Guidelines for the promotion of continence, assessment and management of patients with bladder and / or bowel dysfunction

CDDFT Guideline

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<th>GUID/CHS/041</th>
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<td>Guidelines for the promotion of continence, assessment and management of patients with bladder and / or bowel dysfunction</td>
</tr>
<tr>
<td>Version number</td>
<td>3</td>
</tr>
<tr>
<td>Document Type</td>
<td>Clinical Guideline</td>
</tr>
<tr>
<td>Original Policy Date</td>
<td>April 2009</td>
</tr>
<tr>
<td>Date approved</td>
<td>6th December 2012</td>
</tr>
<tr>
<td>Effective date</td>
<td>6th December 2012</td>
</tr>
<tr>
<td>Approving body</td>
<td>Quality and Health Care Governance</td>
</tr>
<tr>
<td>Originating Directorate</td>
<td>Care Closer to Home</td>
</tr>
<tr>
<td>Scope</td>
<td>All employees within County Durham and Darlington Foundation Trust involved in any aspect of continence care for patients. This includes locum, bank or agency staff and any members of staff undergoing training e.g. Student nurses. The principles of this policy are considered to be best practice and it is recommended that they are adopted by Nursing and Residential care homes and independent providers of care within County Durham and Darlington in either residential or patients own home environment. Other organisations and their staff are welcome to use all or part of this document as a means of adopting good practice</td>
</tr>
<tr>
<td>Last review date</td>
<td>November 2012</td>
</tr>
<tr>
<td>Next review date</td>
<td>6th December 2015</td>
</tr>
<tr>
<td>Reviewing body</td>
<td>Patient Safety Meeting – Care Closer to Home</td>
</tr>
<tr>
<td>Document Owner</td>
<td>Michelle Henderson Continence Specialist Nurses</td>
</tr>
<tr>
<td>Equality impact assessed</td>
<td>Yes November 2012</td>
</tr>
<tr>
<td>Date superseded</td>
<td>n/a</td>
</tr>
<tr>
<td>Status</td>
<td>Approved</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Unrestricted - The document will be posted on the intranet, internet and provider service internet.</td>
</tr>
<tr>
<td>Keywords</td>
<td>Continence, promotion, management, bladder, bowel, dysfunction, assessment</td>
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Approval

Signature of Chairman of Approving Body

Name / job title of Chairman of approving Body: Mike Wright Executive Director of Nursing

Signed paper copy held at (location): Library, DMH
**Document Control Information**

**Version control table**

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<td>3</td>
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**Table of revisions**

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<td>December 2012</td>
<td>All</td>
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<td>M Henderson / S Aungiers</td>
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<td>Transferred to CDDFT Template</td>
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1 Introduction

This guideline provides a framework for Continence Care provision for all healthcare providers across County Durham and Darlington. This service will be equally available to all people regardless of age, physical or mental ability and will link identification, assessment and treatment of incontinence across primary, secondary and specialist care, both within NHS and independent sector.


This guideline applies to all employees within County Durham and Darlington Foundation Trust involved in any aspect of continence care for patients. This includes locum, bank or agency staff and any members of staff undergoing training e.g. Student nurses.

The principles of this policy are considered to be best practice and it is recommended that they are adopted by Nursing and Residential care homes and independent providers of care within County Durham and Darlington in either residential or patients own home environment.

Other organisations and their staff are welcome to use all or part of this document as a means of adopting good practice.

2 Purpose

To promote high quality continence care to those residents within County Durham and Darlington who have bladder and/or bowel dysfunction. It provides guidance on promoting continence care and managing individual's continence needs.

3 Duties

All Staff

All staff, including temporary and agency staff, are responsible for:

• Compliance with Trust policies and procedures. Failure to comply may result in disciplinary action being taken.

• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.

• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.

• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.

• Attending training / awareness sessions when provided.
4 Promotion of continence, assessment and management

Incontinence is a condition where there is an involuntary loss of urine and/or faeces, which presents as a social or hygienic problem including enuresis (DH 2000).

It has been suggested that currently only 52% of incontinent individuals seek professional help. The main reason for individuals not seeking help is that they believe that incontinence is an inevitable part of the ageing process and that nothing can be done to help them (DH 2001).

The inability to control the function of the bladder or bowel can have a devastating effect upon the physical, social or psychological wellbeing of the individual concerned. Incontinence is a symptom not a disease and is often a result of multiple aetiology. In order to provide appropriate management/treatment for individuals it is essential that a focused and comprehensive continence assessment is carried out.

The assessment process must result in an identified type of incontinence and culminate in a treatment plan that involves the individual concerned and promotes continence. With appropriate treatment, advice and support 70% of patients will regain or improve their continence status (RCP 1995). Where incontinence is considered to be intractable, or treatment has been declined continence management options should then be considered.

The procedural documents for Continence promotion, assessment and management in bladder and/or bowel dysfunction will be found in the Appendices A to H.

5 Monitoring

<table>
<thead>
<tr>
<th>Monitoring Criterion</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who will perform the monitoring?</td>
<td>Continence Service</td>
</tr>
<tr>
<td>What are you monitoring?</td>
<td>Documented evidence of continence assessment and treatment (where appropriate) prior to the request for continence products being made.</td>
</tr>
<tr>
<td>When will the monitoring be performed</td>
<td>Annually</td>
</tr>
<tr>
<td>How are you going to monitor?</td>
<td>Audit of 10, randomly selected, continence assessment and product order forms from each community nursing.</td>
</tr>
<tr>
<td>What will happen if any shortfalls are identified?</td>
<td>Audit results shared with District Nurse team leads. Action plan formulated and agreed</td>
</tr>
<tr>
<td>Where will the results of the monitoring be reported?</td>
<td>Quarterly Adult Services Meeting</td>
</tr>
<tr>
<td>How will the resulting action plan be progressed and monitored?</td>
<td>Continence Service Leads will feedback to District Nurse Team Leads</td>
</tr>
<tr>
<td>How will learning take place?</td>
<td>Targeted continence promotion training to community nurses</td>
</tr>
</tbody>
</table>
Attendance at essential training is recorded by People & Organizational Development and entered onto the Trust Training Management System, OLM. Monitoring of non attendance will be in line with the Training Needs analysis, Monitoring and Evaluation Policy and carried out by People & Organizational Development. Please refer to this policy for detailed information.

Competence may be measured using the WASP competence framework (Appendix I).

7 References

Appendices:

Appendix A

Abbreviations List

BAGH  Bishop Auckland General Hospital
BMI   Body Mass Index
BSO   Bilateral Salpingo-oophorectomy
C & S Culture and Sensitivity
CSU   Catheter Specimen Urine
CVA   Cerebro Vascular Accident
DMH   Darlington Memorial Hospital
DN    District Nurse
DNA   Did not attend
DRE   Digital Rectal Examination
GP    General Practitioner
HELS  Home Equipment Loans Service
HV    Health Visitor
HRT   Hormone Replacement Therapy
IBS   Irritable Bowel Syndrome
ICC   Intermittent Clean Catheterisation
ISC   Intermittent Self Catheterisation
ISD   Intermittent Self Dilatation
MS    Multiple Sclerosis
MSU   Mid Stream Urine
NICE  National Institute for Health and Clinical Excellence
OAB   Overactive Bladder
OT    Occupational Therapist
OOH   Out of Hours
PFE   Pelvic Floor Exercises
PFME  Pelvic Floor Muscle Exercises
PR  Per Rectum
PV  Per Vagina
RUV  Residual Urine Volume
RVI  Royal Victoria Infirmary
SpHV  Specialist Health Visitor
SR  Sister
SUI  Stress Urinary Incontinence
SRH  Sunderland Royal Hospital
TOP  Termination of Pregnancy
TOT  Transobturator Tape
TURP  Transurethral Resection of Prostate
TVT  Tension Vaginal Tape
TWOC  Trial without Catheter
UHND  University Hospital North Durham
USS  Ultrasound scan
UTI  Urinary Tract Infection
UUI  Urge Urinary Incontinence
WIC  Walk In Centre
Types of Incontinence:

**Stress urinary incontinence:**

The involuntary leakage of urine on effort or exertion, sneezing or coughing (NICE Guidelines 2006)

**Urge urinary incontinence:**

The sudden or compelling desire to pass urine, which is difficult to defer (NICE Guidelines 2006)

**Mixed incontinence:**

Involuntary leakage associated with urgency, exertion, effort, sneezing or coughing (Getcliffe & Dolman 2003)

**Overflow urinary incontinence (incomplete bladder emptying):**

Failure of the bladder to empty completely, associated with voiding difficulties (Getcliffe & Dolman 2003)

**Functional incontinence:**

Due to impaired mobility or cognitive skills. Can occur in an environment in which an individual has difficulty reaching the toilet or where there is a lack of privacy (Outslander, Schelle cited by Getcliffe & Dolman 2003)

**Faecal incontinence:**

The involuntary loss of solid or liquid stool (NICE Guidelines 2007)

**Faecal loading:**

The term used to describe the presence of a large amount of faeces in the rectum with stool of any consistency (NICE Guidelines 2007)

**Faecal impaction:**

The term used when there is a large amount of hard faeces in the rectum (NICE Guidelines 2007)
Essence of Care 2010. Best Practice Factors

1. Information *People* and carers have easy access to evidence-based information about bowel and bladder care that is adapted to meet their needs and preferences.

2. Advice *People* and carers have direct access to staff who can advise them on continence management.

3. Screening and assessment *People* receive bladder and bowel continence screening and assessment (where appropriate).

4. Planning, implementation, evaluation and revision of care *People’s* care is planned, implemented, continuously evaluated and revised to meet individual bladder and bowel care needs and preferences.

5. Promotion of continence and healthy bladder and bowel. All opportunities are taken to promote continence, and a healthy bladder and bowel among *people* and in the wider community.

6. Access to products and devices. *People* and carers have access to ‘needs specific’ products and devices to assist in the management of bladder and bowel incontinence.

7. Environment All bladder and bowel care is given in an environment appropriate to *people’s* needs and preferences.

8. Support *People* and carers have the opportunity to access other *people* and carers with similar continence problems who can offer support.
Continence Assessment:

All staff should consider the need for continence assessment by asking “trigger questions” about continence needs through discussion with the individual concerned.

An assessment should be completed using the following:

- Adult Continence Assessment tool and Pathway of Care April 2012 (Appendix D)
- Bladder and bowel diaries (Appendix E)
- Patient information leaflets (Appendix F)

A basic continence assessment can be carried out by any registered health care professional who can demonstrate knowledge and skills relevant to this area of care and has evidence of skills update.

Once assessment has been completed the assessor should:

- Explain the outcome of the assessment to the patient/carer
- Explain the proposed treatment
- Ensure the patients preferences and choices are taken into consideration
- Contact details for follow up advice / support are given
- Provide appropriate supporting patient information leaflets

Following the base line assessment those presenting with more complex symptoms can be referred to the appropriate service, these include:

- GP
- Continence Specialist Nurse (Referral Criteria Appendix A)
- Physiotherapy Service
- Gynaecology Service
- Urology Service
- Colorectal Service

Use of medication for incontinence management:

Where possible prescribing guidance set by the County Durham and Darlington NHS Foundation Trust will be followed locally and the use of NICE Guidance documentation:

Use of aids and equipment for incontinence management:

A range of products are available to meet individual needs via Home Equipment Loans and Prescriptions, these include sheath systems, catheters, urinals and commodes.

Disposable incontinence pads:

Containment products should only be used following completion of a full continence assessment ensuring that all appropriate methods to promote continence have been pursued and documented.

Products are available on a locally agreed formulary across Trust offering choice and consistency to the patient.

Should an alternative product (not within agreed formulary) be required due to individual patient need, advice should be taken from the Specialist Nurse for Continence.

A Continence Home Delivery Service is in place and managed by the Continence Advisory Service, where on receipt of a continence assessment / order form delivery of products to a patient’s home including residential and nursing home can be arranged.

For guidance on product provision refer to protocol Appendix G.
Appenlix C

Referral to Continence Specialist Nurse

Patient details:

Patient Title: Mr/Mrs/Miss/Ms ………. DOB: …………………….NHS No:……………………………………
Patient Name:…………………………………………………………………………………………………………………………
Address:……………………………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
Postcode:………………………….Telephone: (Home / Mobile).…………………………………………………………
GP Surgery / Telephone No:…………………………………………………………………………………………………………
Allergies:……………………Ethnicity:…………………………..Interpreter required: Y / N

Past Medical History:………………………………………………………………………………………………………………
………………………………………………………………………………………………………………………………………………
Continence History / Reason for referral:……………………………………………………………………………………
………………………………………………………………………………………………………………………………………………

Conditions requiring treatment prior to Continence Service referral:

Haematuria / Suspected Neurological Diseases / Uncontrolled diabetes / Suspected urology or gynaecological condition
Acute anal sphincter injury / Visible prolapse / Enlarged prostate / Re-current UTI’s / Acute constipation
Symptoms of voiding difficulties / Suspected pelvic mass / Persistent bladder and / or urethral pain
Signs of gastrointestinal cancer / Acute disc prolapse

Person / Agency making referral:

Name:…………………………………………..Position / Status:………………………………………………
Address:………………………………………………………………………………………………………………………………
Telephone: (Base / Mobile).…………………………………………………………………………………………………………
Clinic: Y /N Home Visit: Y / N Special instructions re: HV

Please return to:

Continence Service
Merrington House
Merrington Lane Industrial Estate
Spennymoor, County Durham
DL16 7UT
Tel: 01388 825696 Fax: 01388 825606
## Appendix D

### Adult Bladder and Bowel Assessment

<table>
<thead>
<tr>
<th>Patients Name:</th>
<th>DOB:</th>
<th>NHS No:</th>
</tr>
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<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tel No:</td>
<td></td>
<td>Post code:</td>
</tr>
<tr>
<td>GP/ Contact details:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessing Nurses Name/ Contact details:</td>
<td>Date of assessment:</td>
<td></td>
</tr>
</tbody>
</table>

Presenting problem:

Duration:

Previous treatments:

Current management:

### Please complete below as appropriate -

**Toileting:**
- Self-caring [Yes / No]
- Needs assistance [Yes / No]
- Fully dependent [Yes / No]

**Communication:**
- No problems [Yes / No]
- Some impairment [Yes / No]
- Unable to communicate [Yes / No]
Guidelines for the promotion of continence, assessment and management of patients with bladder and / or bowel dysfunction

Cognition:
- Cognitively impaired Yes / No
- Cognitively unimpaired Yes / No

Mobility:
- Ambulant Yes / No
- Walks with assistance Yes / No
- Immobile Yes / No

Manual Dexterity:
- Good Yes / No
- Restricted Yes / No
- Very limited Yes / No

Bladder diary completed Yes / No - If no please state why

Bladder symptom profile completed Yes / No - If no please state why

Bowel diary completed Yes / No - If no please state why

Bowel symptom profile completed Yes / No - If no please state why

Past medical and surgical history: (Tick as appropriate)
- Diabetes mellitus
- CVA/Stroke
- Cough
- MS
- Spinal Cord injury
- Asthma
- Neurological disorder
- Parkinson’s disease
- History of pelvic surgery
- Major abdominal surgery
- Genital prolapse
- Arthritis

Past medical and surgical history:
Patient reported medication:

<table>
<thead>
<tr>
<th>Urinalysis:</th>
<th>Yes / No</th>
<th>Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSU sent:</td>
<td>Yes / No</td>
<td>Results:</td>
</tr>
</tbody>
</table>

**Bowel symptoms:**

- Constipated: Yes / No
- Frequency of bowel action:
- Urgency of defecation: Yes / No
- Blood in stool: Yes / No
- Changes in bowel pattern: Yes / No
- Incontinent of faeces: Yes / No
- Mucus in stool: Yes / No
- Consent for rectal examination: Yes / No
- Performed DRE: Yes / No

Results:

How much does your bladder / bowel problem bother you?

- Pre-treatment score: A: A lot B: Moderately C: A little D: Not at all
- Post treatment score: A: A lot B: Moderately C: A little D: Not at all
### Urinary symptom profile - To be completed by patient or carer on behalf of patient

#### Stress incontinence:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I leak when I laugh, cough, sneeze, run or jump</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I only ever leak a little</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At night, I only use the toilet once or not at all</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I always know when I have leaked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I leak without feeling the need to empty my bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only my pants get wet when I leak (not outer clothing)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Overactive bladder:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel a sudden strong urge to pass urine and have to go quickly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel a strong uncontrolled need to pass urine prior to leaking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I leak moderate or large amounts of urine before I reach the toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that I pass urine frequently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get up at night to pass urine at least twice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Incomplete bladder emptying:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I find it hard to start or pass urine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have to push or strain to pass urine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My flow stops and starts several times</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel it takes me a long time to empty my bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel as if my bladder is not completely empty after I have been to the toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I leak a few drops of urine on to my underwear just after I have passed urine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Passive incontinence:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient confused?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the patient depressed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the patient have learning disabilities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Functional incontinence:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have restricted mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am unable to manage clothes easily and quickly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any aids used or required.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Bowel Symptom Profile - To be completed by patient or carer on behalf of patient

#### Passive faecal incontinence:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I cannot always control my wind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often pass loose stool</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I leak liquid or solid stool on to my underwear without prior warning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I cannot tell the difference between passing wind or stool</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Urgency / urge faecal incontinence:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel a sudden strong urge to pass a motion and have to go quickly</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>When I get a strong urge to pass a motion I do not always make it to the toilet in time</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Constipation:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have to strain to pass a motion</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Soiling occurs after a bowel motion is passed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Very often I do not pass a motion for several days</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>My stool is very hard</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I sometimes pass blood with my motion</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I feel my bowel is not completely empty after a bowel motion</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

#### Functional incontinence:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have restricted mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am unable to manage my clothes easily and quickly</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I am unable to clean myself after passing a stool</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Any aids used or required</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Plan following assessment for bladder and bowel symptoms

**Complete for all patients:**

Exclude UTI  Yes / No  
Exclude constipation  Yes / No  
Review medications in relation to bladder and bowel symptoms  Yes / No  
Assess skin conditions and treat accordingly  Yes / No  
Modify type and quantity of fluid intake (ref to Fluid matrix)  Yes / No  
Give advice on weight loss if BMI>30  Yes / No  

**Complete relevant sections according to symptom profile:**

**Stress urinary incontinence:**

1. Is there a rectal / genital prolapse evident  Yes / No  
2. If yes consider referral to GP  
3. In post-menopausal women with vaginal atrophy refer to GP for consideration for intravaginal oestrogen  Yes / No  
4. Teach pelvic floor muscle exercises, give leaflet  Yes / No  
5. Review in 6 weeks  
6. If no improvement consider referral to Continence Service  

**Overactive bladder:**

1. Measure post-void residual urine (portable ultrasound scan available from Continence Service)  Result:  
2. Initiate bladder re-training lasting at least 6 weeks  Yes / No  
3. Give Overactive Bladder leaflet  Yes / No  
4. If symptoms remain troublesome, consider adding an anticholinergic  Yes / No  
5. Review in 6 weeks  
6. If no improvement consider referral to Continence Service  

**Incomplete bladder emptying:**

1. Measure post-void residual urine (portable ultrasound scan available from Continence Service)  Result:  
2. Refer to GP for Prostate Assessment in men  Yes / No  
3. Refer to Continence Service for further advice  

**Passive urinary incontinence:**

1. Use bladder diary to plan toileting regime  Yes / No  
2. Implement prompted and timed toileting programmes  Yes / No  
3. If no improvement in 6 weeks consider referral to Continence Service
**Functional incontinence (bladder and bowels):**

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes / No</th>
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</thead>
<tbody>
<tr>
<td>Mobility problems – advise and/or refer to physiotherapist / podiatrist / OT</td>
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<tr>
<td>Dexterity problems – advise re: clothing / refer to OT</td>
<td></td>
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<tr>
<td>If no improvement consider referral to Continence Service</td>
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</table>

**Passive faecal incontinence:**

1. Maintain bowel diary for 7 days. Note frequency and type of bowel actions **Yes / No**
2. If faecal impaction suspected perform DRE in accordance with RCN Guidelines **Yes / No**
3. If rectum is full/partially full – follow Constipation guidelines (see below) **Yes / No**
4. If rectum empty/loose stool – check dietary intake, encourage low fibre diet, consider Loperamide **Yes / No**
5. If no improvement consider referral to Continence Service

**Urge faecal incontinence:**

1. Maintain bowel diary for 7 days. Note frequency and type of bowel actions **Yes / No**
2. Give Bowel Urgency / Urge incontinence leaflet and encourage pelvic floor exercises **Yes / No**
3. Loose stools – check dietary intake, encourage low fibre diet, consider Loperamide once other causes excluded **Yes / No**
4. Offensive smelling stool – take stool specimen **Yes / No**
5. If no improvement consider referral to Continence Service

**Constipation:**

1. Give Constipation leaflet **Yes / No**
2. Check dietary / fluid intake – encourage high fibre diet and 1.5 litres of water daily – **Yes / No**
3. Encourage bowel emptying after meals to utilise gastro colic response **Yes / No**
4. Encourage gentle exercise – immobility makes constipation worse **Yes / No**
5. Consider medication to relieve constipation **Yes / No**
6. If rectal prolapse evident refer to GP
7. If no improvement consider referral to Continence Service

**Product provision:**

**If treatment finished and symptoms persist complete this section:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes / No</th>
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<tbody>
<tr>
<td>Aids / appliances provided</td>
<td></td>
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<tr>
<td>Patient advised that assessment does not guarantee supply of products</td>
<td></td>
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<tr>
<td>Consent obtained for personal data to be entered onto Continence Home Delivery Service database</td>
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## Continence Advisory Service - Bladder Diary

### Appendix E

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<th>Fluid intake</th>
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**TOTALS**
Please read carefully

This chart is designed to help assess how your bladder works. By filling this form in correctly you will help us diagnose your condition and plan your treatment.

The column marked “time” refers to the daytime starting and finishing at 6 o’clock in the morning. The chart should be filled in over 3 days (marked days 1-3). For each day there are three columns.

| F  | Fluid Intake
|----|-----------------
| In this column you record how much fluid you drink and what it is e.g. coffee, tea, water, beer etc.
| Each time you have a drink you record how much you have drunk against the corresponding hour of the day. You may find it easier to measure how much a cup or mug holds (in ml or fl oz) and estimate the fluid drank by always using the same cup.

| U  | Urine Passed
|----|-----------------
| In this column you record the amount (volume) of urine passed.
| Each time you pass urine, record the volume of urine (in ml or fl oz) passed against the corresponding hour of the day. For this you could use a small plastic measuring jug (available from a chemist/supermarket) Please record during the night if you can.
| Where it is not possible to measure the volume, for example if you are out shopping, please tick (√) the box to show that you have passed urine.

| W  | Wet
|----|-----------------
| In this column you record any wet episodes by simply ticking the box against the corresponding hour of the day.
| The space on the left of the form is available for you to make any additional comments about your bladder over the 3 days.

Example

<table>
<thead>
<tr>
<th></th>
<th>Time</th>
<th>F</th>
<th>U</th>
<th>W</th>
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<tr>
<td>Day 1</td>
<td>6am</td>
<td>300ml</td>
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<tr>
<td></td>
<td>7am</td>
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Appendix F

Bowel Diary

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<th>NHS No:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Type of stool: Bristol Stool Score</th>
<th>Quantity of stool: Large(L) Medium(M) Small(S) None (N)</th>
<th>Pain &amp; distress when passing stool: Yes / No / Some</th>
<th>Time spent on the toilet:</th>
<th>Did you strain a lot? Yes / No</th>
<th>Any soiling: stained / loose or solid</th>
</tr>
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Appendix G

Continence Service – Patient Information Leaflets

1. How to Seek Help if you have a Bladder or Bowel Problem
2. Continence Promotion
3. Pelvic Floor Muscle Exercises (Female)
4. Pelvic Floor Muscle Exercises (Male)
5. The Overactive Bladder
How to Seek Help if you have a Bladder or Bowel Problem

Bladder and bowel problems are very common. In fact a recent survey has shown that 1 in 4 people have had some kind of problem with their bladder and 1 in 10 of us have some kind of problem with bowel control.* People are often too embarrassed to seek help. However, there are many simple things that can be done to assist you. Bladder and bowel problems should be assessed and treated. This improves quality of life and ensures that people can carry on with their everyday activities.

Who we are:
The Continence Service is available to any adult living within the County Durham or Darlington area. The service is based at Spennymoor. Specialist Nurses run clinics in several locations.

What we do
Patients are usually seen in clinic. However, a home visit can be arranged if appropriate. Your first appointment will take approximately 40 minutes. This assessment includes looking at:

- Your symptoms
- How they affect you
- How much and what type of fluid you drink
- How often you go to the toilet
- Medical & surgical history
- Medication
- Other investigations depending on your symptoms

Following assessment we will discuss treatment options and agree a plan of care with you. We work alongside our medical and surgical colleagues to ensure all our patients receive a high standard of continence care which is based on up to date knowledge and skills.

How to contact the Continence Service
Doctors and nurses discuss this type of problem every day and are willing to listen to you. You can ask your GP, Practice or Community Nurse to refer you to the service or you can refer yourself by contacting 01388 825696.

Additional Information can be obtained from:

- **Bladder & Bowel Foundation**
  Provide booklets and fact sheets; offer online support forums and a magazine
  Tel 0845 3450165  www.bladderandbowelfoundation.org

- **Promocon**
  Offers advice and information on products that can help manage bladder and bowel problems.
  Tel: 0161 6078219  www.disabledliving.co.uk/Promocon

References

Published by Continence Service May 2012
Review May 2014
Continence Promotion

The way we stay continent is a very complex function that allows us to voluntarily postpone passing urine or having our bowels opened until it is convenient.

It is very important to understand that incontinence may be due to a treatable condition so the first thing to do is discuss it with a Health Care Professional.

**Treatable / manageable conditions may include:**

- **Urinary tract infection** - someone may complain of pain or burning when passing water or may show an expression of pain if they have difficulty talking. You or the person may notice that their urine looks cloudy or smells. Sometimes an infection can be present without specific symptoms so it is worthwhile asking your nurse or doctor to check that all is well.

- **Prostate gland trouble (in men)** – your GP will be able to assess if this is a problem and advise you about treatment and help in managing leakage.

- **The side effects of some medication** – unfortunately some medications do affect how your bladder and bowel work. It is always advisable to discuss this with your doctor as they may be able to change or alter the dose. **Please take advice before stopping or changing the time of taking any medicines.**

- **Severe constipation** – may cause urinary incontinence through pressure on the bladder. Bowel leakage occurs when loose, smelly motion leaks round the hard stool blocking the bowel. It is important that you discuss this with a health care professional.

- **Memory problems** - can cause people to become forgetful, they may gradually lose the memory of what to do in a toilet or even where the toilet is. Such things as leaving the toilet door open and placing a light on at night to attract them to the toilet may help.

Get to know the person’s habits. This may seem a strange and very personal thing to suggest but usually our bladder and bowel actions have some pattern to them. It may be worthwhile keeping a diary and noting when the person is most likely to use the toilet, you can help by reminding them to go to the toilet at the times when you know they are most likely to go. Decide the toilet routine, keep to it and tell other carers. This is important so that if the person spends time apart from you, the routine to use the toilet remains the same.

**How to help:**

- It may be that the person cannot tell you when they need to use the toilet. If this is the case you will need to become aware of other signs such as fidgeting, wandering or pulling at clothing and suggest they use the toilet.

- People can forget to drink or be reluctant to drink. We need to have approximately 1.5 - 2 litres (3 - 4 pints) of fluid each day to keep our bladder and bowels healthy. Your health care professional can advise you.
- Aids and adaptations can make using the toilet easier.

- Clothing can be adapted so that the person can adjust clothing easily and quickly when using the toilet. See 'Promocon' below for details.

- Advice about diet to keep bowels healthy

- Advice about hygiene

- Advice about mobility

- Discussing and monitoring changes as they occur may help to prevent them becoming larger problems.

- Your Health Care Professional can advise you about all of the above or contact the Continence Service for further information.

**Continence Service contact details:**
Tel No: 01388 825696

**Additional Information can be obtained from:**
- **Bladder & Bowel Foundation**
  Provide booklets and fact sheets; offer online support forums and a magazine
  Tel 0845 3450165  [www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

- **Promocon**
  Offers advice and information on products that can help manage bladder and bowel problems.
  Tel: 0161 6078219  [www.disabledliving.co.uk/Promocon](http://www.disabledliving.co.uk/Promocon)

Published by Continence Service May 2012
Review May 2014
Pelvic Floor Muscle Exercises (Female)

The assessment of your bladder symptoms has shown that you may benefit from doing PELVIC FLOOR MUSCLE EXERCISES.

The pelvic floor is a large sling (or hammock) of muscles stretching from side to side across the floor of the pelvis. It is attached to your pubic bone at the front and to the tail end of the spine (coccyx) behind. The openings from your bladder (urethra), your bowels (rectum) and your womb (vagina), all pass through the pelvic floor.

What does it do?

- It supports your pelvic organs and abdominal contents, especially on physical exertion.
- It supports the bladder to help it stay closed. It actively squeezes when you cough or sneeze to help avoid leaking. When the muscles are not working effectively you may suffer from leaking (urinary incontinence) and/or an urgent or frequent need to pass urine.
- It is used to control wind and when ‘holding on’ with your bowels.

Female view of pelvic floor muscles
How to do pelvic floor muscle exercises

There are 2 types of exercise:

**Slow exercises**
Tighten the muscles around your anus (back passage), urethra (at the front) and vagina and lift up inside as if trying to stop passing wind and urine at the same time. It is very easy to bring other, irrelevant muscles into play, so try to isolate your pelvic floor as much as possible by:
- NOT pulling in your tummy
- NOT squeezing your legs together
- NOT tightening your buttocks
- NOT holding your breath
- NOT lifting your shoulders
Try to hold for up to 8 seconds at a time.

**Quick exercises**
It is important to be able to work your pelvic floor muscles quickly so that they learn to react quickly to sudden stresses from coughing, laughing or any exercise that puts pressure on the bladder. You need to practice quick contractions by pulling in the pelvic floor and holding for just one second before letting go. Do these in a controlled manner and aim for a strong muscle lift on each contraction.

**Get into the habit!**

Get into the habit of doing the exercises. Try to link them into an everyday activity such as mealtimes or whenever you put the kettle on.

The exercises can be done when you are lying, sitting or standing. Get into the habit of tightening your pelvic floor prior to activities that are likely to make you leak, such as getting up from a chair, coughing, sneezing or lifting.

If you are not sure whether you are doing the exercises correctly or if you have little or no sensation around the pelvic floor area, please ask your healthcare professional for further advice.

**How many exercises should I do?**

You need to do at least 8 slow exercises and 10 quick exercises, 3 times a day.

**How long do I do them for?**

If the exercises are done as advised you should begin to notice an improvement in around 8 weeks with maximum improvement at around 3-6 months. You will be reviewed by your health professional to assess if your exercises are having an effect.
FIRST TARGET

**Slow Exercises**
Hold on for ___ seconds
Rest for 4 seconds.
Repeat ___ times, resting for 4 seconds between each exercise.

Gradually increase the ‘hold’ until you can hold each squeeze for 8 seconds and do 8 repetitions.

**Quick Exercises**
Do ___ quick exercises.

**Do both the slow and the quick exercises ___ times per day.**

You can also do the quick exercise immediately before any activity which triggers the leakage of urine eg. coughing, sneezing or lifting.

Only do a maximum of 1 set of exercises per hour as your muscles will become tired.

**Contact details:**

Continence Service Tel No: 01388 825696

**Reference:**

Pelvic Floor Muscle Exercises (Male)

The assessment of your bladder symptoms has shown that you may benefit from doing PELVIC FLOOR MUSCLE EXERCISES.

The pelvic floor is a large sling (or hammock) of muscles stretching from side to side across the floor of the pelvis. It is attached to your pubic bone at the front and to the tail end of the spine (coccyx) behind. The openings from your bladder (urethra), your bowels (rectum), all pass through the pelvic floor.

What does it do?

- It supports your pelvic organs and abdominal contents, especially on physical exertion.
- It supports the bladder to help it stay closed. It actively squeezes when you cough or sneeze to help avoid leaking. When the muscles are not working effectively you may suffer from leaking (urinary incontinence) and/or an urgent or frequent need to pass urine.
- It is used to control wind and when ‘holding on’ with your bowels.

Male view of pelvic floor muscles
How to do pelvic floor muscle exercises

There are 2 types of exercise:

**Slow exercises**
Tighten the muscles around your anus (back passage), urethra (at the front) and lift up inside as if trying to stop passing wind and urine at the same time. It is very easy to bring other, irrelevant muscles into play, so try to isolate your pelvic floor as much as possible by:
- NOT pulling in your tummy
- NOT squeezing your legs together
- NOT tightening your buttocks
- NOT holding your breath
- NOT lifting your shoulders

Try to hold for up to 8 seconds at a time.

**Quick exercises**
It is important to be able to work these muscles quickly so that they learn to react quickly to sudden stresses from coughing, laughing or any exercise that puts pressure on the bladder. You need to practice quick contractions, pulling in the pelvic floor and holding for just one second before letting go. Do these in a controlled manner and aim for a strong muscle lift on each contraction.

If you are doing the exercises correctly you should notice your scrotum (sack of skin and muscle containing the testicles) lifting.

**Get into the habit!**

Get into the habit of doing the exercises. Try to link them into an everyday activity such as mealtimes or whenever you put the kettle on.

The exercises can be done when you are lying, sitting or standing. Get into the habit of tightening your pelvic floor prior to activities that are likely to make you leak, such as getting up from a chair, coughing, sneezing or lifting.

If you are not sure whether you are doing the exercises correctly or if you have little or no sensation around the pelvic floor area, please ask your healthcare professional for further advice.

**How many exercises should I do?**

You need to do at least 8 slow exercises and 10 quick exercises, 3 times a day.

**How long do I do them for?**

If the exercises are done as advised you should begin to notice an improvement in around 8 weeks with maximum improvement at around 3-6 months. You will be reviewed by your health professional to assess if your exercises are having an effect.
FIRST TARGET

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Repeat ___ times, resting for 4 seconds between each exercise.

Gradually increase the ‘hold’ until you can hold each squeeze for 8 seconds and do 8 repetitions.

**Quick Exercises**
Do ___ quick exercises.

**Do both the slow and the quick exercises ___ times per day.**

You can also do the quick exercise immediately before any activity which triggers the leakage of urine eg. coughing, sneezing or lifting.

Only do a maximum of 1 set of exercises per hour as your muscles will become tired.

**Contact details:**

Continence Service Tel No: 01388 825696

**Reference**


Published by Continence Service May 2012
Review May 2014
The Overactive Bladder

Your bladder has to store enough urine (between 250 -500mls) to allow you to do daily activities and have enough sleep. When your bladder is filling up, the bladder muscle is relaxed. When the bladder is becoming full it sends a signal to the brain. When we first feel the need to go to the toilet, we can usually hold on until it is convenient to go. When we decide to go to the toilet, the bladder muscles begin to contract and the bladder empties. Adults usually empty their bladder every 3 to 4 hours during the day. At night it is normal to pass urine once although this may increase as we get older.

If you have an overactive bladder you may have any or all of the following symptoms:

- **Urgency** is when you suddenly need to go to the toilet immediately – and if you do not, your urine may leak
- **Frequency** is when you go to the toilet a lot, eight times or more in a day
- **Urge Incontinence** happens when you have the feeling of urgency and don’t get to the toilet in time

What causes frequency and urgency?

These symptoms occur when the bladder muscle starts to squeeze before we get to the toilet. This can happen if you get into the habit of going to the toilet ‘just in case’. This means that the bladder only holds a small amount of urine, instead of waiting until the bladder is full.

Urgency and frequency can be caused by:

- Anxiety
- Constipation
- Infection
- Certain medicines
- Drinks containing caffeine (e.g. tea, coffee, fizzy drinks, chocolate)
- Alcohol
- Diseases of the nervous system e.g. Parkinson’s, Multiple Sclerosis
- Prostate enlargement in men

However, in many cases the cause is not known.

What can I do about it?

**Bladder retraining** is aimed at reducing the number of visits to the toilet each day and increasing the time between toilet visits to about 3 hours. The feeling of urgency will be reduced and your bladder will be able to hold more urine. It will reduce the number of times you get up at night and help to stop urge incontinence.

**Methods for bladder retraining**

Bladder retraining requires you to hold on and not go to the toilet so often. You will need to do pelvic floor muscle exercises to help you hold on.
Specialist Nurse will advise you how to do these). If you wake up in the night with a strong urge to pass urine, then use the toilet. As you progress you may be able to go back to sleep without getting up.

Start to avoid going “just in case” or every time you are near a toilet. Start to miss the occasional toilet stop. When you have the urge to pass urine, sitting down often helps. Be prepared that leakage may be a little worse when you start bladder retraining. Watching the television or counting back from 100 may take your mind off thinking about the toilet.

**Your Fluid Intake**

Aim to drink about 8 mugs of fluid each day (approx 1.5 litres). If you do not drink enough you will produce concentrated urine which may irritate your bladder and make your symptoms worse. It is sensible to drink less if you are going on a long journey or outings but make sure you drink 1.5 litres in total during the day. If you have lots of problems with your bladder, then have your drinks when it is easier to get to a toilet. This is a guide for the recommended amount of fluid you should drink per day based on your weight.

<table>
<thead>
<tr>
<th>Weight stones</th>
<th>Weight Kg</th>
<th>mls</th>
<th>Fluid ozs</th>
<th>Pints</th>
<th>Mugs</th>
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<td>38</td>
<td>1,190</td>
<td>42</td>
<td>2.1</td>
<td>4</td>
</tr>
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<td>7</td>
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<td>1,275</td>
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<tr>
<td>8</td>
<td>51</td>
<td>1,446</td>
<td>56</td>
<td>2.75</td>
<td>5-6</td>
</tr>
<tr>
<td>9</td>
<td>57</td>
<td>1,786</td>
<td>63</td>
<td>3.1</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>64</td>
<td>1,981</td>
<td>70</td>
<td>3.5</td>
<td>7</td>
</tr>
<tr>
<td>11</td>
<td>70</td>
<td>2,179</td>
<td>77</td>
<td>3.75</td>
<td>7-8</td>
</tr>
<tr>
<td>12</td>
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<tr>
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<td>3,136</td>
<td>112</td>
<td>5.5</td>
<td>11</td>
</tr>
</tbody>
</table>

**Alcohol and your bladder**

Alcohol can have an adverse effect on your bladder. Not only is it a diuretic (i.e. makes you pass more urine) it can also irritate the bladder causing it to be overactive. Alcohol may act as a sedative. This can cause night-time incontinence.

**Caffeine and your bladder**

Caffeine is the most widely consumed stimulant drug in the world. It is found in coffee, tea, chocolate, cola and many painkilling tablets (prescribed and bought). You can become used to the effects of caffeine so may not notice those mentioned in this leaflet. All patients doing bladder retraining should try to reduce their caffeine intake. Cutting down on caffeine should be done gradually over a two week period.
Contact Details:

Continence Service Tel No: 01388 825696

Reference


Appendix H

Protocol for Continence Product Provision
via the home delivery service

Products will be issued for those patients who:

- Are aged 4 years and over and
  - Have had an assessment of their bladder / bowel dysfunction and undertaken treatment as appropriate in line with the Continence Care Pathways
  - Have an intractable chronic continence dysfunction following assessment and treatment
- Have a degree of incontinence that is severe enough to require a product of absorbency of 200 mls or higher. Those patients requiring lower absorbency pads can be given information on where to purchase products where appropriate.
- Where incontinence is not intractable i.e occurs post op following surgery, assessment should be undertaken as above and the need for products reviewed 6 monthly
- New service users will initially be eligible for shaped disposable pads only.

Shaped Disposable Pads (absorbency 200mls plus)

- First order for new service users - a maximum of 3 products per 24 hour period will be issued.
- Existing service users – maximum of 4 pads will be provided per 24 hour period.

Alternative Products

The assessor must demonstrate that shaped disposable pads are not appropriate. The request for an alternative product has to then be approved by the continence service.

Washable absorbent pants

- For children only (age 4-19 years)
- Maximum of 6 products only will be issued in an 18 month period unless a larger size is required as a result of the child growing.
Disposable Pull on Pants

Pull on pants are an expensive resource and can therefore only be considered for use following a continence assessment and provision of evidence of clinical need. This must then be discussed with the Continence Specialist Nurse before this product can be prescribed.

Pull on pants will only be considered for patients who:

- Have tried alternative products (both shaped and all in one products)
- Have a form of dementia or learning disability (where the provision of pants will promote independence)
- Have mobility or dexterity problems (where the provision of pants will promote independence)
- Are able to use the toilet with minimal assistance (where the provision of pants will promote independence)

All-in-one products (pads with side fastenings)

- Can only be considered if shaped products are unsuitable.
- Can be used for bed-bound patients
- Can be used to contain double incontinence

Advice on other alternative products/aids/appliances can be offered following discussion with a specialist continence nurse.

Products which will NOT BE provided

- Net stretch pants
- Washable and disposable bed sheets
- Washable products for adults
Assess Competency According to WASP Framework

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>W</td>
<td>WITNESSED</td>
<td>Observe or witness the competency – it is considered good practice that the practitioner will have had the opportunity to observe the procedure prior to being supervised.</td>
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<td></td>
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<tr>
<td>A</td>
<td>ASSIMILATED</td>
<td>Understand the elements of the competency</td>
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<td></td>
</tr>
<tr>
<td>S</td>
<td>SUPERVISED</td>
<td>Practice under supervision to demonstrate understanding: score as follows: 1 = NEEDS FURTHER PRACTICE 2 = SHOWS APTITUDE 3 = PROFICIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>PROFICIENT</td>
<td>Competent in both knowledge and skill elements of the Competency.</td>
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**ACTION**

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<tbody>
<tr>
<td>The practitioner understands and follows “CL.041 Policy for the promotion of continence, assessment and management of patients with bladder and/or bowel dysfunction” to ensure patient safety.</td>
<td></td>
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<td></td>
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</table>
| The practitioner explains the assessment (including examination and tests) and obtains the necessary valid consent in accordance with “Policy For Consent to Examination or Treatment”.
| The practitioner respects the individual's privacy, dignity, wishes and beliefs, and seeks to minimise embarrassment during the assessment. |
| The practitioner asks the individual to explain their bladder and/or bowel condition and its history in their own |

**ACTION**

<table>
<thead>
<tr>
<th></th>
<th>W SCORE</th>
<th>A SCORE</th>
<th>S SCORE</th>
<th>P SCORE</th>
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<tbody>
<tr>
<td>The practitioner understands and follows “CL.041 Policy for the promotion of continence, assessment and management of patients with bladder and/or bowel dysfunction” to ensure patient safety.</td>
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</tbody>
</table>
| The practitioner explains the assessment (including examination and tests) and obtains the necessary valid consent in accordance with “Policy For Consent to Examination or Treatment”.
| The practitioner respects the individual's privacy, dignity, wishes and beliefs, and seeks to minimise embarrassment during the assessment. |
| The practitioner asks the individual to explain their bladder and/or bowel condition and its history in their own |
words or obtains the history from any relevant person accompanying the individual; assessing the impact of bladder and/or bowel dysfunction on the individual's lifestyle, relationships and quality of life

The practitioner obtains a list of the individual's medication, the clinical rationale for use and the impact on bladder and/or bowel activity and associated symptoms

The practitioner reviews and interprets bladder diary and symptom profile to inform the assessment

The practitioner discusses with the individual and where necessary, any relevant person accompanying the individual, the:
   a) findings of the assessment
   b) the likely causes of the symptoms
   c) the implications (prognosis) of the condition
   d) the risks identified
   e) treatment plan
   f) the need for any further investigations

The practitioner provides the individual with relevant information and advice related to their condition and any further investigations

The practitioner understands and follows the Health Records Policy

<table>
<thead>
<tr>
<th>DATE</th>
<th>ASSESSOR SIGNATURE</th>
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</table>

| STAFF MEMBER SIGNATURE |                        |                        |                        |
# Equality Impact Assessment

**Full Assessment Form**

**v1/2009**

<table>
<thead>
<tr>
<th>Division/Department:</th>
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</thead>
<tbody>
<tr>
<td>Community Division / Continence Service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title of policy, procedure, function or service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy for the promotion of continence, assessment and management of patients with bladder and / or bowel dysfunction in community services</td>
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<table>
<thead>
<tr>
<th>Policy lead:</th>
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<tbody>
<tr>
<td>Michelle Henderson</td>
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<table>
<thead>
<tr>
<th>People involved with completing the EIA:</th>
</tr>
</thead>
</table>
| Michelle Henderson  
Sarah Aungiers |

<table>
<thead>
<tr>
<th>Type of policy, procedure, function or service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing</td>
</tr>
<tr>
<td>New/proposed</td>
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<tr>
<td>Changed</td>
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</tbody>
</table>
Step 1 – Make sure you have clear aims and objectives

What is the aim of your policy, procedure, project or service?

To promote high quality continence care to those residents within County Durham and Darlington who have bladder and /or bowel dysfunction. It provides guidance on promoting continence care and managing individual’s continence needs.

Who is the policy, procedure, project or service going to benefit and how?

Adherence to this guideline will benefit people experiencing bladder and / or bowel dysfunction. The principles of this guideline are considered to be best practice and thus will promote continence.

What outcomes do you want to achieve?

Every person experiencing a bladder or bowel problem is entitled to undergo a continence assessment by a suitable qualified health professional. It is expected that following this assessment a treatment plan is initiated. Those with intractable incontinence should be offered an appropriate method of containment.

What barriers are there to achieving these outcomes?

- Lack of awareness about the service
- Lack of knowledge amongst health professionals on the assessment and promotion of bladder / bowel problems
How will you put your policy, procedure, project or service into practice?

- The policy is available to staff on the internet
- Staff are expected to comply with the policy
- Training needs will be identified through appraisal process
- Continence Service provides training on the assessment and promotion of continence
- Continence Service promotes itself across County Durham

Step 2 – Collecting your information

What existing information / data do you have?

Numbers and types of referrals including a recent audit of types of incontinence (March 2011)

Step 2 – Collecting your information continued...

Using your existing data what does it tell you?

Very few patients are from ethnic minorities, patients are mostly female.

NB: bladder / bowel problems are more prevalent in females
Step 3 – What is the impact

Is there an impact on some groups in the community? (think about race, disability, age, gender, religion or belief, sexual orientation and other socially excluded communities or groups)

Ethnicity or race

The service is available to all. Patient information on bladder and bowel issues is available in alternative languages from the service and through the Bladder and Bowel Foundation

Gender and transgender

The service is available to both males and females

Age

The service is available to adults residing within County Durham and/or registered with a GP practice in County Durham.

Disability

Clinic premises have disabled access / facilities although some are more easily accessed than others. Patients are offered a choice of clinic location. Home visits can be arranged if appropriate for those patients unable to attend clinic.
Step 3 – What is the impact continued…

Religion or belief

The service is available to all regardless of religion / belief.

Sexual Orientation

The service is available to all regardless of sexual orientation.

Marriage and Civil Partnership

The service is available to all.

Pregnancy and Maternity

The service is available to pregnant women although some treatments are contraindicated during pregnancy.

Gender Reassignment

The service is available to all regardless of gender.
Other socially excluded groups or communities e.g. rural community, socially excluded, carers, areas of deprivation, low literacy skills

Due to the embarrassing nature of bladder / bowel problems, the service has an open referral system in operation in an effort to be accessible to all potential patients. All calls are treated with strictest confidence.

Step 4 – What are the differences?

Are any groups affected in a different way to others as a result of the policy, procedure, project or service?

No

Does your policy, procedure, project or service either directly or indirectly discriminate?

Yes   No

If yes how are you going to change this?

N/A
Step 5 – You’re almost there – now you need to consult!

Who have you consulted with?

Professional leads for community nurses

Results from patient experience surveys and Essence of Care inform how the service is delivered

If you have not consulted yet please list who you are going to consult with

N/A

How are you going to consult with specific groups or communities?

N/A
Step 6 – Make a decision based on steps 2 - 5

If you are in a position to change or introduce the policy, procedure, project or service clearly show how it was decided on

Guideline has been in effect for several years and has recently been re-ratified by Organisation

What are the main effects and benefits?

Every person experiencing a bladder or bowel problem is entitled to undergo a continence assessment by a suitable qualified health professional. It is expected that following this assessment a treatment plan is initiated. Those with intractable incontinence should be offered an appropriate method of containment.

If you are in a position to introduce the policy, procedure, project or service but still have information to collect or actions to complete to ensure all equality groups have been covered please list

N/A
Step 6 – Make a decision based on steps 2 – 5 continued …

If you are not in a position to introduce the policy, procedure, project or service what action are you going to take?

N/A

How are you going to monitor this policy, procedure, project or service, how often and who will be responsible?

Guideline will be updated / reviewed according to Organisation Policy
Step 7 – Congratulations you’ve made it! Now publish your results

Once completed this EIA should be signed and forwarded to Jillian Wilkins, Equality and Diversity Lead. jillian.wilkins@cddft.nhs.uk.

Please ensure that this assessment is attached to the policy document to which it relates.

This EIA has been completed by:  
Michelle Henderson

Approving Director/ Ass Director:  
Linda Templey

Date:  
November 2012

Contact number:  
0191 5892961