



THE SIMON FOUNDATION
FOR CONTINENCE

fact sheet

PROMOTING CONTINENCE – CHANGING LIVES

INCONTINENCE: GUIDANCE FOR THE AT HOME CAREGIVER

Being a caregiver for someone with incontinence can make things more stressful – for both of you. The reasons for incontinence are many and include dementia, Parkinson’s disease, surgery, prolapse, stroke, multiple sclerosis, along with body changes as we age. Incontinence does not have to be the reason for admission to a long-term care facility. This Fact Sheet can help you take care of your family member or friend at home.

Professional Diagnosis

The first step in caring for someone is to make sure you know why the incontinence is occurring. Incontinence is often thought to go hand in hand with aging, certain diseases, child-birth, being female, or prostate problems. However, it may be the result of an infection, food intolerance, or a change in medications. Aging does not cause incontinence, however age-related changes in the body (menopause or prostate enlargement as examples) may contribute.

It is important to obtain a diagnosis to see if there is a treatment available. Do not assume that incontinence is a permanent change and that nothing can be done. Your healthcare professional should take bladder and bowel changes seriously, help find the cause of its onset, and provide you with advice on proper care if the incontinence is not curable.

Types of Incontinence

There are different kinds of incontinence and so your healthcare professional’s diagnosis will determine what kind of treatment options are available, and the types of products needed to keep skin dry and healthy. Treatments can range from oral and skin patch medications, to biofeed-

back, electrical stimulation, percutaneous nerve stimulation, sacral nerve stimulation, behavioral training, Botox injections, or collagen implants to reconstructive surgery.

The basic types of incontinence are:

Stress urinary incontinence – a physical stress placed on the urinary system (a cough, lifting something heavy, a sneeze) causes urine to leak.

Fecal incontinence (bowel incontinence) – stool or gas unexpectedly leaks from the rectum.

Functional incontinence – urinary or fecal leakage that occurs as a result of mobility issues and/or limited dexterity to remove clothing in time to void.

Overflow incontinence – the bladder does not ever empty completely and urine leaks out. The person does not feel “it’s time to go to the toilet.”



Basic Product Types

Absorbent Products

Styles of absorbent products are available for light amounts of urine leakage to designs made for large quantities of urine and feces. They vary to meet the needs of the person with incontinence and the caregiver. For example, if the person is no longer walking, a product with adhesive tabs (diaper-style) may be easier for everyone. A mobile patient may find a brief/panty preferable.

Wide selections of cotton products are now available. Some reusable

products are a good solution if your family member is allergic to components found in some of the disposable products.

Bed pads and furniture covers (disposable or washable) can help you keep your family member comfortable and dry in bed. There are many options available with different absorbency levels.

Male External Catheters

Men who have a constant loss of urine, or have urine loss but never feel the urge to urinate, may be candidates for a male external catheter. They come in different

Overactive bladder (OAB) – the bladder spasms and causes a sudden, intense and frequent urge to urinate (urgency). OAB can exist with, or without, urge urinary incontinence.

Urge incontinence – a strong uncontrollable need to pass urine and leak before reaching the toilet; urge urinary incontinence is involuntary leakage accompanied by or immediately preceded by urgency.

Neurogenic bladder – occurs when there is damage to the nerves that control the urinary tract, which can cause the bladder to not empty completely or to spasm.

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HOME CAREGIVER GUIDANCE

sizes and are available in latex and silicone.

These can be left in place for several days (see manufacturer's guidance on wear time). This style of catheter may also work for a bedridden man. Use will depend on the type of incontinence and should be approved by the patient's healthcare professional.

Intermittent Catheters

Intermittent catheters (ICs) can be used by the person with incontinence or by a caregiver. They are used when the bladder never empties sufficiently on its own. ICs come in different sizes and some are in pre-lubricated packaging. A healthcare professional should recommend the style, length/size and type of catheter, and provide training in its use.

Indwelling Catheters

The indwelling (Foley) catheter is used for constant drainage of urine. It stays in the bladder with a small inflatable balloon. This catheter is usually used when all other methods of controlling urinary incontinence have been tried. As soon as the patient's condition improves, the catheter should be removed.

The catheter is normally placed into the bladder through the urethra. For long-term purposes, some patients prefer the catheter to be introduced through a surgical opening in the lower abdomen (called suprapubic catheterization).

When the catheter is removed, the opening heals and closes. Indwelling catheters drain urine into a collection bag. No matter how good the care or the product, after 30-days the indwelling catheter will inevitably be associated with infection.

The caregiver must be vigilant. Notify your healthcare professional if you notice any of the following: pain, burning or discomfort at the insertion point or in the urethra, fever, cloudy urine, noticeable increase in being tired or not feeling as well as usual, blood in urine, and/or bad odor.

The caregiver must also be on the lookout for crystallization of the tubing causing a plugged catheter. Your healthcare provider will teach you how to spot this dangerous problem. A healthcare profes-

sional is often responsible for changing these catheters, but some home caregivers are comfortable learning how to perform these changes.

Keep the incontinence and skin care products nearby, especially if the person you are caring for is bedridden. This ensures quick changes and clean-ups, maintains the dignity of the person you are caring for, and minimizes stress for everyone. Keeping a record of bowel movements and urination will help you know when it is time to attempt toileting and will be helpful for your professional healthcare team.

Skin Care and Odor Products

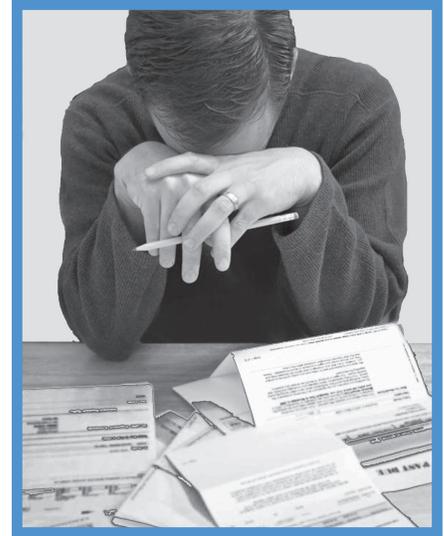
Skin care is part of incontinence care. Skin breakdown from contact with stool and urine can lead to infections, pressure sores, and pain. Signs of skin breakdown include: reddened areas, rashes, weeping skin, and marks or indentations from bedding, and clothing. Bedsores, or pressure sores, develop quickly and can be very dangerous.

Here are some tips on preventing skin damage and enhancing healing if initial breakdown is noted. Make sure position changes occur often enough to relieve pressure over bony prominences. Use pillows to help keep pressure off bony prominences. A pillow between the knees while sleeping on one's side helps to increase air circulation. Gently turn a bedridden person as often as recommended by your professional healthcare team.

Avoid soaps labeled "antibacterial" or "antimicrobial." Wash daily with a gentle soap and water, rinse and thoroughly pat the skin dry. Air drying is even better. Do not use skin care products with perfumes or chemicals (e.g., alcohol) or talc or powders because they retain moisture against the skin. Skin folds in the perianal area may need washing morning and night. Urine and stool always need to be cleaned up immediately.

There are many incontinence skin care products that provide gentle, non-irritating, and effective skin care. These products can be learned about at www.continencecentral.org or directly from distributors of incontinence management products. There are

also products that help reduce or eliminate odors. Some can refresh the air while others are placed directly into absorbent products to reduce odors right at the source.



When the Caregiver Needs Assistance

It is extremely important that caregivers find some "down time" and assistance. Getting help is easier than it used to be with many resources listed on the internet for agencies specific to care giving and caregivers.

Caregivers need to take care of themselves or they may become fatigued and perhaps ill themselves. Below is a listing of some general caregiver resources that we hope will be helpful:

National Institutes of Health Caregivers Page – www.nlm.nih.gov/medlineplus/caregivers.html
Caregivers' Resources Page – www.usa.gov/Citizen/Topics/Health/caregivers.html
Caregiver.com – www.caregiver.com
Continence Central Resources Page – www.continencecentral.org/Resources.html
Juggling Work and Caregiving – www.aarp.org/caregivingbook
AARP Caregiving Resource Center – www.aarp.org/home-family/caregiving
Private Care Association (PCA) – www.privatecare.org
Family Caregiver Alliance – www.caregiver.org

The Simon Foundation is a not-for-profit educational organization dedicated to helping people with incontinence.

For a sample copy of **The Informer**, send \$1.00 with a business-size envelope self-addressed to:

Post Office Box 815, Wilmette, Illinois 60091

Phone 1-800-23SIMON Fax 847.864.9758 www.simonfoundation.org

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