a prospective randomised controlled trial. *Annals of Physical Rehabilitation*, 65(1), 101486.
6. Xiong, S-C., et al. (2021). Effectiveness and safety of tibial nerve stimulation versus anticholinergic drugs for the treatment of overactive bladder syndrome: a meta-analysis. *Annals of Palliative Medicine*, doi: 10.21037/apm-21-339

Stress Urinary Incontinence

- Pelvic floor muscle exercises
- Low-dose, topical oestrogen therapy¹
- Surgery²



Artificial Urinary Sphincter for Men

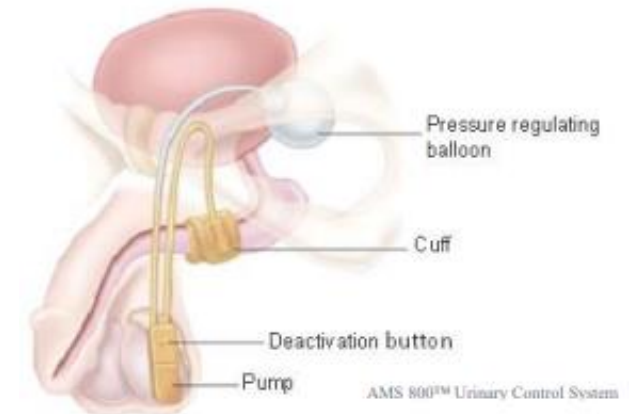
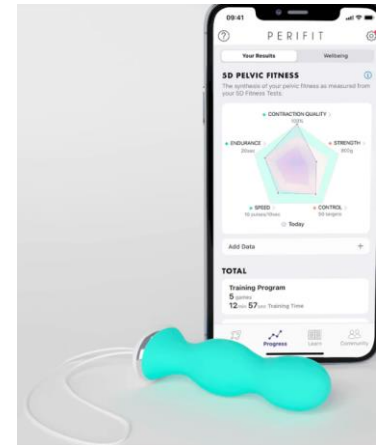
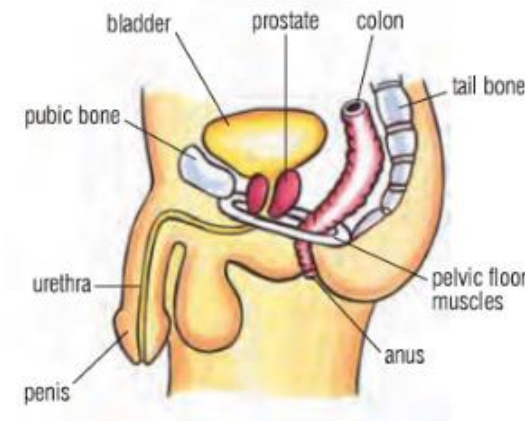
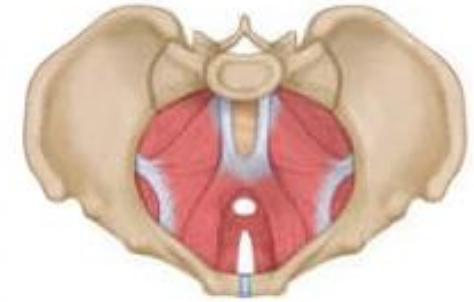


Image sourced from Brisbane Urology Clinic

1. Davis, N. et.al. (2020). Urinary Incontinence in Older Adults. *Supporting Family Caregivers No Longer Home Alone*. 120, 1, 57 – 62
2. Gibson, W. (2021). Management of incontinence in the frail elderly. *Obstetrics, Gynaecology and Reproductive Medicine* 31, 3

Physio and Pelvic Floor Exercises

- Referral to a Pelvic floor physio
- Complex assessment offered
- Bladder and bowel diary prior to appointments very important
- If clients not wanting physical examination, transabdominal U/S can be used
- Clients may learn a correct PF contraction using biofeedback
- Compliance is important

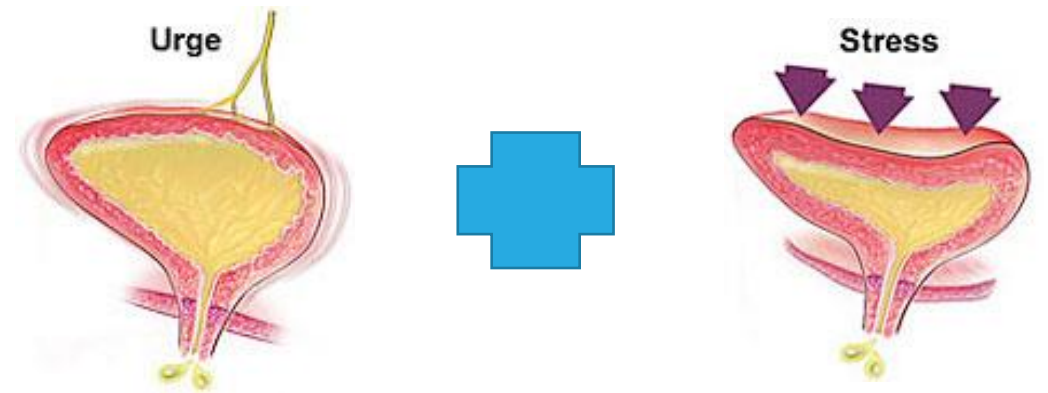


Learn more:

[Your pelvic floor | Jean Hailes](#)

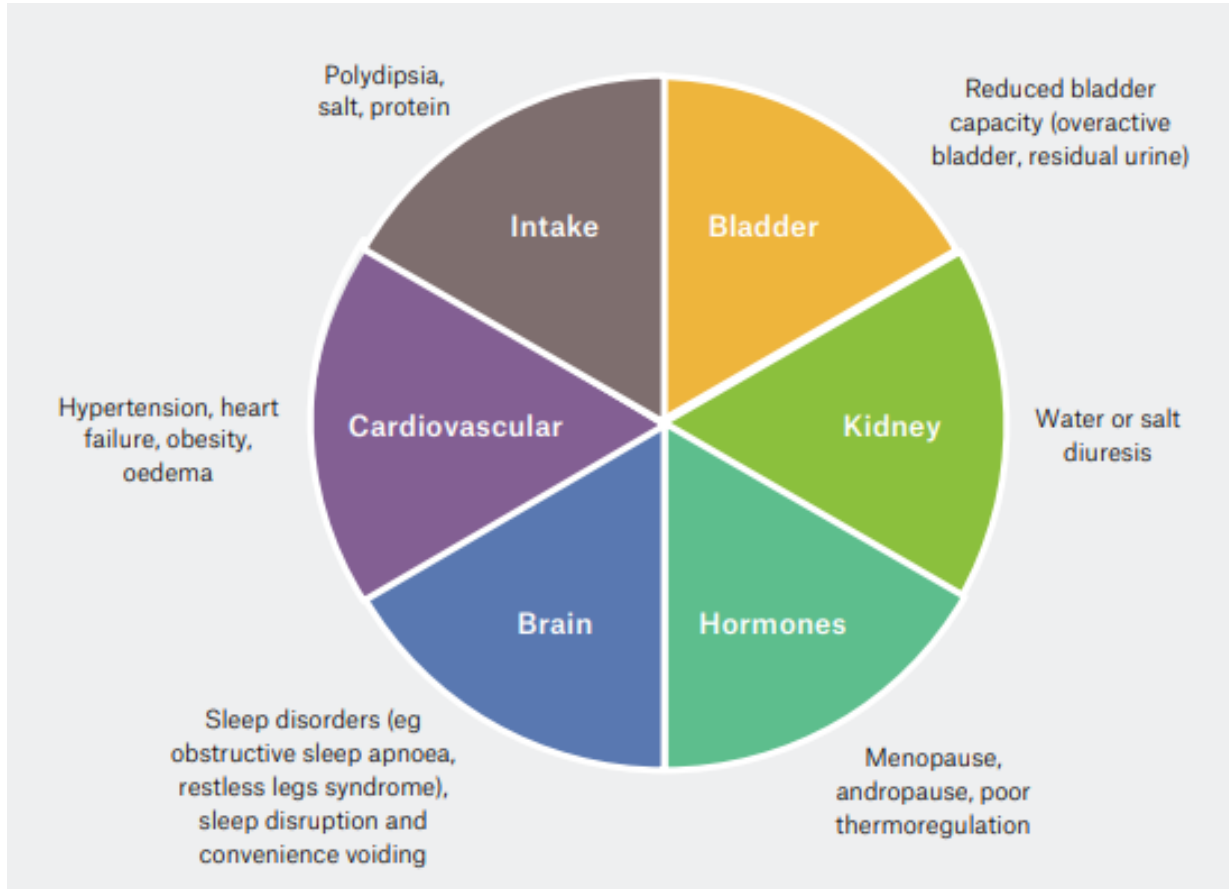
Mixed Urinary Incontinence

- In older adults, urge UI and stress UI frequently co-exist
- Management of mixed UI should begin with the most distressing symptom



Davis, N. et.al. (2020). Urinary Incontinence in Older Adults. *Supporting Family Caregivers No Longer Home Alone*. 120, 1, 57 - 62

Nocturia – Causes and Interventions



BLADDER: ↓bladder capacity, urinary retention, OAB. Strategies: Bladder retraining, PFM, medication and conservative aids



KIDNEY/RENAL INSUFFICIENCY: May lead to ↑ urine. Strategies: MDT referrals for safety with transfers and mobilising



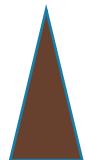
HORMONES: Changes in oestrogen and testosterone can cause sleep disturbance. ?GP



BRAIN: Neurological conditions can cause OAB. OSA leads to ↑ BP and polyuria ?ref for CPAP



CARDIO/VENOUS: Increased renal perfusion
Strategies: Limb elevation in the afternoon, compression stockings and med r/v



INTAKE: Excessive thirst may occur. Strategies: Behavioural e.g. ↓salt and fluids before bed

Everaert, K. et. al. (2018). Questions to ask a patient with nocturia, *The Royal Australian College of General Practitioners*, 47, 7, 465 - 469



Clients Living with Dementia

- 53% of people with dementia have UI whereas only 13% of those without dementia do
- Assessment involves the client and the carer
- Prompted toileting for bladder and bowel
- May forget how to get to the toilet, miss 1st signal, use the toilet, wipe or sit on the toilet
- People with advanced dementia lose sensory information on voiding signals leading to Functional UI and faecal incontinence
- New voiding dysfunction is a red flag

Appropriate Contenance Aids for People with Dementia

Reusable Absorbent Pants

(early to middle stages)



Disposable Pull-Ons

(late stage)



Functional Incontinence Strategies



**Recognise
the need to
toilet**

**Seek help if
required**

**Mobilise to
the toilet**

**Transfer to
the toilet**

**Manage
clothing**

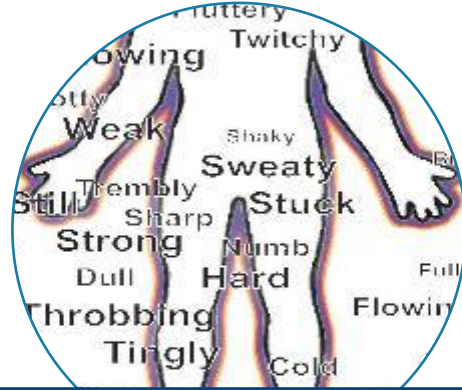
**Manage
toileting /
hygiene**

Functional Incontinence

Examples of task breakdown and intervention

Recognise the need to toilet

Seek help if required



Interoception training



Alarms



Toileting routines



Carer call systems





Mobile shower commode



3-in-1 commode



Urinal



Rehabilitation¹

Mobilise to the toilet



Mobility devices



Home modification



Static commode



Psychological intervention²



Over toilet frame



Grab rail



Toilet arms



Toilet seat raiser



Adaptive clothing

**Transfer to
the toilet**

**Manage
clothing**



[Watch our recent webinar](#)



Bottom wipers



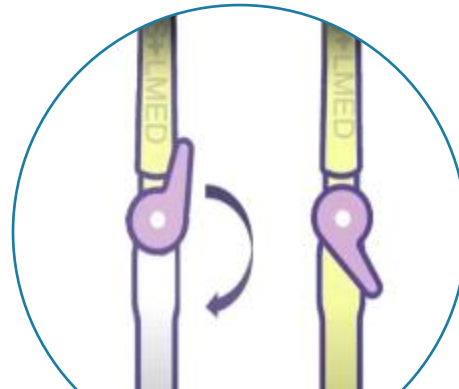
Bidet attachments



Hose attachments



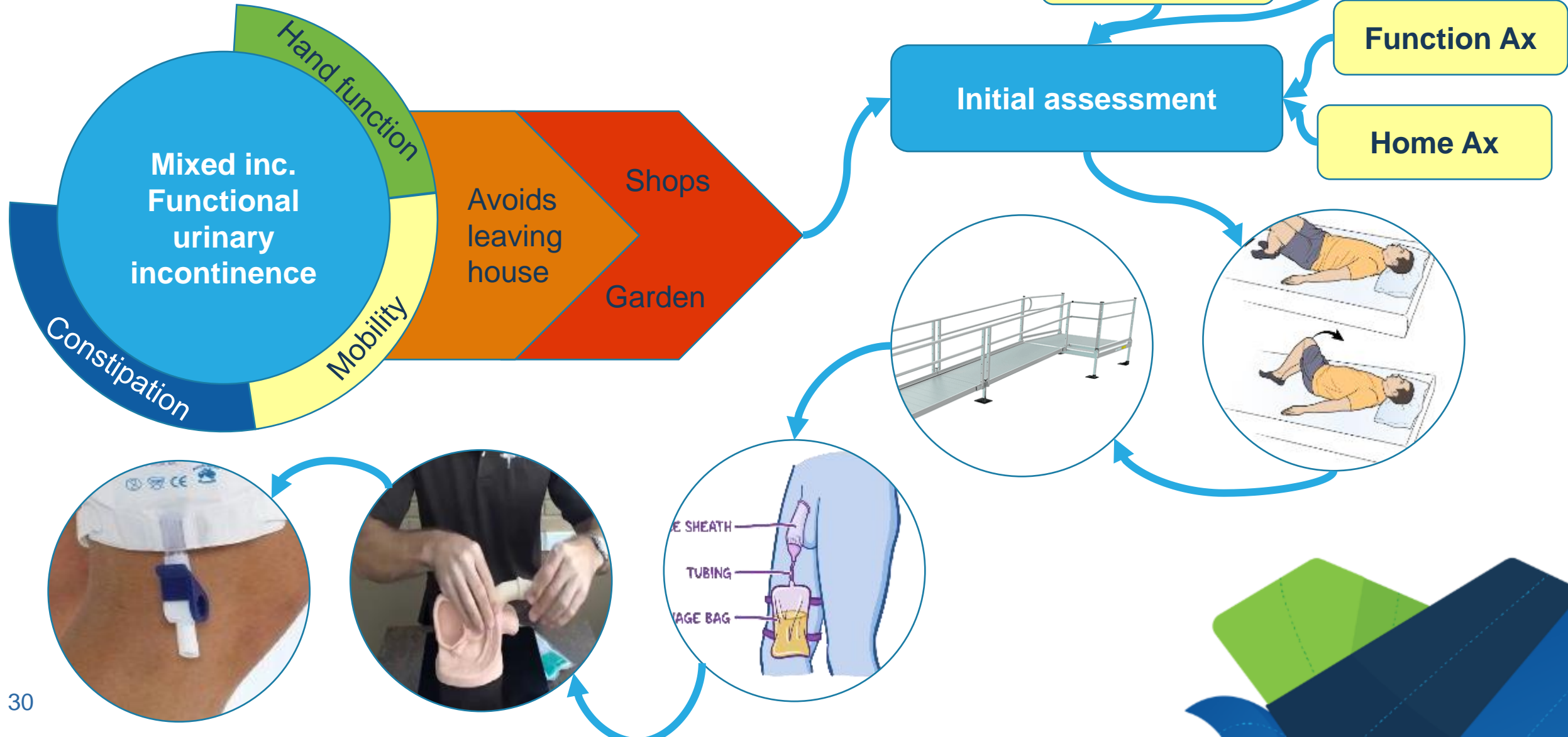
Applicators



Continence aid features

**Manage
toileting /
hygiene**

Case study: Incomplete SCI



Managing Bowel Function



Educating client to improve diet and fluid intake

Teach best toilet positions

Discuss timed, scheduled and prompted toileting

Educate client on aperients and trial as needed

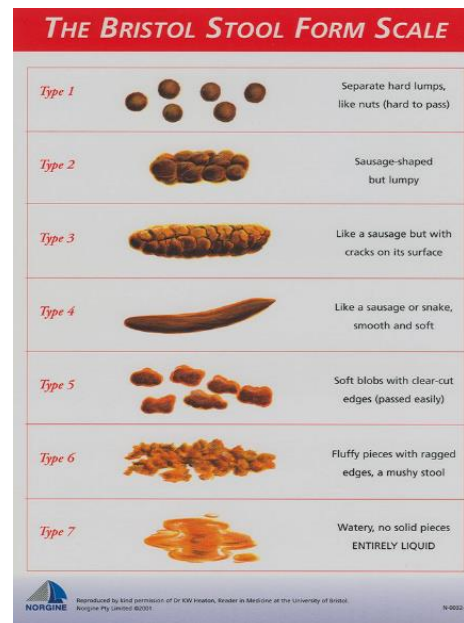
Appropriate selection of continence aids

Refer as needed to the multidisciplinary team

Strategies for Bowel Management





Watch this webinar recording for more details:

[What's Involved in a Bowel Motion and Strategies to Improve Bowel Dysfunction](#)



Best Toileting Position For Bowel Movement

Correct position for opening your bowels

<p>Step one</p>  <p>toilet foot rest</p> <p>Knees higher than hips</p>	<p>Step two</p>  <p>toilet foot rest</p> <p>Lean forwards and put elbows on your knees</p>
<p>Step three</p>  <p>toilet foot rest</p> <p>Bulge out your abdomen Straighten your spine</p>	<p>Correct position</p>  <p>toilet foot rest</p> <p>Knees higher than hips Lean forwards and put elbows on your knees Bulge out your abdomen Straighten your spine</p>

Reproduced by the kind permission of Ray Addison, Nurse Consultant in Bladder and Bowel Dysfunction, Wendy Ness, Colorectal Nurse Specialist. Norgine Pty Limited (norgine.com.au) Phone: 02 9072 7000.

(Ness and Addison, n.d.)



[Squatty Potty Australia](http://SquattyPotty.com.au)



Medications That May Cause Constipation

- Opioid Drugs: e.g. Oxycodone, Codeine or Fentanyl
- Anticholinergic Drugs: e.g. Oxybutinin
- Antipsychotic Drugs: e.g. Clozapine
- Anti-inflammatories: e.g. Ibuprofen or Diclofenac
- Iron Supplements: e.g. Ferrous Sulphate
- Anticonvulsants: e.g. Clonazepam
- Diuretics: e.g. Frusemide
- Antidepressants: e.g. Amitriptyline



Management of Bowel Patterns/Constipation

- Introduction of aperients to improve bowel patterns and constipation
- Iso-Osmotic Laxatives eg Movicol or Macrogol 3350



Types of Aperients



Osmotic Laxatives: draw fluid into colon and stimulate bowel movement. Eg Lactulose (Action 24-72 hours)

Stimulants: Stimulate nerves leading to gut movement and fluid secretion. Eg Sennokot, Bisalax, Durolox (Action 6-12 hours)

Suppositories or Enema's: Promotes rapid Evacuation

Suppository examples: Glycerine, Durolox (May take 20-30minutes)

Enema Examples: Microlax, Bisalax (Quick action of 5-15minutes)

Medications That May Cause Loose Stools

- NSAID's and antidepressant drugs
- Antacids(Magnesium based)
- Artificial sweeteners
- Caffeine
- Metformin
- ACE inhibitors
- Chemotherapy
- Antibiotics
- Medication review by GP very important / Gastroenterology review



Bulk Forming Aperients

- Increase bulk in bowel
- Retain fluid in bowel luman
- Help stimulate movement through the bowel
- Examples: Psyllium, metamucil, fybol gel, benefibre
- Action is usually 2-3 days
- Useful strategies with clients who may have loose stools
- Clients with constipation may need good fluid intake for these



Continence Aids



When Selecting a Continence Aid, Consider:

- Quantity of loss (a bladder diary can help)
- Type of loss (urine and/or faecal)
- Type of aid – e.g. containment/conduction
- Total capacity versus working capacity
- Size of the aid
- The client's expectations/lifestyle
- Skin integrity
- The client's ability to manage the aid
- Carer needs



***Remember: MASS has a no exchange policy.
Incorrect prescriptions go back to the prescriber!***



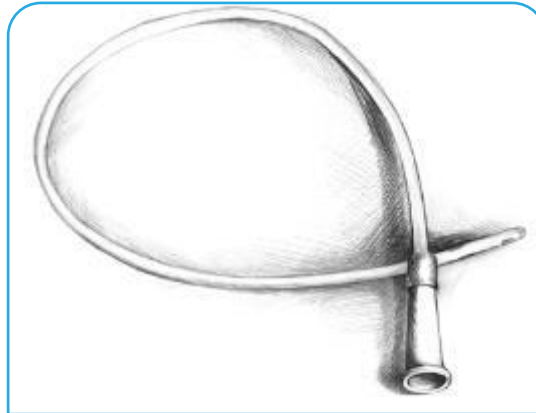
Continence Aid Types



Watch this 1hr recordings for more details:
[Overview of Products in the new MASS
Continence Standing Offer Arrangement SOA](#)



Containment



Conduction



Occulsive

Approved MASS Continence Products

Learn more:

Listen to our podcast episode [What to Know
About Continence Aids: A Discussion with
Christine Leech](#)

Containment Aids

- Reusable absorbent pants
- Disposable pants/nappies for a child
- Disposable adhesive pads
- Disposable non adhesive pads with reusable stretch pants



Bariatric Pull-On Style Pad: Abena Pants XXL1
Waist/hip measurement: 150 – 203cm



Watch this 1hr webinar recording for more details:

[Meeting the assistive technology, continence & pressure management needs of bariatric clients](#)

- Disposable pull on style pants adult
- Disposable all-in-one tab style pads adult
- Reusable bed and chair pads



Larger Adhesive and absorbency pads



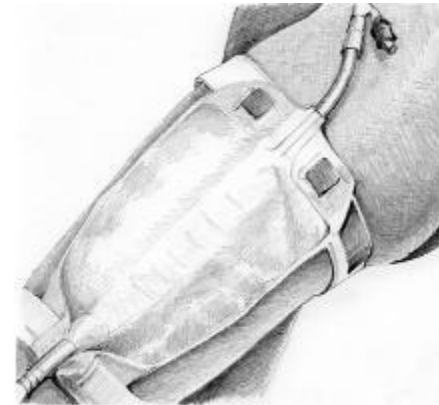
Conduction and Occlusive Aids

Conduction Aids

- Disposable catheters
- Indwelling catheters
- Penile sheaths
- Night urinary drainage bags/leg drainage bags

Occlusive Aids

- Catheter valves



Continence Pads for Faecal Incontinence

1. Odour control charcoal pads
2. Tena Duo for faecal incontinence
3. Abriflex special boy leg shape pull up aid
4. Butterfly faecal pads
5. Long liners



Night Time Aids

Uridomes/sheaths



Disposable All-In-One Pads



Disposable Pull-on Style Pads – Heavy Absorbency



Reusable Bed Pads



Disposable Adhesive Shaped Pads



Aids for Women

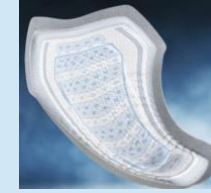


Aids for Men

Uridomes/sheaths



Disposable Adhesive Shaped Pad Pouch



Disposable Pull-On Style Pads - Light Absorbency



Disposable Pull-On Style Pads – Mod. Absorbency






Disposable Pull-On Style Pads - Light Absorbency



Disposable Pull-On Style Pads – Mod. Absorbency



Eligibility for MASS

	General MASS (Non-palliative)	Palliative Care Equipment Program
<p>Administrative eligibility</p>	<ul style="list-style-type: none"> - Permanent Queensland resident - Concession card or Queensland Government Seniors card holder <div style="display: flex; justify-content: space-around; align-items: center;">    </div> <p>Exclusions: Eligible for continence aids through;</p> <ul style="list-style-type: none"> - NDIS - NIISQ - DVA - Transition Care - HCP levels 3 and 4 - Residential care - Inpatient <p>Under the age of 5 years for pads or nappies</p>	<ul style="list-style-type: none"> - Permanent Queensland resident - <u>MASS Palliative Care Confirmation Form</u> signed by a Palliative Care Specialist
<p>Clinical eligibility</p>	<ul style="list-style-type: none"> - Permanent and stabilised condition - Supporting clinical information for the following: <ul style="list-style-type: none"> ➤ Medical condition(s) ➤ Other contributing factors ➤ Physical, sensory, cognitive, communication skills ➤ Height and weight for mobility/daily living/continence aids ➤ Assessment and management/care plans 	<ul style="list-style-type: none"> - Palliative condition with prognosis less than 6 months - Supporting clinical information for the following: <ul style="list-style-type: none"> ➤ Medical condition(s) ➤ Height and weight ➤ Consideration of rapid disease progression and/or weight loss

MASS Designated Prescribers for Continence

- Continence Specialist Registered Nurse
- Registered Nurse
- Occupational Therapist
- Physiotherapists
- Specialists (Urologists, Urogynaecologists, Geriatricians, Paediatricians)



GPs are not designated prescribers



MASS Contenance Aids – Website Information

Applicant resources

[Applicant Information Sheet for Contenance Aids \(PDF 193 kB\)](#)

[Application Guidelines for Contenance Aids \(PDF 148 kB\)](#)

Application form

MASS-eApply (online applications). To register [click here](#) or for further information [click here](#).

[Login to MASS-eApply to complete online Contenance Aids Application](#)

[Approved products](#)

[Approved suppliers](#)

[Clinical guidelines and resources](#)

Advice and clinical support

- [Contact the MASS Contenance Service](#)
- [Contact the National Contenance Helpline](#) on 1800 33 00 66 (Mon to Fri, 8am to 8pm)

MASS Webinar Recordings for Further Learning

- What's Involved in a Bowel Motion and Strategies to Improve Bowel Dysfunction - May 2021 (1hr 8mins)
- The Role of Allied Health in Continence Management - October 2020 (1hr 28mins)
- Applying for Continence Aids through MASS eApply – September 2022 (1hr 11mins)
- Overview of Products in the new MASS Continence Standing Offer Arrangement (SOA) - October 2022 (1hr 20mins)
- The Role of Static Bathing and Toileting Aids in Enhancing Safety and Independence - October 2023 (1hr 4 min)
- Meeting the Assistive Technology, Continence and Pressure Management Needs of Bariatric Clients – November 2022 (1hr 6 min)



Upcoming MASS CPD

DATE	TOPIC
27 November	Introduction to Wheelchairs and Seating Workshop Register to join workshop
28 November	Introduction to Wheelchairs and Seating Workshop Register to join workshop
29 November (am and pm sessions)	Introduction to Maintaining and Adjusting Assistive Technology Register to join workshop
13 December	MASS-eApply in a Nutshell Register to join webinar

Questions & feedback



Complete the feedback form by scanning the QR code above of following [this link](#). You will receive a certificate of completion after completing the form.



Thank you!



MASS-ContinanceAids@health.qld.gov.au

MASS Continance Team: tel – 3136 3665

MASS-Education@health.qld.gov.au

