

APPLIANCES THAT CAN ASSIST WITH PATIENTS' CONTINENCE

Functional incontinence, where toileting has become problematic due to reduced mobility, can often be resolved with the use of one of the many aids and appliances now available. Over the years there have been many developments, such as hand-held urinals, that can help healthcare workers promote continence. Most of these are readily available for patients use but are not always well publicised.

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Incontinence is both distressing and debilitating and can lead to depression, isolation and conflict between patients and carers. It is second only to dementia as a major contributory factor for admission to a residential or nursing home and up to 40% of residents will suffer with urinary incontinence (Department of Health, 2000).

Functional incontinence is a problem for patients and carers alike as it results in additional pressures, such as increased cleaning and washing. Patients often end up having to wear incontinence pads or require the insertion of a catheter in order to manage their incontinence.

However, there have been many advances in continence aids, such as hand-held urinals and appliances that contain urine, the majority of which are available on prescription. However, these options are not always well publicised and are often overlooked as management techniques.

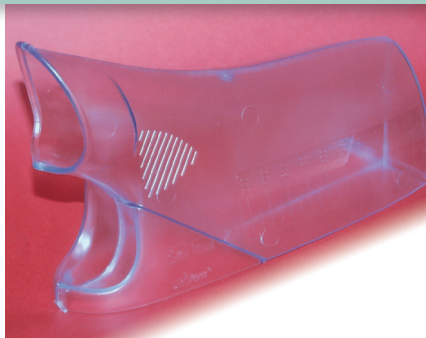


Figure 1: The URIfem™ female urinal (Manfred Sauer, Northampton).

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AIDS FOR PROMOTING CONTINENCE

Hand-held urinals

Hand-held urinals are designed to be used by the patient or carer and are therefore smaller than traditional urinals or bed pans. They are invaluable for those who have impaired mobility and are unable to get to the toilet. The different designs available cover the needs of those who are chair or bed-bound.

When considering which urinal may be best suited for the patient, the following should be

considered:

- ▶▶ The position in which the urinal is going to be used – some are more efficient when the patient is lying down or sitting
- ▶▶ The dexterity of the patient
- ▶▶ The flow of urine and the amount of urine being passed – it is essential that the system selected is able to cope with the volume of urine produced by the patient
- ▶▶ Ease of cleaning.

Some hand-held urinals have been designed to be attached to a urine drainage bag. This has the advantage of being able to cope with multiple voids, for example overnight, or where a carer is only visiting periodically throughout the day.

Absorbent gel is also available on prescription. This can be added to the urinal before use and helps prevent spillages. When using gel, it is imperative that the design of the urinal makes it easy to clean.

The technique of using a hand-held urinal can take time to perfect and initially there may be some problems with positioning and leakage. Initially, healthcare workers should advise patients to

use the urinal when the bladder is not overfull in order that they can gain confidence and find the optimum positioning for them.

Patients should be encouraged to persevere and to place a towel or washable protective pad underneath themselves until they master the technique.

There are several hand-held urinals available and it is worth contacting either the continence service or the manufacturers for further advice (*Figures 1 and 2*).

Funnels/ urine directors

Some male patients have a penis that retracts into the body or a poor flow of urine. These patients may present with soiling of their clothes as the urine flows down the front of the scrotum.

If there is still some penile length, a urine director can be used to direct the urine away from the body and into the toilet bowl. If the patient is not ambulant, a drainage bag can be fixed to the end of the funnel and used in a sitting position.

If the penis is totally retracted, or if there is evidence of an enlarged scrotal area or hernia, a large plastic household jug can be used. The patient should be advised to place the penis and scrotum into the jug in order that the urine can be collected.

Funnels/urine directors are also available for women and can be particularly useful when the stream of urine sprays outwards. They can also be used to urinate directly into the toilet or attached to a drainage bag (*Figure 3*).

Pocket/portable urinals

Discreet pocket-sized urinals have been developed to enable those with functional incontinence or urgency to lead a more normal life. They can be used when the patient is either standing or sitting.

Toilets are not always accessible to wheelchair users and portable urinals prevent them having to carry around more cumbersome urinals. Portable urinals can be easily emptied down a drain if a toilet is not available.

Pocket urinals can be placed discretely in the patient's clothing or handbag and once used can be put in a plastic bag until they can be emptied in a convenient place.

Urine-containing appliances

There are many different urine-containing appliances available for male patients in particular. Although one-piece sheaths have become the most popular, there are many other products available. Many of these can be tailored to meet the preferences of each patient.

Body worn systems

Some male patients may have difficulty keeping a sheath in situ due to penile retraction. In these incidences, it can be worth looking at a body-worn appliance. There are various models available, some involving belts and straps, while others incorporate underwear with a stoma-like bag attached (*Figure 4*).

For men whose penis retracts making sheaths unsuitable, pubic

pressure devices provide gentle pressure at the base of the penis, against the pubic bone, to preventing retraction.

These systems rely on tension provided by belts and straps that need to be firmly applied and can take time for the skin to adjust to. These systems have



Figure 2: The Saddle Urinal™ (Beambridge Medical, Guildford) (above left) is designed in a wedge shape to enable it to be pushed down into the mattress. The Bridge Urinal™ (Beambridge Medical, Guildford), (above right) is designed to be used either in a bed or chair and can be attached to a drainage bag.



Figure 3: Male and female urine director/funnels (Beambridge Medical, Guildford).



Figure 4: Body-worn devices.

evolved over the years and have become less bulky. However, it is still worth seeking advice from a nurse specialised in fitting body-worn appliances to ensure that the system will be suitable for a particular patient.

If the patient has an enlarged scrotal area (for example, due to hernia or hydroceles), then the penis is likely to be severely retracted or may even be totally retracted. In this instance, the above mentioned body-worn systems are not recommended due to the nature of the straps and the level of tension required.

However, a retracted penis pouch (such as that available from Hollister [Wokingham]) can be used to effectively manage this problem. The flange area can be cut to the diameter of the penis and the penis placed into the bag. The bag can then be stuck to the skin area around the base of the penis.

To enable a greater drainage capacity and to prevent the pouch pulling at the skin it is best to attach a leg-bag to the end of the bag.

Alternatively, if the penis is partially retracted, or the shaft of the penis has become sore from wearing a one-piece sheath, then it is worth trying an external urine drainage device (such as the BioDerm® [CliniMed, High Wycombe]). These devices stick to the glans of the penis with thin hydrocolloid petals and tape. This can then be attached to a leg drainage bag and left in situ for up to three days.

FACTORS TO CONSIDER

When deciding which appliance may be the most suitable, healthcare workers should consider the following points:

- » The patient's mobility – some appliances are less suitable for people who are very active
- » The patient's manual dexterity – some appliances have straps and fastenings
- » The patient's eyesight – good eyesight is useful when fitting an appliance, although it may be possible for the patient to fit the appliance by touch
- » The patient's personal preference
- » The patient's degree of incontinence – there are different systems to suit the level of leakage
- » The flow of urine
- » In the case of male patients, penile length. This can effect the efficacy of certain products
- » Leg amputation – this can reduce the efficacy of some body-worn products
- » Stomas – the straps of a body-worn appliance may interfere with a stoma site
- » Latex allergies – some products may have to be ruled out if the patient has an allergy.

CONCLUSION

Hand-held urinals can be an excellent way of maintaining independence and containing urine and should not be overlooked for those people who have mobility problems and who are unable to get to a toilet.

Key Points

- » **Incontinence is both distressing and debilitating and can lead to depression, isolation and conflict between patients and carers.**
- » **Incontinence is second only to dementia as a major contributory factor for admission to a residential or nursing home and up to 40% of residents will suffer with urinary incontinence (Department of Health, 2000).**
- » **Functional incontinence is a problem for patients and carers alike as it results in additional pressures, such as increased cleaning and washing.**
- » **There have been many advances in continence aids, such as hand-held urinals and appliances to contain urine, the majority of which are available on prescription.**

However, there may be a few teething problems and it is worth spending time with the patient to encourage them and ensure they persevere with the particular appliance chosen.

For those men who need to contain urine, it is worth considering alternative solutions to sheaths as they are not always ideal. Healthcare workers should also look at other strategies before opting for indwelling catheters as these are seldom trouble free. **CE**

REFERENCES

Department of Health (2000) *Good Practice in Continence*. Department of Health, London