

# Welcome to the RCN Bladder & Bowel Forum Webinar



## Fundamentals of Continence Care

by Anna Hancock RGN – Lead Nurse for Bladder and Bowel care

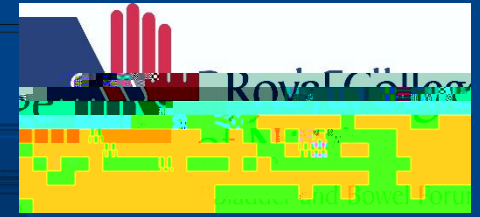
Ø Impact of bladder dysfunction on the patient

Ø Normal bladder function

Ø Continence assessment including the use of a 3-day bladder diary

Ø





It is estimated that 14 million men, women, young people and children of all ages are living with bladder problems and 6.5 million adults in the UK suffer with some form of bowel problem (NHS England, 2018)



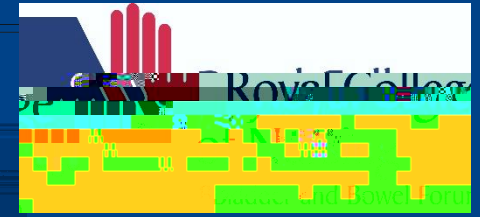


It is estimated that fewer than 40% of people with urinary incontinence seek help for their condition from a GP or nurse.

This figure is even higher for those with faecal incontinence.



....take every opportunity to ask about bladder and bowel symptoms, and listen to your patients.



We can holistically assess,  
diagnose and plan care with our  
patients...

or

...we can signpost to those who  
can.

Incontinence is a symptom of underlying

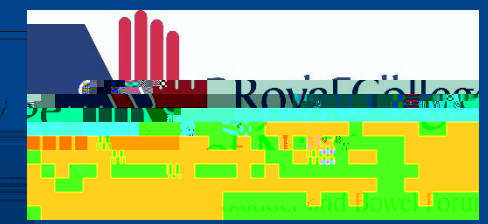


Just now

Text

reactions

Formulas

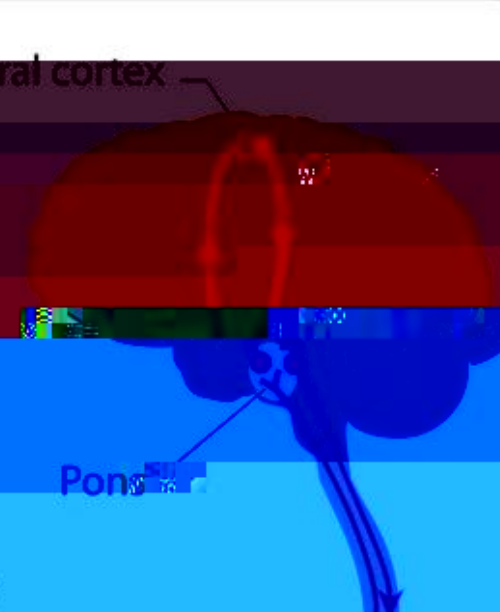




# Neural Control of

## Micturition

Cerebral cortex



Pons

Pelvic nerve

parasymp

Detrusor muscle

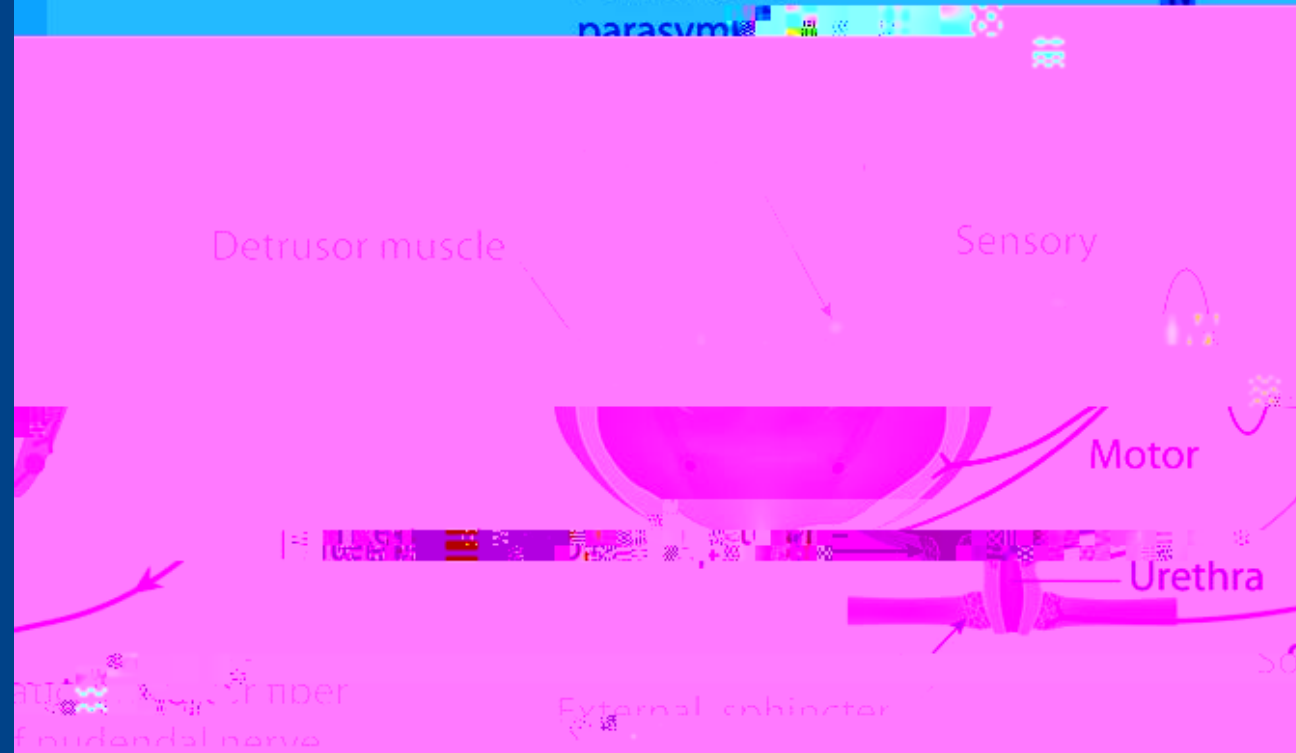
Sensory

Motor

Urethra

External sphincter

External pudendal nerve





A bladder that remains relaxed whilst filling with urine, and will contract to empty.

A sphincter mechanism which is strong enough to prevent urine leakage, and which will relax to allow voiding.

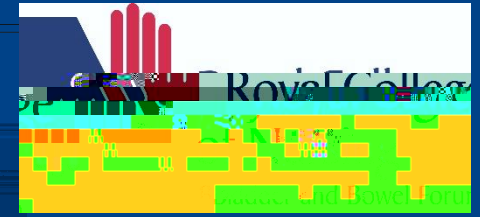
A pelvic floor that is strong enough to support the bladder and help the sphincter mechanism to keep the urethra closed.

A nervous system, which is able to transmit messages accurately between the brain and the bladder via the spinal cord.

A brain that can interpret the messages sent to it by the bladder, make decisions and send out commands.

The physical ability to get to use toilet facilities.

If any of these things are not functioning properly then incontinence can occur.



Stress

Overactive  
Bladder  
(OAB)

Outflow Obstruction  
/ Neurogenic bladder

Functional



Symptoms	Underlying causes / risk factors	Investigations and Treatments
○	Pregnancy	3 day bladder diary
Exercising	Long 2 <sup>nd</sup> stage during labour	Pelvic floor examination
Coughing	Instrumental delivery	Pelvic Floor Exercises / specialist
Sneezing	Perineal tears	Reviewing Asthma / COPD / chronic cough
Having sex	Chronic constipation and straining	Reviewing allergies
Standing up	Obesity	Treat underlying constipation
Lifting	Following surgery e.g. hysterectomy, radical prostatectomy.	Surgical intervention



Symptoms	Underlying causes / risk factors	Investigations and Treatments
Urinary frequency	Neurological conditions e.g. Multiple Sclerosis	3 day bladder diary / bladder scan
Urinary urgency	In-correct amount of fluid intake	Pelvic Floor Exercises
Leaking before getting to the toilet	Caffeine	Drink the right amount and types of fluid Avoid caffeine and alcohol
Getting up more than twice at night	Alcohol	Bladder re-training
Worse near running water, in the cold, syndrome.	Habit forming going just in case	Medication e.g. Solifenacin / Mirabegron
		Percutaneous Tibial Nerve Stimulation (PTNS)
		Botox



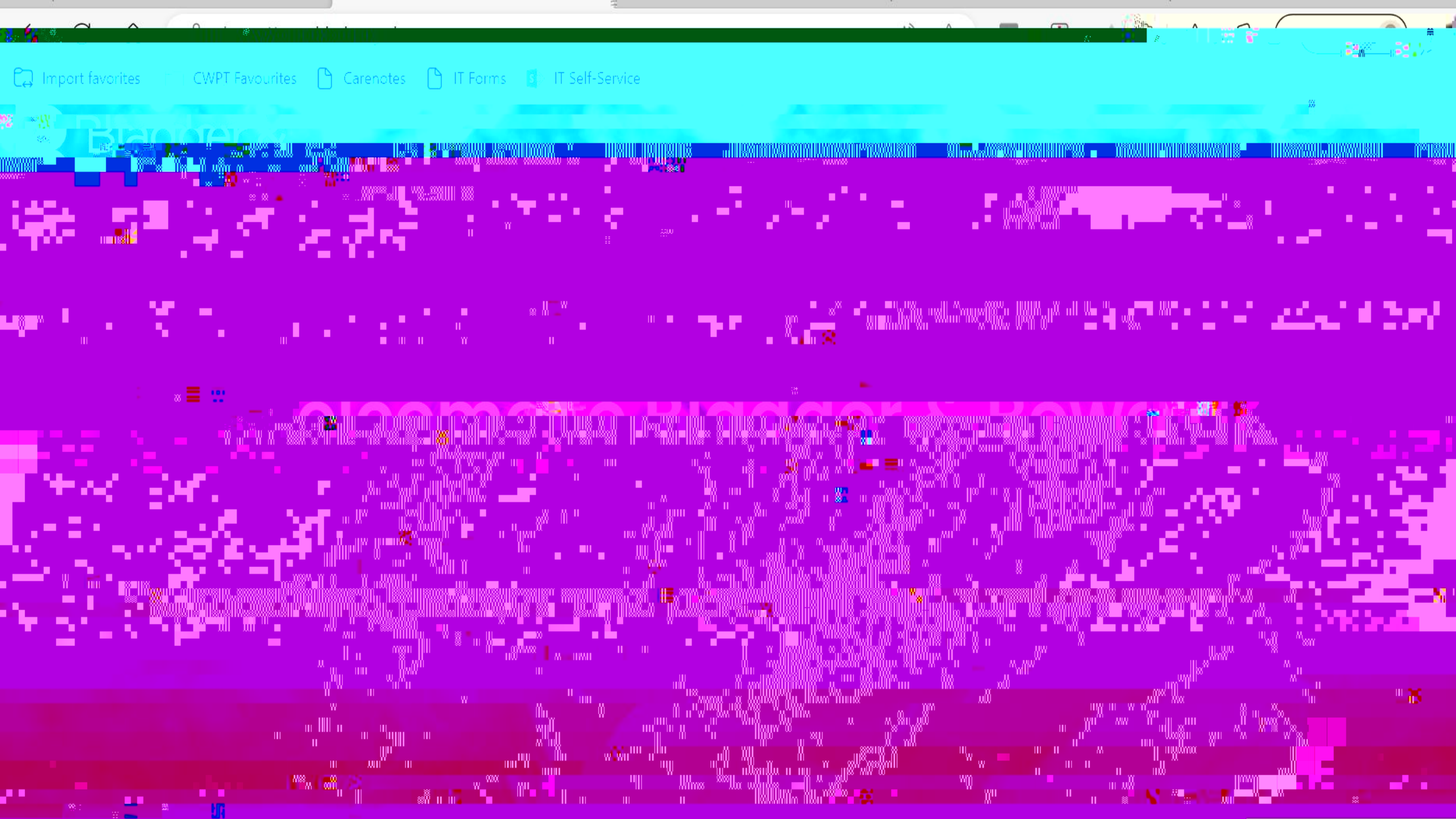


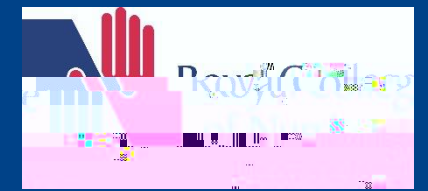


Symptoms	Underlying causes / risk factors	Investigations and Treatments
Recurrent urinary tract infections	Enlarged Prostate / prostate cancer	3 day bladder diary
Urinary frequency	Female Organ Prolapse	Bladder scan
Difficulty voiding	Faecal impaction / constipation	Treat constipation
Stop / Start Stream	Urethral stricture	PSA test / rectal examination of prostate rule out prostate cancer. Treat Benign Prostatic Hyperplasia
Straining to void	Underlying neurological condition e.g Multiple Sclerosis, stroke	Manage female organ prolapse
Voiding without any warning	Spinal Cord Injury	Teach intermittent self-catheterisation
Nocturnal enuresis	Bladder or other cancer	Indwelling urinary catheter last resort



Underlying causes	Treatment / management options
Poor mobility / balance	Physiotherapy referral
Dementia / cognitive impairment	Occupational therapy referral
Learning Disabilities	GP review of underlying health condition e.g arthritis
Pain	Pain review
Communication problems	Commode / urinal / penile sheaths / pads
Acute illness	Referrals to social services
O	Social prescribing / signposting to partner organisations.





## CONFidence App

