URINARY INCONTINENCE:

Urinary Incontinence is the inability to control the bladder leading to an involuntary loss of urine, it is not a normal part of aging. Urinary Incontinence is not a disease, but rather some part of the urinary system is not working as it should. Urinary incontinence is a symptom of different conditions and can be a short-term problem (e.g. urinary tract infection, certain medication, constipation, caffeine) or long-term problem (e.g. stroke, diabetes, physical changes with aging, enlarged prostate with men).

The **Urinary System** is the filtering system of the body, responsible for ridding the body of waste products from blood. Urine is made up of wastes and extra fluid. In order for normal urination to occur, all body parts in the urinary tract need to work together in the correct order.

The **kidneys** are two bean-shaped organs, each about the size of a fist. They are located just below the rib cage, one on each side of the spine. The kidneys work around the clock.

The **ureters** are the thin tubes of muscle, there is one on each side of the bladder, they carry urine from each of the kidneys to the bladder.

The **bladder**, located in the pelvis between the pelvic bones, is a hollow, muscular, balloon-shaped organ that expands as it fills with urine. A person does not control kidney function but does control when the bladder empties.

Emptying the bladder is called **urination**. Urine is stored in the bladder until a person urinates. A normal bladder can hold 1.5 to 2 cups of urine. Depending on how quickly the kidneys produce the urine that fills the bladder determines how often a person urinates. The muscles of the bladder wall remain relaxed while the bladder fills with urine. As the bladder fills to capacity, signals sent to the brain tell a person it’s time to go to the bathroom.

During urination, the bladder empties through the urethra, located at the bottom of the bladder. The **brain and the bladder** control urinary function. Three sets of muscles work together like a dam, keeping urine in the bladder between trips to the bathroom.

The amount of urine a person produces depends on many factors, such as the amounts of liquid and food a person consumes, and the amount of fluid lost through sweat and breathing. Certain medications, medical conditions, and types of food can also affect the amount of urine produced.
Urinary incontinence (UI) is leaking or loss of urine that a person cannot control and is one of the most common bladder control problems. Urinary incontinence can occur in people who are dependent, confined to bed, paralyzed, elderly, or diseases of the nervous or circulatory system. Urinary incontinence is not only a physical issue, but an emotional issue as well due to the embarrassment some people may feel due to incontinence. UI may keep a person from participating in normal daily activities as they don’t want to be far from a toilet and it may be hard to get to a toilet in time. While it may happen to anyone, urinary incontinence is more common in older people, especially women.

**Stress Urinary Incontinence** is when urine escapes from weak and stretched pelvic muscles. Stress Urinary Incontinence is common in older women. The bladder can leak a little or more with exercise, or bending, lifting, and other activities, and with sneezing or coughing.

**Urgency incontinence** or overactive bladder is another type of incontinence.

**Overflow incontinence** is loss of urine due to bladder overflow or distention.

**Functional incontinence** occurs in many older people who have normal bladder control. They just have a problem getting to the toilet because of arthritis or other disorders that make it hard to move quickly. The client may not be able to remove clothing fast enough to use the toilet due to injury or a disability.

People in the later stages of Alzheimer’s disease often have problems with urinary incontinence. This can be a result of not realizing they need to urinate, forgetting to go to the bathroom, or not being able to find the toilet.

The first step in treating incontinence is for a person to see their health care provider who will complete an assessment and may order certain tests to determine the best course of treatment based on the cause of the incontinence.

**HELPING CLIENTS MAINTAIN NORMAL URINATION:**

- Make sure the path to the bathroom is direct and free of clutter.
- Provide reminders if applicable to go to the bathroom.
- Place a commode, urinal, or bedpan at the bedside per the client plan of care.
- Offer toileting at times when the client usually needs to urinate and give the client enough time to use the bathroom without feeling rushed.
- If applicable, keep the client’s assistive devices such as a walker or cane within their reach for use when needed.
- Help the client to the bathroom without making them wait.
- Assist the client to drink adequate amounts of fluid per plan of care.
- Whenever possible, position the client in the normal voiding position (standing for men and sitting for women) per plan of care.
ASSISTING A CLIENT WITH URINARY INCONTINENCE:

Follow the plan of care for your client in assisting a client who is incontinent. **Report to your supervisor if a client has a new symptom of incontinence.** General information to keep in mind is in the following list:

- **Risk of falls** - When a person feels a sudden urge to void, rushing to the bathroom increases the risk of falls. Provide reminders for the client to go to the bathroom and assist as needed. Keep pathways to the bathroom free of clutter.

- **Skin breakdown** - If a client is incontinent, check the client’s skin for signs of redness or skin breakdown while assisting with bathing or toileting per the plan of care, and report any redness or skin irritation.

- **Psychological** - Keep in mind that incontinence is a touchy and embarrassing subject for a person. Provide dignity in care when assisting a client with toileting, changing absorbent products such as disposable underwear, changing linen or clothes wet with urine. Don’t refer to adult incontinent products as diapers. Provide as much privacy as possible when assisting the client with toileting and other continence needs.

- **Laundry** - For client’s who are incontinent and have urine on their clothes or linens, wash the client’s clothing and linen as assigned per the plan of care and per agency policies following infection control guidelines, including wearing gloves to handle laundry with body fluids (e.g., urine). Change wet clothing and linen immediately.

- **Incontinence products** or absorbent products include pads, briefs (disposable pull on underwear), and under pads (placed under the client’s hips to keep the bed dry). Absorbent products should be changed every 2-3 hours and per the client’s plan of care. For clients in bed, the changing schedule is every 2 hours and per the plan of care. Perineal care should be given, and all soiled skin areas cleaned. Change wet clothing and linen immediately. Wear gloves for contact with urine and for perineal care.

- **If the client has a urinary catheter** (e.g., foley catheter) to drain the bladder, follow the plan of care and agency guidelines in assisting with emptying the catheter bag, providing catheter care, and infection control guidelines.

- **Perineal care** - Provide perineal care (the area between the legs) each time the client is incontinent. Follow infection prevention concept of wiping from front to back. Keep the client clean and dry, urine can be irritating to the skin and a risk factor for pressure injuries (bed sores). A client who is incontinent is at great risk for skin breakdown caused by irritation from the urine and bacterial growth in the warm, moist environment. Check the client’s skin for redness or skin breakdown and report signs of skin redness or breakdown to the supervisor. Follow all infection control guidelines such as handwashing and wearing gloves.

- **Dehydration** - Risk of dehydration is possible due to a client not wanting to drink fluids for fear of bladder leaks. Offer and encourage fluids per the plan of care.

- **Toileting schedule** - Help the client set a regular time to empty their bladder and assist as needed, assist the client to wash their hands after toileting.

- **Dietary changes** - The client may need to avoid caffeine, spicy foods, other foods that irritate the bladder, follow the plan of care and encourage the client to follow any special dietary restrictions.