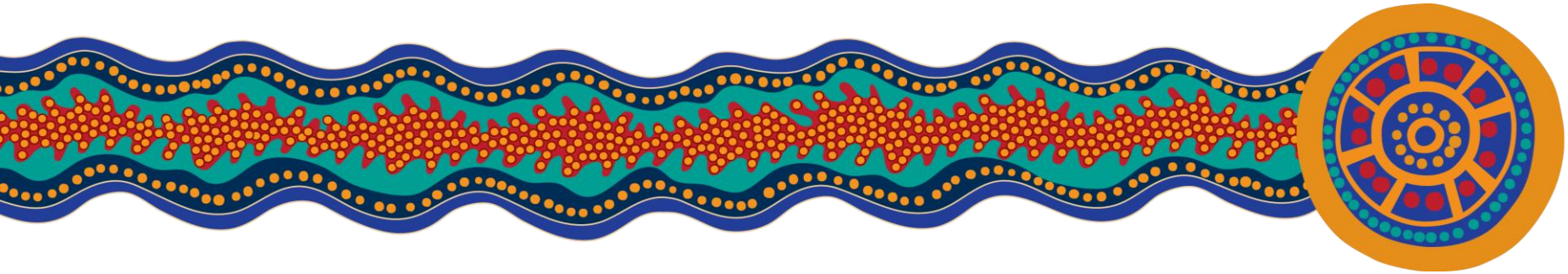
Continence Assessment and Commonly Requested Continence Aids

Medical Aids Subsidy Scheme

14 October 2026

DELIVERING FOR QUEENSLAND

Queensland Government



The Queensland Government respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional and Cultural Custodians of the lands on which we live and work to deliver healthcare to all Queenslanders and recognises the continuation of First Nations peoples' cultures and connection to the lands, waters and communities across Queensland.

MASS Continence Aids Service



Applicant resources

- Applicant Information Sheet for Continence Aids (PDF 193 kB)

Application guidelines (including current subsidy amounts)

- Application Guidelines for Continence Aids (PDF 306 kB)

Application form

Prescribers may submit applications for Continence through MASS-eApply (online applications).

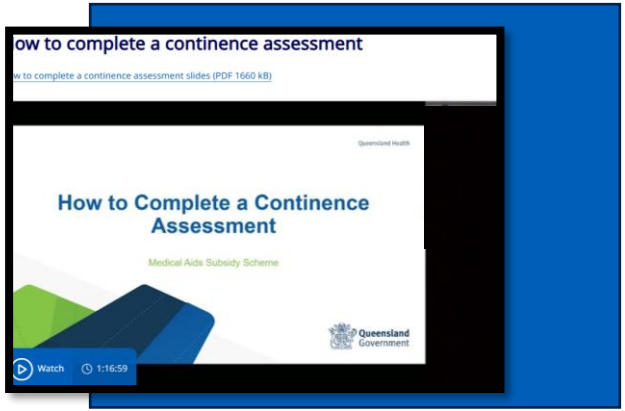
- Register to use MASS-eApply
- Login to MASS-eApply to complete online Continence Aids Application

Approved continence products

Approved suppliers

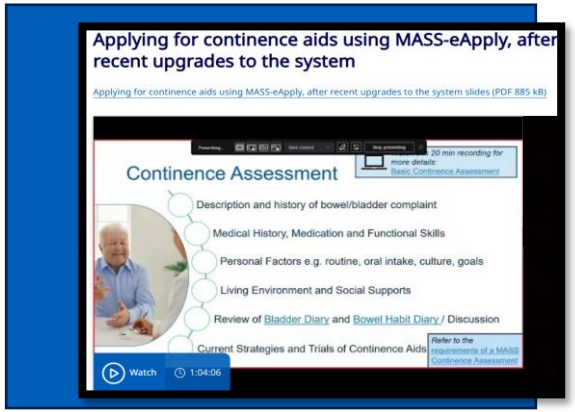
Clinical guidelines and resources

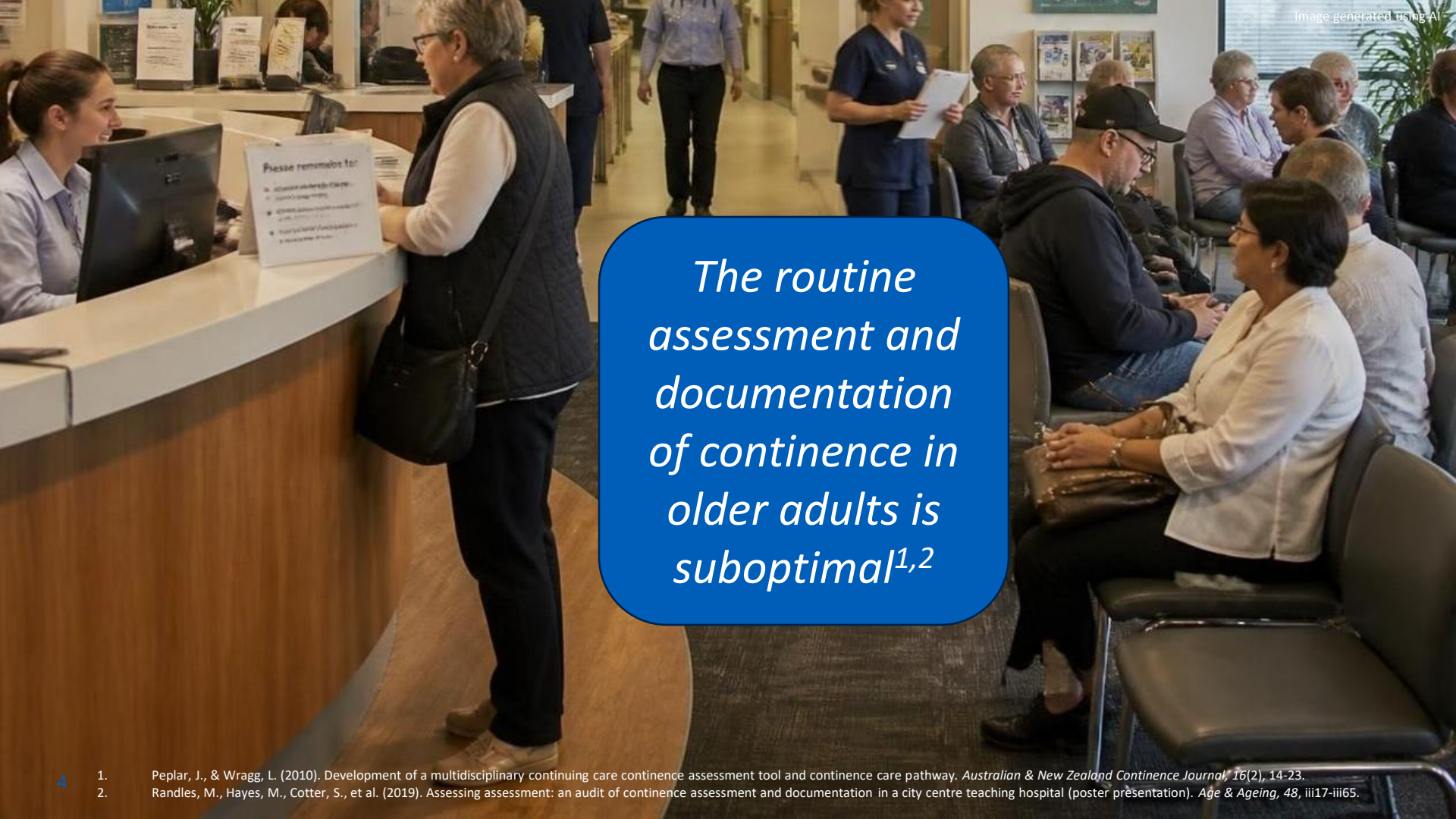
Clinical Education Recorded Webinars: Continence











The routine assessment and documentation of continence in older adults is suboptimal[1,2]

1. Peplar, J., & Wragg, L. (2010). Development of a multidisciplinary continuing care continence assessment tool and continence care pathway. *Australian & New Zealand Continence Journal, 16*(2), 14-23.
2. Randles, M., Hayes, M., Cotter, S., et al. (2019). Assessing assessment: an audit of continence assessment and documentation in a city centre teaching hospital (poster presentation). *Age & Ageing, 48*, iii17-iii65.

Components of a continence assessment

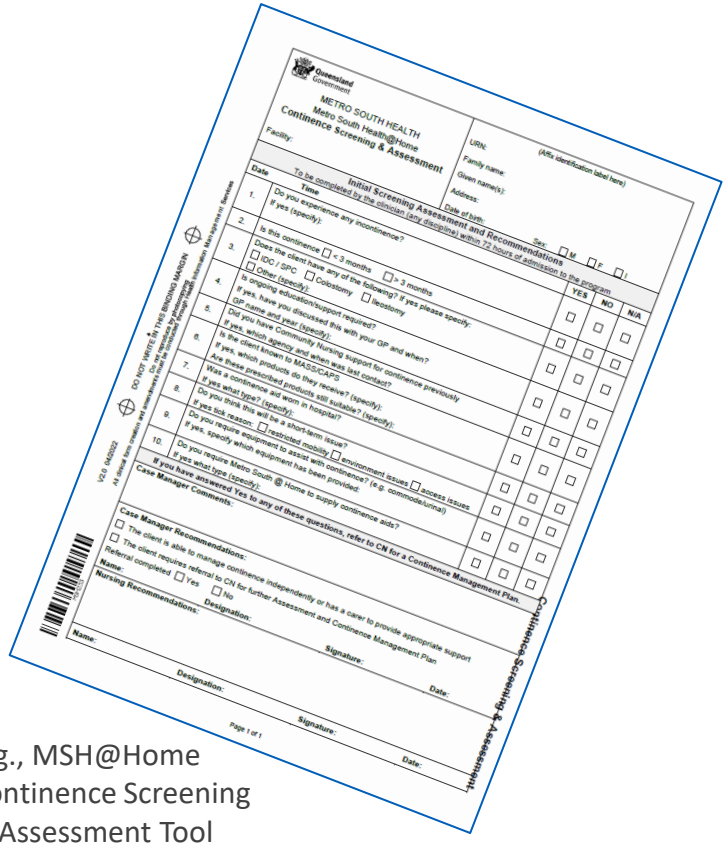
What is the purpose of the assessment?

- Routine screening
- Comprehensive assessment
- Clinical reporting and sharing

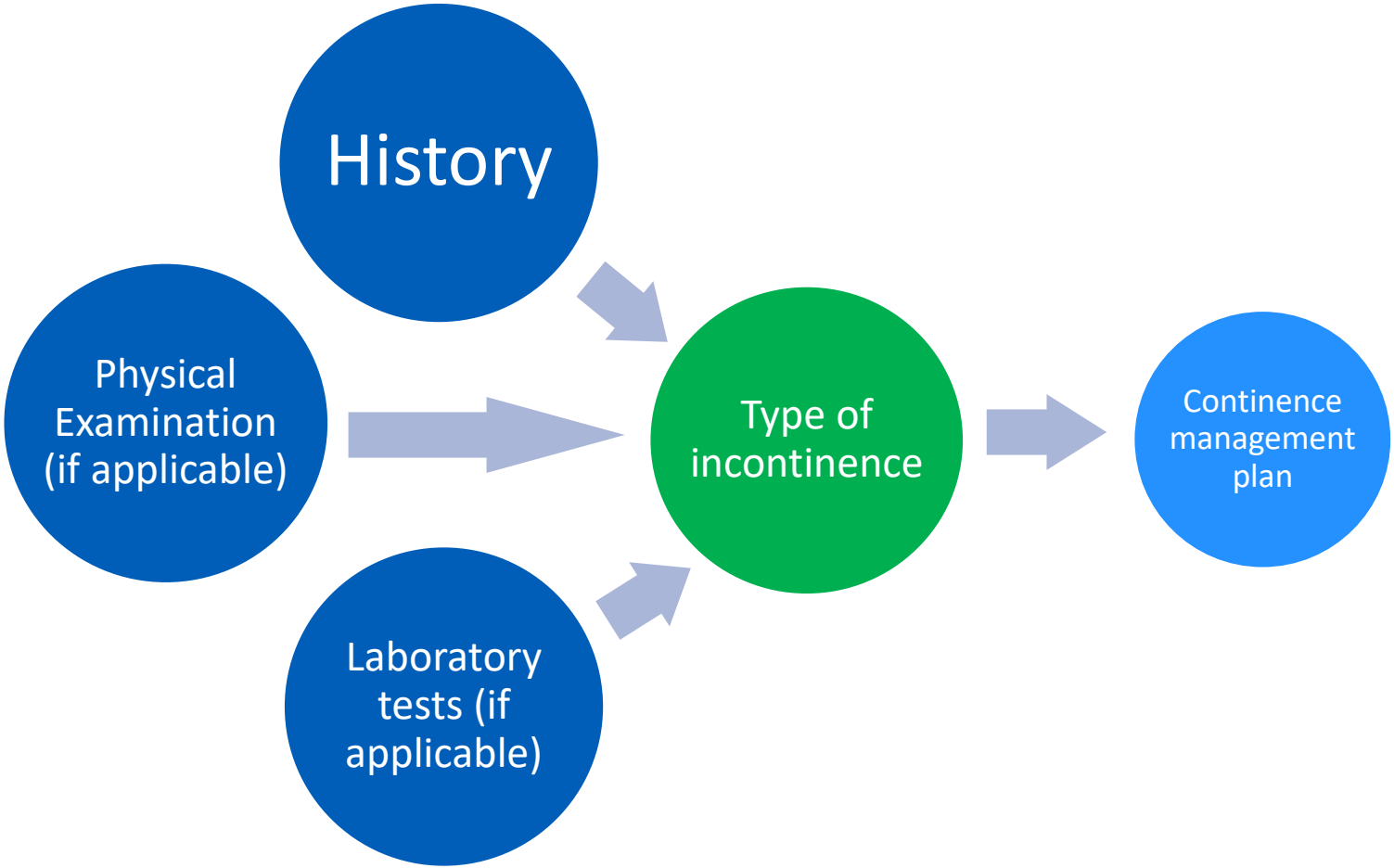
"Does this presentation make sense, or is something else going on?"

"Has the person received quality care (e.g., range of treatments offered)?"

"Are there any modifiable factors we can explore before considering continence aids?"



e.g., MSH@Home Continence Screening & Assessment Tool



Kingan, M., & Martin, M. (2020). Getting ready for certification: assessing principles of continence. *Journal of Wound, Ostomy & Continence Nursing, 47*(4), 407-408.

Type of problem	Symptoms	Causes
Stress urinary incontinence	Involuntary loss of urine due to increase of abdominal pressure, usually due to physical exertion, sneezing, laughing, coughing or lifting, resulting in a small amount of leakage	Abnormal descent of bladder neck and urethra is usually associated with poor pelvic floor muscle support. Causes include pregnancy, childbirth, oestrogen deficiency, surgery, pelvic traumas
Overactive bladder/ urge incontinence	Urgency, with or without incontinence, usually associated with increased frequency (more than eight times in 24 hours) and nocturia. If incontinence occurs, this is usually a medium or large loss of urine	Bladder contractions occurring while the bladder is filling. Causes may be associated with fluid intake, medication, medical conditions, e.g. stroke, diabetes, or they may be idiopathic
Mixed incontinence	Has symptoms of both stress and over-activity	Complaints of involuntary leakage, associated with urgency, frequency and also with exertion, sneezing, etc
Voiding difficulties/ obstructive incontinence	Dribbling urine, feeling of bladder fullness, frequency, urgency, tendency to have urinary tract infections; hesitancy, stop/start flow. There is normally a small leakage of urine	Chronic urinary retention can be due to strictures, enlarged prostate, neuropathic illnesses, prolapse, or unresolved constipation
Functional incontinence	Amount of leakage varies from small to large according to the degree of functional disability	Factors that can affect functional incontinence include gender, age, cognitive function, mobility, dexterity, medical conditions, e.g. dementia, cerebrovascular accident (CVA), Parkinson's disease, heart failure, diabetes, breathlessness, failing eyesight, poorly fitting footwear, long toenails, or environmental factors

1. Yates, A. (2019). Basic continence assessment: what community nurses should know. *Journal of Continence Nursing, 33*(3), 52-55.

FIGURE 1

1. During the past three months, have you leaked urine (even a small amount)?
   - ☐ Yes
   - ☐ No (questionnaire completed)

2. During the past three months, when did you leak urine? *(choose all that apply)*
   - ☐ A. When you were engaged in physical activity (e.g., coughing, sneezing, lifting, exercising)
   - ☐ B. When you had the urge or feeling that you needed to empty your bladder but you could not get to the toilet fast enough
   - ☐ C. Without physical activity and without a sense of urgency

3. During the past three months, when did you leak urine most often? *(choose only one)*
   - ☐ A. When you were engaged in physical activity (e.g., coughing, sneezing, lifting, exercising)
   - ☐ B. When you had the urge or feeling that you needed to empty your bladder but you could not get to the toilet fast enough
   - ☐ C. Without physical activity and without a sense of urgency
   - ☐ D. About equally as often with physical activity as with a sense of urgency

Definitions of the type of urinary incontinence are based on responses to question three.

Response to question three	*Type of incontinence*
A. Most often with physical activity	Stress only or stress predominant
B. Most often with the urge to empty the bladder	Urge only or urge predominant
C. Without physical activity or sense of urgency	Other cause only or other cause predominant
D. About equally as often with physical activity and sense of urgency	Mixed

The 3 Incontinence Questions.

Adapted with permission from Brown JS, Bradley CS, Subak LL, et al.; Diagnostic Aspects of Incontinence Study Research Group. The sensitivity and specificity of a simple test to distinguish between urge and stress urinary incontinence. Ann Intern Med. *2006;144(10):716, with additional information from reference 13.*

Hu, J.S, & Pierre, E.F. (2019). Urinary incontinence in women: evaluation and management. *American Family Physician, 100*(6), 339-348.

Type of problem	Symptoms	Causes
Faecal leakage	Involuntary loss of faeces usually due to physical exertion, sneezing, laughing, coughing or lifting	Anal sphincter or pelvic floor damage. Anal sphincter damage can be due to degeneration, childbirth (especially first baby, instrumental deliveries, weight over 4kgs, midline episiotomy, more than 3–4 births, abnormal presentation). Gut motility is affected by infection, inflammation, radiation, emotions such as anxiety, stool consistency and diet, which can all result in frequent, loose stools
Faecal urgency	Frequency of defaecation (usually more than three times daily) with severe urgency and usually loose stools	Anal sphincter or pelvic floor damage. Gut motility/stool consistency. Local pathology — prolapse, piles, fistula, anal tear
Constipation	Hard faeces, infrequent passing of stool (less than once every three days)	Immobility, poor diet, elderly, neuropathic conditions, medication, poor toilet facilities
Faecal impaction	Hard faeces causing impaction (with liquid faeces overflow)	Constipation, immobility, poor diet, elderly, neuropathic conditions, medication, poor toilet facilities

1. Yates, A. (2019). Basic continence assessment: what community nurses should know. *Journal of Continence Nursing, 33*(3), 52-55.

Common components

Clinical history & screening

- Medical, surgical, obstetric, & mental health history
- Body mass index (BMI)
- Medications
- Allergies
- Intolerances (e.g., lactose)
- Treatment history

Functional screening

- Mobility (including balance and walking speed) & dexterity
- Cognition
- Social issues

1. Yates, A. (2019). Basic continence assessment: what community nurses should know. *Journal of Continence Nursing, 33*(3), 52-55.
2. Agarwal, P., Chahal, A., Sharma, N., et al. (2025). Impact of physiotherapy interventions in urinary incontinence and on overall quality of life in patients undergoing treatment for prostate cancer: a systematic review. *Urologia Journal,* 1-14.

MASS applicant diagnoses

Diagnostic group	Number of applicants
Prostate disorder	5633
Diabetes	5013
Other medical condition	4206
Overactive bladder (previously detrusor instability)	3888
Prolapse	3604
Other bladder or bowel	3112
Functional incontinence	3099
Osteoarthritis	2726
Dementia (including Alzheimer's)	2485
Hypertension	1634
CVA	1373
Parkinsons	1353
COPD	1235
Other oncological disorder	1196
Neurogenic bladder	812
Congestive heart failure	771

MAIS data, January 2021 to September 2026, MASS Continence & MASS PCEP Continence

Red flags

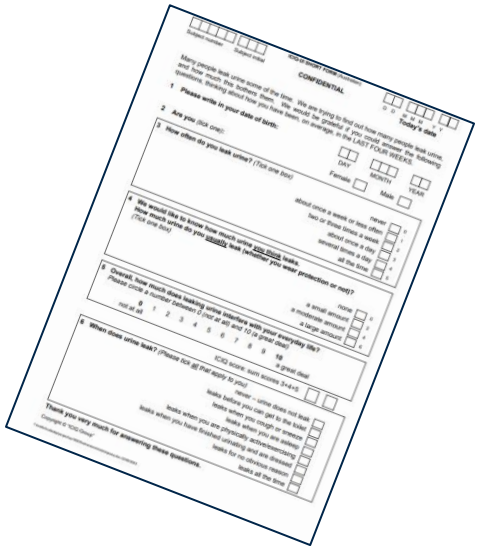
- Pain
- Rapid worsening
- Persistent proteinuria
- Persistent haematuria
- Significant prolapse
- Suspected fistula
- Urinary retention
- Rectal bleeding (in absence of haemorrhoids/fissures)
- Unintentional weight loss
- Anaemic or iron deficiency



1. Hu, J.S, & Pierre, E.F. (2019). Urinary incontinence in women: evaluation and management. *American Family Physician, 100*(6), 339-348.
2. Gagnon, L-H., Edell, H., & Lee, P.E. (2026). Diagnosis and management of urinary incontinence in females. *CMAJ, 198*(2), e769-75.
3. Pazidis, A., Scot, M., Davie, C., & Ziyaie, D. (2025). Diagnosis and management of faecal incontinence in primary care. *BMJ, 338*, e079980.

PROM: International Consultation Incontinence Questionnaire (ICIQ)

- Sub-forms
  - Urinary incontinence (ICIQ-UI)
  - Urinary incontinence short-from (ICIQ-UI SF)
  - Bowel (ICIQ-B)
  - Vaginal symptoms (ICIQ-VS)
  - Underactive bladder (ICIQ-UAB)
  - Satisfaction (ICIQ-Satisfaction)
  - Pad usage and quality of life (ICIQ-PadPROM)
  - Plus many more



ICIQ-UI SF (Australian English)

1. Uren, A.D., Cotterill, N., Pardoe, M., & Abrams, P. (2020). The International Consultation on Incontinence Questionnaires (ICIQ): An update of status and direction. *Neurology & Urodynamics, 39*, 1889-1896.


Image generated using AI

Asking about incontinence

- Duration
- Symptoms/presentation
- Effect on quality of life
- Current management

1. Yates, A. (2019). Basic continence assessment: what community nurses should know. *Journal of Continence Nursing, 33*(3), 52-55.

Asking about lifestyle

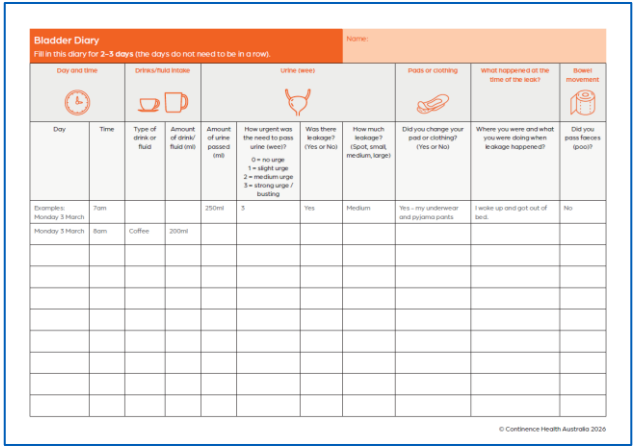
- Fluid intake
- Diuretics (e.g., caffeine, alcohol)
- Irritants (e.g., artificial sweeteners)
- Diet
- Fibre intake
- Current exercise patterns (aerobic & resistance)


Image generated using AI

1. Yates, A. (2019). Basic continence assessment: what community nurses should know. *Journal of Continence Nursing, 33*(3), 52-55.
2. Agarwal, P., Chahal, A., Sharma, N., et al. (2025). Impact of physiotherapy interventions in urinary incontinence and on overall quality of life in patients undergoing treatment for prostate cancer: a systematic review. *Urologia Journal,* 1-14.

Bowel & bladder diaries

- NICE recommends completed over at least 3 days[1]
- Observation chart for persons who cannot complete a chart



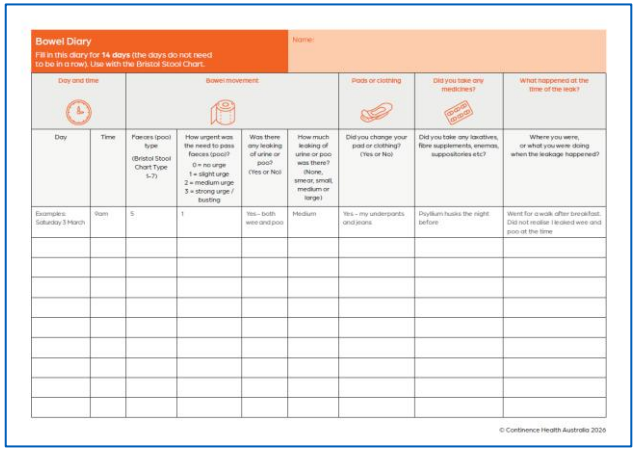
Bladder Diary

Fill in this diary for **2–3 days** (the days do not need to be in a row).

Name:

Day and time		Drinks/fluid intake		Urine (wee)				Pads or clothing	What happened at the time of the leak?	Bowel movement
Day	Time	Type of drink or fluid	Amount of drink/ fluid (ml)	Amount of urine passed (ml)	How urgent was the need to pass urine (wee)? 0 = no urge 1 = slight urge 2 = medium urge 3 = strong urge / busting	Was there leakage? (Yes or No)	How much leakage? (Spot, small, medium, large)	Did you change your pad or clothing? (Yes or No)	Where you were and what you were doing when leakage happened?	Did you pass faeces (poo)?
Examples: Monday 3 March	7am			250ml	3	Yes	Medium	Yes – my underwear and pyjama pants	I woke up and got out of bed.	No
Monday 3 March	8am	Coffee	200ml							

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Bowel Diary

Fill in this diary for **14 days** (the days do not need to be in a row). Use with the Bristol Stool Chart.

Name:

Day and time		Bowel movement				Pads or clothing	Did you take any medicines?	What happened at the time of the leak?
Day	Time	Faeces (poo) type (Bristol Stool Chart Type 1–7)	How urgent was the need to pass faeces (poo)? 0 = no urge 1 = slight urge 2 = medium urge 3 = strong urge / busting	Was there any leaking of urine or poo? (Yes or No)	How much leaking of urine or poo was there? (None, smear, small, medium or large)	Did you change your pad or clothing? (Yes or No)	Did you take any laxatives, fibre supplements, enemas, suppositories etc?	Where you were, or what you were doing when the leakage happened?
Examples: Saturday 3 March	9am	5	1	Yes – both wee and poo	Medium	Yes – my underpants and jeans	Psyllium husks the night before	Went for a walk after breakfast. Did not realise I leaked wee and poo at the time

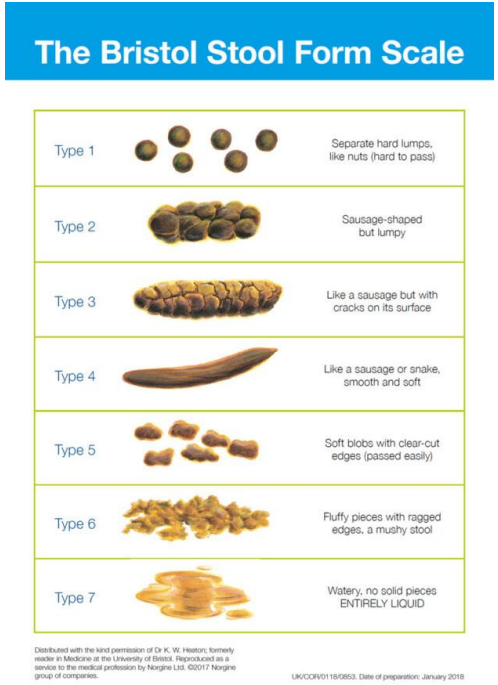
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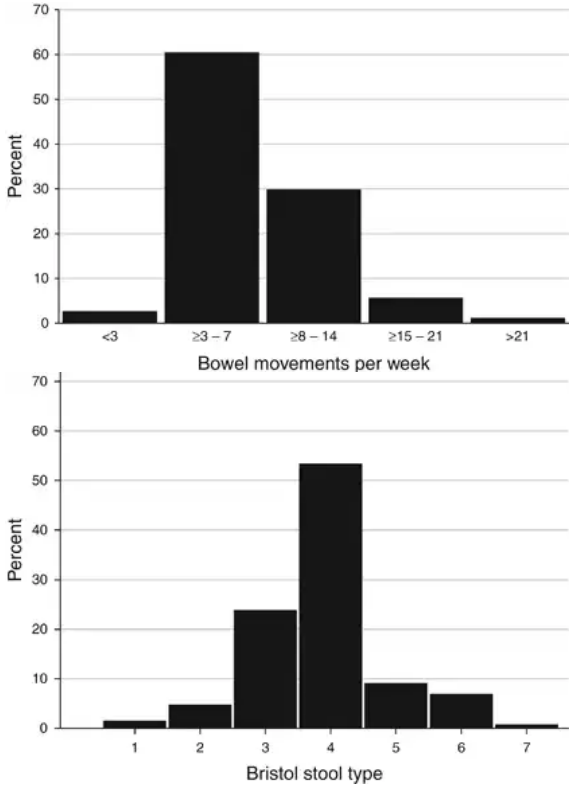
1. Yates, A. (2019). Basic continence assessment: what community nurses should know. *Journal of Continence Nursing, 33*(3), 52-55.

Stool consistency

- Bristol stool scale classification highly correlated with stool water ($p<0.001$)[1]
- Lower reliability for differentiating type 2 & 3, and type 5 & 6[1]
- 95.9% of US people have between 3 and 21 bowel motions per week, mostly types 3-5[2]



Available from Continence Health Australia: here

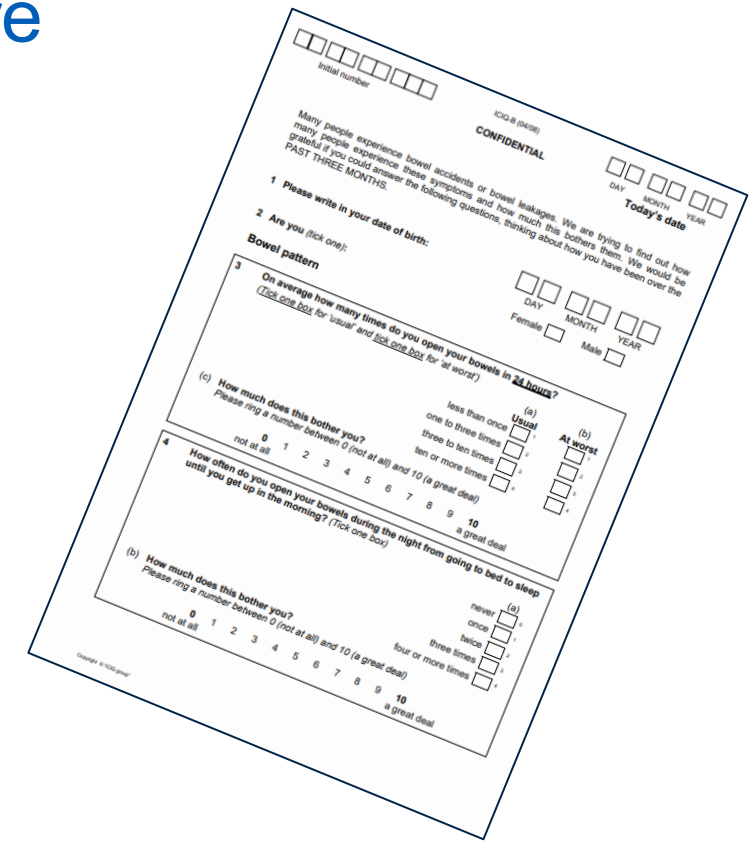


Images from Mitsuhashi et al.[2]

1. Blake, M.R., Raker, J.M., & Whelan, K. (2016). Validity and reliability of the Bristol Stool Form Scale in health adults and patients with diarrhoea-predominant irritable bowel syndrome. *Alimentary Pharmacology & Therapeutics, 44*, 693-703.
2. Mitsuhashi, S., Ballou, S., Jiang, Z.G., et al. (2018). Characterizing normal bowel frequency and consistency in a representative sample of adults in the United States. *American Journal of Gastroenterology, 113*(1), 115-123.

ICIQ-B bowel questionnaire

- Frequency
- Urgency
- Control
- Medications
- Pain
- Soreness
- Staining
- Mucus



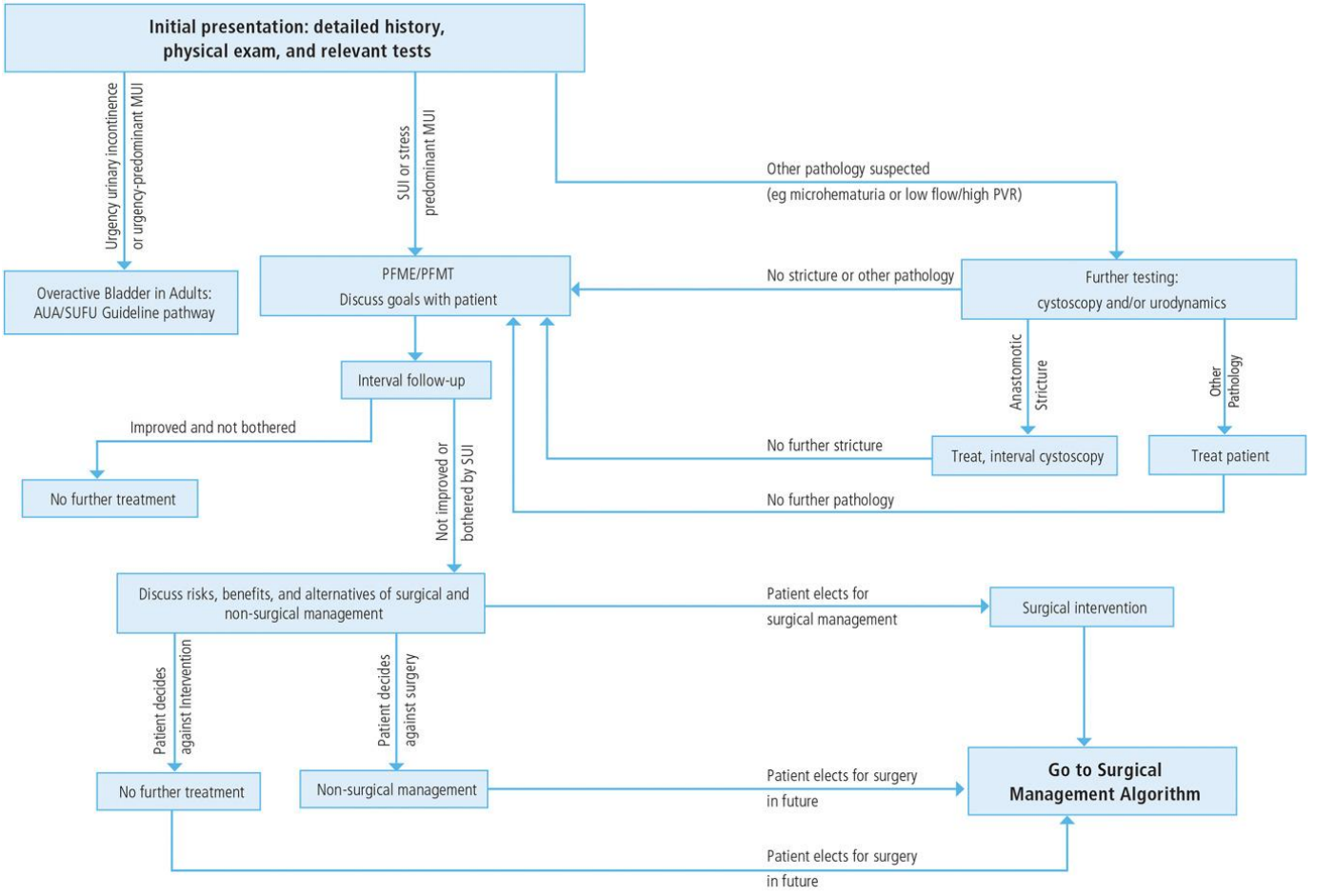
Men's business

- Prostate disorders
  - International Prostate Symptom Score (I-PSS)[1]
- Prostatectomy
  - Most men achieve continence within 12 month of radical prostatectomy[2]
  - Climacturia (30% of men following radical prostatectomy[2])
  - Pelvic floor exercises should be offered routinely[2]

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your Score
1. INCOMPLETE EMPTYING Over the past month, how often have you had a sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5	
2. FREQUENCY Over the past month, how often have you had to urinate again less than 2 hours after you finished urinating?	0	1	2	3	4	5	
3. INTERMITTENCY Over the past month, how often have you found you stopped and started several times when you urinated?	0	1	2	3	4	5	
4. URGENCY Over the past month, how often have you found it difficult to postpone urination?	0	1	2	3	4	5	
5. WEAK STREAM Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
6. STRAINING Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	
7. NOCTURIA Over the past month, how many times did you most typically get up to urinate from the time you went to be at night to the time you got up in the morning?	0	1	2	3	4	5	
	TOTAL PROSTATE SYMPTOM SCORE						

	Delighted	Pleased	Mostly Satisfied	Mixed Satisfied and Dis-satisfied	Mostly Dis-satisfied	Unhappy	Terrible
QUALITY OF LIFE DUE TO URINARY SYMPTOMS If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	

1. Yao, M.W., & Green, J.S.A. (2022). How international is the International Prostate Symptom Score? A literature review of validated translations of the IPSS, the most widely used self-administered patient questionnaire for male lower urinary tract symptoms. *Lower Urinary Tract Symptoms, 14*, 92-101.
2. Sandhu, J.S., Breyer, B., Comiter, C., et al. (2019). Incontinence after prostate treatment: AUA/SUFU guideline. *The Journal of Urology, 202*(2), 369-378.



PVR: Post-Void Residual
MUI: Mixed Urinary Incontinence
SUI: Stress Urinary Incontinence

PFME: Pelvic Floor Muscle Exercises
PFMT: Pelvic Floor Muscle Therapy

Evaluation algorithm from:

Sandhu, J.S., Breyer, B., Comiter, C., et al. (2019). Incontinence after prostate treatment: AUA/SUFU guideline. *The Journal of Urology, 202*(2), 369-378.

Women’s business

- Impact of previous births (number, type of delivery, baby weight, length of labour)
- Pelvic organ prolapse
- Menopause & oestrogen



1. Hu, J.S, & Pierre, E.F. (2019). Urinary incontinence in women: evaluation and management. *American Family Physician, 100*(6), 339-348.
2. Gagnon, L-H., Edell, H., & Lee, P.E. (2026). Diagnosis and management of urinary incontinence in females. *CMAJ, 198*(2), e769-75..

Pelvic organ prolapse (FIGO tool)

Physical examination	Symptom - Prolapse	Symptom – urinary	Symptom - bowel	Overall bothersomeness
Presenting organ above hymen (0)	No symptoms (0)	No symptoms (0)	No symptoms (0)	No bother (0)
Organ at hymen (1)	Bulge that can be seen or felt, pressure or dragging sensation (1)	Urinary incontinence (1)	Anal incontinence (gas, or liquid or solid stool) (1)	Slightly bothered. No change in social habit but change in hygiene (1)
Organ below hymen (2)		Voiding difficulties (incomplete emptying, doible void and /or straining to void) (1)	Emptying difficulties (incomplete emptying and/or digitation) (1)	Bothered. Avoiding some social habit (2)
Complete eversion (3)				Very bothered. Avoiding most social habits (3)
		Urgency, frequency, nocturia (1)		Very much bothered. Avoiding all social habit (4)

- Intra-rated reliability high (0.716-1)
- Inter-rater reliability high (0.795-0.909)

Digesu, G.A., Swift, S., Puccini, F., et al. (2015). The FIGO assessment scoring system (FASS): a new holistic classification tool to assess women with pelvic floor dysfunction: validity and reliability. *International Urogynecological Journal, 26*, 859-864.

Physical examination

- Visual examination (skin, fluid, fissure, haemorrhoids, contraction strength – e.g., wink/genital movement) +/- Cough stress test[3]
- Vaginal examination – less than 50% of specialist continence nurses complete routinely, barriers including training, workplace (e.g., home visits, gender, and cognitive impairment)[1]
- Rectal examination – around a third of specialist continence nurses complete routinely, barriers including training or responsibility of another profession[1]
- Abdominal examination
- Neurological assessment

1. Thompson, J. (2021). Identifying and addressing the education needs of Australian nurse continence specialists who perform vaginal and rectal examinations. *Australian & New Zealand Continence Journal, 27*(1), 13-16.
2. Yates, A. (2019). Basic continence assessment: what community nurses should know. *Journal of Continence Nursing, 33*(3), 52-55.
3. Hu, J.S, & Pierre, E.F. (2019). Urinary incontinence in women: evaluation and management. *American Family Physician, 100*(6), 339-348.

Dipstick urinalysis

- Normal pH 4.5-8.0[1]
- Glucose
- Protein



1. Yates, A. (2021). Part 2: Continence assessment and investigations. *Journal of Continence Nursing, 25*(2), 30-37

Bladder scans

- No fixed abnormal amount, but post-micturition volumes of 100-150ml considered significant[1]
- Preferred over catheterisation



Image: Kaixin BVT02 Bladder Scanner

1. Yates, A. (2019). Basic continence assessment: what community nurses should know. *Journal of Continence Nursing, 33*(3), 52-55.

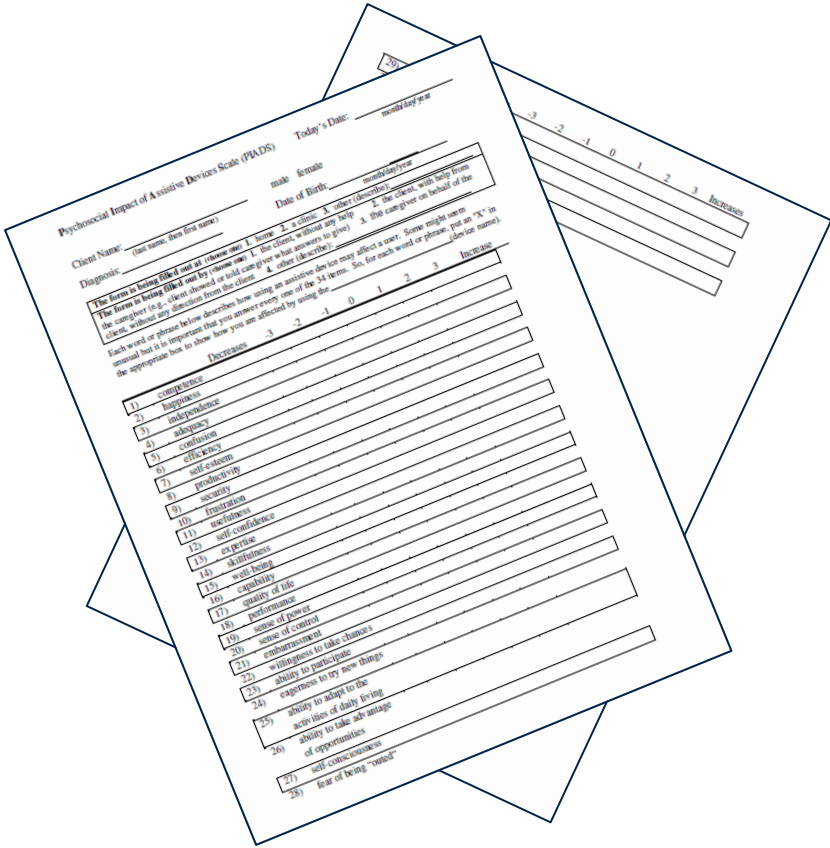
Environmental assessment

- Access to toilets
- Transfer heights
- Space for equipment
- Floor surfaces
- Equipment and modifications in place (e.g., walkers, rails)
- Access to a carer

1. Yates, A. (2019). Basic continence assessment: what community nurses should know. *Journal of Continence Nursing, 33*(3), 52-55.
2. Yates, A. (2021). Part 2: Continence assessment and investigations. *Journal of Continence Nursing, 25*(2), 30-37

Impact of continence aids

- C-PIADS (adapted Psychosocial Impact of Assistive Devices Scale)
- Standard PAIDS plus;
  - Self-consciousness
  - Fear of being ‘outed’
  - Social acceptance
  - Secrecy
  - Isolation
  - Revealing to others
  - Social participation
  - Intimate relations
  - Convenience
  - Knowledge



Long, A., Southall, K., Fowler, S., et al. (2014). Towards the development of the psychosocial impact of assistive devices scale for continence (C-PIADS). *Technology & Disability, 26*(2-3), 153-160.

Appendix 1.

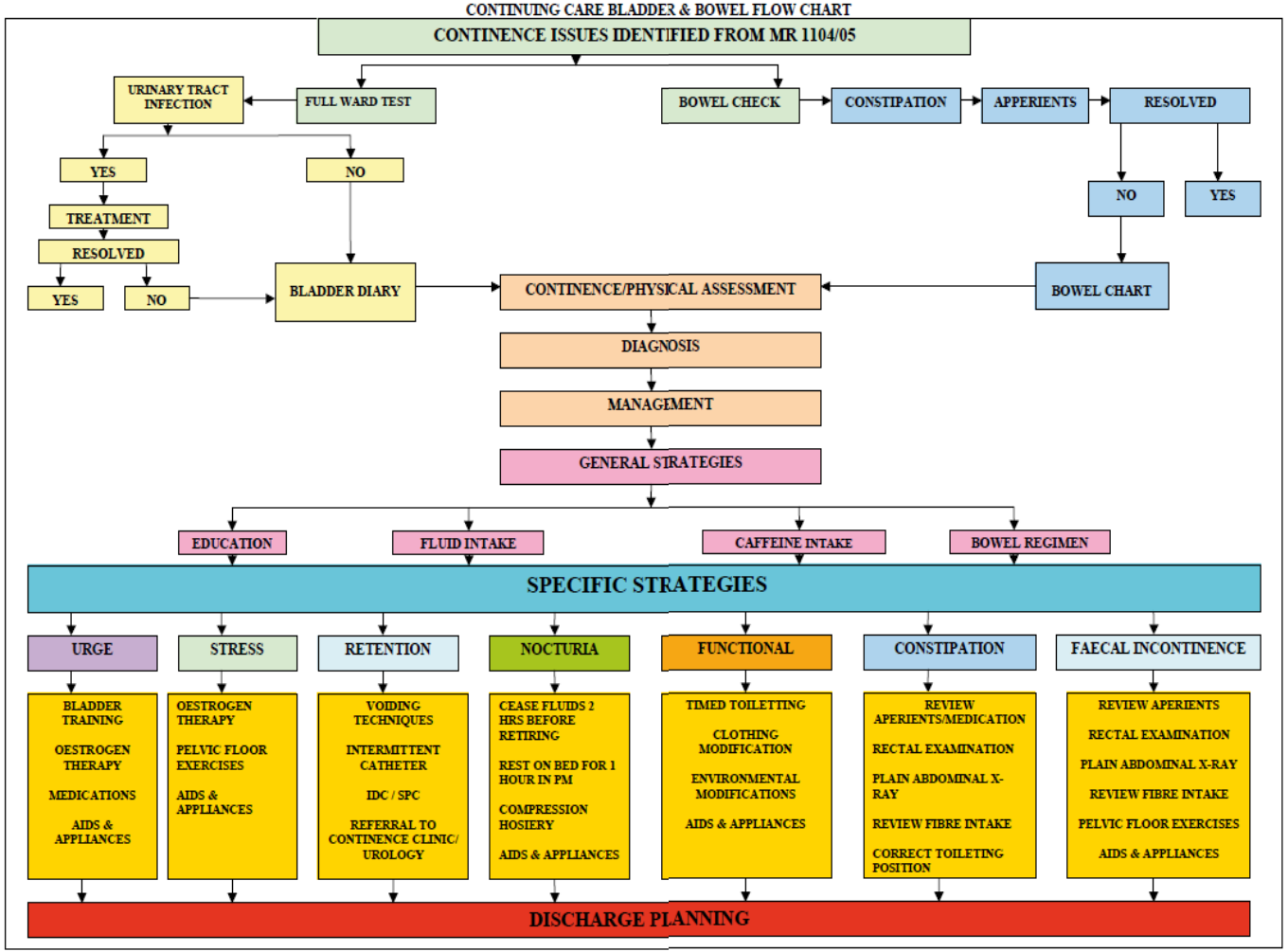


Image from: Peplar, J., & Wragg, L. (2010). Development of a multidisciplinary continuing care continence assessment tool and continence care pathway. *Australian & New Zealand Continence Journal, 16*(2), 14-23.

Demonstration of Commonly Requested Continence Aids

Certificate of Attendance

Complete the Webinar Feedback Form to receive a certificate of attendance.

Thank you!



MASS-Education@health.qld.gov.au