

Urinary
Incontinence and
Nursing.
Guidelines for the
professional



INDAS



New on-line training course for Nurses and other staff in Retirement Homes

- Urinary incontinence is a problem that increasingly requires training and answers. Therefore, LABORATORIOS INDAS launches an Education Program in UI, for a correct understanding and approach. This program has been developed by most qualified health professionals.
- The benefits of new technologies in teaching can be presented with the highest quality and scientific rigour that comprehensively deals with UI. It is addressed to nursing professionals and hopes to be a clear, and agile course with an eminently practical orientation.
- In this context the role of nursing is essential in improving the quality of life of patients suffering from UI. Therefore, this tool has been specially designed for all types of customers that have got personnel who care for patients with urinary incontinence. P.e. Nurses in Retirement Homes



The course

- The course consists of three independent modules which content has been developed by health professionals specialized in Urinary Incontinence. Each module includes objectives, recommended readings and the corresponding assessment test.
- The course covers 3 units:
 - Urinary Incontinence
 - Treating urinary incontinence
 - Protection methods for urinary incontinence



Unit structure

Topic development

List of topics for each unit

The screenshot displays the website for 'URINARY INCONTINENCE AND NURSING guidelines for the professional' by INDAS. The page is titled 'Unit 1: Urinary incontinence'. A sidebar on the left lists the following topics: Introduction, Objectives, Urinary incontinence, Frequency of UI, Prevalence of UI, An underestimated condition, Screening for UI, Maintaining continence, Types of UI, Main types of UI, SUI risk factors in women, UI risk factors in men, Nursing assessment, Physical examination, Testing for UI, Referring to a doctor, and UI in the elderly. The main content area is titled 'The incontinent patient' and includes a section '1. Determining if your patient is incontinent'. This section states: 'We consider that a patient is suffering from UI when he or she has an involuntary loss of urine. UI is considered a symptom, a sign and a physiopathological condition, all at the same time, as outlined below:'. It then lists three items:

- Symptom:** the patient is able to perceive the loss of urine.
- Sign:** is objective evidence observed by the health professional who will also assess its seriousness, which can be mild, moderate or severe.
- Physiopathological condition:** UI is a syndrome whose underlying disorder may be due to several physiopathological conditions, which are investigated in various ways. For example, detrusor overactivity, is the underlying physiopathological condition found in an overactive bladder (OAB) (More details will be given on this later on.)

The page also features a 'Back to home' link at the top right and 'Previous page' and 'Next page' links at the bottom.



Explanatory drawings

- All along with the texts there are several explanatory drawings in order to make more understandable what is written.

The drawing becomes bigger as you click on it

The screenshot shows a digital medical textbook interface. On the left is a navigation menu with items like 'Prevalence of UI', 'Types of UI', and 'Nursing assessment'. The main content area is titled '7.1. Transient urinary incontinence' and contains text explaining that this type of UI lasts for less than four weeks. A diagram of a woman is shown with a pink circle highlighting her pelvic region, and a larger green oval is drawn around the entire diagram. Below the diagram is a caption: 'Figure 7.1. Coughing rapidly increases abdominal pressure.' Below the main text, there is a sub-section '7.2.1. Stress incontinence (SUI)' with text explaining that patients with SUI leak urine when abdominal pressure is quickly increased, such as during coughing or sneezing.



Unit 1: Urinary Incontinence

Topics
Unit 1



1 Unit 1:Urinary incontinence

Introduction
Objectives
Urinary incontinence
• Frequency of UI
• Prevalence of UI
• An underestimated condition
• Screening for UI
• Maintaining continence
• Types of UI
• Main types of UI
• SUI risk factors in women
• UI risk factors in men
• Nursing assessment
• Physical examination
• Testing for UI
• Referring to a doctor
• UI in the elderly
Recommended reading
End of unit test

The incontinent patient



1. Determining if your patient is incontinent

We consider that a patient is suffering from UI when he or she has an involuntary loss of urine.

UI is considered a symptom, a sign and a physiopathological condition, all at the same time, as outlined below:

- **Symptom:** the patient is able to perceive the loss of urine.
- **Sign:** is objective evidence observed by the health professional who will also assess its seriousness, which can be mild, moderate or severe.
- **Physiopathological condition:** UI is a syndrome whose underlying disorder may be due to several physiopathological conditions, which are investigated in various ways. For example, detrusor overactivity, is the underlying physiopathological condition found in an overactive bladder (OAB) (More details will be given on this later on.)

Previous page



Next page



Unit 2: Treating urinary incontinence

Topics
Unit 2 →



Unit 2: Treating urinary incontinence

- Introduction
- Objectives
- Treating UI**
 - Lifestyle
 - Behavioural changes
 - Pelvic floor support
 - When conservative measures fail
 - Drug Treatment
 - When first-line measures fail
 - Clinical Case 1
 - Clinical Case 2
 - Clinical Case 3
 - Importance of recommended guidelines
- Recommended reading
- End of unit test

Treating UI



Types of intervention

There are many factors that must be taken into accounting when treating UI. You should always choose the most conservative method over aggressive ones. First-choice therapy for UI should always be conservative treatments, as they are safer and less aggressive than other treatments. It is important that patients are aware of the conservative treatments available to them, as they are likely to believe that the only treatment for UI is surgery.

Nursing staff have a very important role in treating UI with conservative methods, which includes encouraging lifestyle changes, and recommending two essential techniques: bladder retraining (BR) and pelvic floor muscle training (PFT). Although these techniques only completely resolve UI problems in at least 15% of patients, the Primary Care nursing staff's role in encouraging patients to use them is important because they significantly improve UI, reducing UI episodes by 50% to 75% for 50% of patients. Most women with UI can and should first be treated in Primary Care. Nursing staff must be motivated, especially when encouraging patients to make long-term behavioural changes.

Nursing interventions vary depending on the type of UI that is being dealt with (Table 1). Patients with urge incontinence (UUI) are usually recommended BR. BR is highly recommended (grade A or B recommendation) for this type of UI, depending on the type of technique that is used. BR in elderly patients has a lower grade of recommendation (grade B). Patients with stress incontinence (SUI), and mixed incontinence (MUI) can also be recommended to practice BR, although its grade of recommendation is lower (grade B). PFT has a higher grade of recommendation for these types of UI. A combination of BR and PFT is, however, recommended for women with SUI or MUI, as it can be more effective than PFT alone in the short-term (three months), although some authors believe that benefits

Unit 3: Protection methods for urinary incontinence

Topics
Unit 3



Unit 3: Protection methods for urinary incontinence

- Introduction
- Objectives
- Absorbent products
 - Selection criteria
 - Uses
 - How to fit pads
 - How to apply pads
 - How to use AIO pads
 - How to use pads correctly
- Male external catheters
- Recommended reading
- End of unit test

Absorbent products



1. Detailed description

Disposable absorbent UI sanitary products fit to the body to absorb and retain moisture, keeping the skin dry. They are recommended for patients with mild, moderate and severe UI.

They are essentially made up of three layers:

1) Upper layer: made up of a non-woven fabric, which filters and absorbs moisture, allowing urine to pass to the middle layer. It helps the patient feel dry and stops moisture contacting the patient's skin.

Some brands have substances that protect the skin in this layer. They are called dermobands and consist of active principles, which release essential fatty acids on to the skin, such as omega-3, omega-6, ambly extract and aloe vera. With body heat, these elements are released on to the skin, and help protect, hydrate and nourish the patient's skin. They do not cause any side effects.

Pads for moderate and severe UI have **anti-leak cuffs** around the edges of the upper layer. They are made of absorbent fabric and stops moisture leaking from the sides.

To ensure that the patient is as dry as possible, some pads have a layer of textile-like fibres under the absorbent layer, which ensures that urine is quickly absorbed and distributed along the length of the pad. This stops the pad from becoming saturated after urination, and minimises dampness on the patient's skin.

2) Middle layer: made up of cellulose, which is generally combined with super absorbent polymers (SAP). When SAP come into contact with liquid, it absorbs it and retains it, turning into a gel.

As well as absorbing and retaining the urine, these SAP also help reduce bad odours.



How to apply pads (unit 3)

- As we understand that the most important subject to be explained to nurses is the practical information about how to apply pads in patients, we have especially developed this part.



- Therefore, a video guide will be found in this part to learn how to manage each kind of pad. All the videos have a locution in English.



Unit tests

- With this test, the nurse has the opportunity to assess the knowledge that she has gained during the on-line course.
- Each unit has an evaluation test, consisting of 20 questions on the unit content.
- If nurse gets more than 85% of the questions right, she passes the test and can print off her own certificate.

Unit 1: Urinary incontinence

You must answer all of the questions. If you do not complete the test, you must start over again.

Indas on-line Courses

Test : Urinary incontinence

Q1: OAB can be caused by any of the following except:

- a. Bladder disease
- b. Idiopathic origin
- c. Cerebral vascular accident
- d. Diabetic neuropathy
- e. Parkinson's disease

Q2: Which of the following is the most common type of UI in men?

- a. UI due to sphincter failure
- b. OI
- c. UI due to detrusor overactivity
- d. MUI
- e. SUI

Q3: Which of the following factors is most commonly associated with SUI?

- a. Bladder stones
- b. Pregnancy
- c. Diabetes mellitu



Technical Support

- The course has on-line technical support in every page, so that the nurse can post all her questions to an expert.

- How to apply pads
- How to use pads
- How to use pads correctly
- Male external catheters
- Recommended reading
- End of unit test

- Patient's mobility: depending on whether the patient is able to walk or is bedridden- (considering the type or shape and how it is fastened).
- Patient's size (considering the size of the pad).
- Comfort (considering the type or shape and how it is fastened).
- Cost (considering absorption ability and the type or shape of the pad).
- Durability (considering absorption ability).
- Ease of use (considering the type or shape and how it is fastened).
- Shape of the pad and personal preference (considering the type or shape and how it is fastened).

The key to choosing a pad is making sure it meets the patient's needs. It must provide security (urine is absorbed and locked-in, stopping leaks), but must also protect the patient's skin, ensuring that he or she is protected from urine irritation. The patient's comfort and maximum performance must be ensured.

Using a high-quality pad is essential so that the patient can lead a normal life. Therefore, aspects such as skin protection, absorption ability, feeling dry, comfort and, ultimately, being able to adapt the pad to the patient's needs are the key to improving their quality of life.

At first, patients do not usually take well to having to use an absorbent product. You should therefore tell them about all the different options available on the market and let the patient choose one that best suits their needs and preferences.



Thank you for your
kind attention



INDAS

