

Incontinence & Toileting

Patients with limited mobility may need assistance with toileting and may have issues with urinary incontinence. Here are steps you and your caregivers can take to manage these personal care issues.

Managing urinary incontinence:

Urinary incontinence is the inability to control urination. You may leak urine or may not be able to hold your urine at all. These are some causes of urinary incontinence:

- Use of medications such as diuretics (water pills), sedatives (sleep aids) or alcohol
- Inability to reach the bathroom quickly
- Constipation
- Confusion
- Anxiety or nervousness
- Urinary infections
- Side effects of radiation treatments

What can help you manage incontinence?

Managing urinary incontinence can prevent discomfort, skin problems and possible infection. Your nurse and CNA can help you determine what may be the most helpful. Here are some suggestions:

- Take diuretics, if ordered, early in the day.
- Use adult briefs (Depends/Attends), pads, shields and/or protective bed pads to catch the urine.
- Change soiled briefs, pads or linens immediately to prevent skin breakdown.
- Clean the area with soap and water after each incontinent episode. Dry well. A barrier cream may be helpful to prevent skin irritations. Your nurse can recommend creams to help prevent skin problems.
- Check for wetness every two hours.

Caregivers can assist by:

- Asking you frequently if you need to use the urinal, bedside commode or bedpan. Place these items close by, for convenience.
- Moving you closer to the bathroom, if possible.
- Offering assistance in taking you to the toilet.
- Encouraging you to drink less fluid late in the day.
- Offering reassurance and understanding of the problem.

Caregiver tips for assisting the patient with use of a bedpan:

- Use gloves when assisting the patient on and off a bedpan.
- Roll the patient to one side.
- Place the bedpan squarely under the buttocks with the thinner end of the pan near their waist.
- Place a towel or Chux (disposable plastic pads) under the bedpan to protect the sheets.
- Roll the patient back over on top of the bedpan.
- Check to make sure the bedpan is in the right position.
- If able, place the patient in a sitting position.
- Stay nearby for safety.
- When the patient is done, lay their head down and carefully roll them to one side.
- Remove the bedpan.
- Help cleanse the area, if assistance is needed, and pat dry.
- Roll the patient back.
- Dispose of waste in toilet and clean out bedpan.
- Remove gloves and wash hands. If the patient has assisted, they may need to wash their hands as well.

Continued on following page.

Managing a urinary catheter:

A urinary catheter drains urine continuously from the bladder through a plastic tube into a bag. It is held inside your bladder by a small balloon filled with sterile saline. The catheter eliminates the need to use a bedpan or toilet for urination, but a bedpan is still needed for a bowel movement.

What caregivers can do to help:

- Wash your hands with soap and water before and after handling the catheter, tube or bag.
- Keep the bag below the level of the patient's bladder at all times.
- Check frequently to be sure there are no kinks or loops in the tubing and that the patient is not lying on the tubing.
- Do not pull or tug on the catheter.
- Wash around the place where the catheter enters the body with soap and water twice each day and after each bowel movement.
- Do not use powder around the catheter entry.
- Periodically check the skin around the catheter entry site for signs of irritation, redness, tenderness, swelling or drainage.
- Offer fluids frequently, especially water or cranberry juice.

Emptying the catheter bag: The catheter bag should be emptied as often as needed or at least every 12 hours. Leg bags, which are smaller bags attached to the leg, should be emptied every three to four hours.

- Gather gloves, a container to collect urine and an alcohol swab.
- To empty the bag, follow these steps:
 - › Put on gloves.
 - › Remove the drainage tube from its sleeve (on the bag) and point it into the container.
 - › Unclamp the drainage tube. Try not to touch the end of the tube to any surface.
 - › Let the urine drain into the container.
 - › Reclamp the tube.
 - › Clean the tip of the drainage tube with an alcohol swab.
 - › Re-insert the tube into the sleeve.
 - › Empty the container into the toilet.
 - › Rinse container to prevent odor.

Common catheter concerns and suggestions:

- After catheter insertion, you may feel mild burning or a need to urinate. This is a common feeling.
 - › Try deep breathing, relaxation exercises or a diversion such as reading or watching TV.
 - › Call the nurse if these symptoms persist for more than a day or two.
- The urine is dark or amber-colored. This can be caused by some diseases, some medicines, or when you do not drink a lot of fluids.
 - › Encourage and increase fluids as tolerated.
 - › Ask the nurse whether your illness or medications can cause dark urine.
 - › Monitor for fever and discomfort.
 - No urine has drained into the tubing or bag.
 - › Try changing your position.
 - › Check for leaking around the site where the catheter enters the body.
 - › Check to see if there is fullness, pressure or pain in the lower abdomen.
 - › Call the nurse if there is leaking, discomfort, pressure or you have tried everything else and you still see little or no urine in the bag six to eight hours after you emptied it.

Notify your care team anytime you have questions or concerns about incontinence, bedpan use or catheters.