

A GUIDE TO THE FITTING OF URINARY INCONTINENCE PADS

This article looks at the different types of urinary incontinence that healthcare workers may encounter in the workplace and highlights where a containment product (pad) may be required. The article also examines how healthcare workers can select the correct products and fit them in the right way. Finally, the article details how these pads are manufactured and explains the benefits of absorbency.

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The Continence Foundation (2000) estimates that incontinence costs the NHS £423m annually. Part of this cost is incurred by the inappropriate supply and/or use of containment products, such as continence pads. This article looks at the different types of urinary incontinence that healthcare workers may encounter, some of the treatments available and where a pad is required. The article also outlines the correct fitting procedure. It is hoped that this will provide healthcare workers with a best practice reference into why, when and how to apply pads.

URINARY INCONTINENCE

Urinary incontinence can affect people of all ages and is the second most common reason for admission to a care home. It is estimated that urinary incontinence affects one-third of people in residential homes, two-thirds of people in nursing homes and as many as half of those in older people's inpatient units (Department of Health, 2000).

Sandwich structure

Top-layer (non-woven)
Absorbing core made of fluff and SAP
Foil



Figure 1: The structure of a typical continence pad.

'Overflow incontinence occurs when the bladder is so full that it continually leaks urine.'

Forty-two per cent of women aged 18 and over in the UK have symptoms of urinary incontinence (Hunnskaar et al, 2004) and 28.5% of men aged 40 years and over have clinically significant symptoms of one or more bladder problems (Perry, 2000). Susceptibility to incontinence increases with age, but it can affect people at any stage of life.

TYPES OF URINARY INCONTINENCE

Urinary incontinence is defined

as 'the complaint of any involuntary leakage of urine' (International Continence Society, 2002). There are different types of urinary incontinence, including the following.

Stress incontinence

This is a very common type of incontinence. It can be described as the patient complaining of any involuntary urination related to strain, sneezing or coughing. It can be caused by a weakness in the pelvic floor muscles, a lack of oestrogen, constipation, an overfilled bladder or urethral sphincter incompetence. Stress incontinence is treatable and can be managed by teaching patients

pelvic floor exercises, reduction of caffeine intake, medication or surgical intervention.

Urge incontinence

This can be described as a complaint of involuntary urination accompanied by, or preceded by, the urgent desire to void, which is difficult to suppress. Urge incontinence can be caused by an overactive bladder, urinary tract infections, spinal injury, stroke, bladder calculi or constipation. It can also be successfully treated by a bladder retraining programme, reduction of caffeine intake, treatment of the underlying infection, alleviation of the constipation or surgical intervention.

Mixed incontinence

Mixed incontinence is defined as involuntary urination linked to an urgent urination urge and/or strain when sneezing or coughing. This is probably the most common type of incontinence and treatment consists of targeting the symptoms that the patient presents with.

Overflow incontinence

This type of incontinence occurs when the bladder is so full that it continually leaks urine. It can present as a feeling of incomplete emptying of the bladder, hesitancy, straining or slowing of the urinary stream, nocturia, or recurrent urinary tract infections.

Causes of this type of incontinence include constipation, an enlarged prostate (males), nerve damage, e.g. through multiple sclerosis, stroke, diabetes, or spinal injury. Management of

overflow incontinence includes treating the underlying causes, i.e. constipation, intermittent catheterisation or the use of pads.

Reflex incontinence (neurogenic bladder)

Reflex incontinence is the partial loss of urine resulting from the bladder filling and emptying without warning or sensation. Reflex incontinence can be as result of spinal injuries, multiple sclerosis, stroke or Alzheimer's disease. Treatment of a neurogenic bladder involves a toileting programme, catheterisation or the use of pads.

Functional incontinence

People with functional incontinence may have physical, mental health or communication problems that prevent them from reaching a toilet. It can be the result of physical immobility, cognitive impairment/dementia, phobias or environmental influences.

Treatment of functional incontinence involves orientation of patients to their environment, the use of toileting aids, such as urinal bottles, and the clear marking of toilet facilities and removal of any physical obstructions to patients reaching the toilet.

PRODUCT SELECTION

This article concentrates on the correct selection and fitting of pads. Pads are an essential part of the management of urinary incontinence but they should only be issued after an initial assessment has been

completed. Providing any product prematurely can lead to patients becoming psychologically dependent on them and reluctant to accept alternative treatments.

Pads should usually be used on a short-term basis depending on the patient's symptoms. However, patients presenting with intractable urinary incontinence may require pads for a longer period of time.

The aim is to keep the incontinent patient dry by using a pad as small as possible and as large as necessary. The dimensions of a patient's posterior do not determine the size of the pad to be used – this is decided by the amount of urine the patient passes (as determined by the initial assessment).

It is, therefore, important to know the absorbency levels of the pad being used. Most pad companies employ trained nurse advisors who will provide advice and training on their products.

The two main types of pad are the two-piece system, i.e. a shaped product used in conjunction with a fitting product (e.g. net pants), and an all-in-one pad.

In the author's opinion, the two-piece system is easier to apply correctly and provides greater comfort and protection for the patient. An all-in-one product should only be used with patients who have a tendency to remove or interfere with their pads, however, all-in-one products should not be used in confused patients.



Figure 2: A two-piece system.

PAD STRUCTURE

Pads do vary from company to company but they should all incorporate the following features (Figure 1):

- ▶▶ A non-woven top layer, which allows fluid to pass through quickly, thus leaving the skin dry
- ▶▶ A special dry layer placed directly below the upper layer that ensures quick absorption and dispersion of the fluid to the absorbent core
- ▶▶ The absorbent core is made up of long fluff (paper) fibres (these absorb approximately 10 times their own weight) and super absorbent powder (SAP). SAP absorbs 30–50 times its own weight and looks like granulated sugar in its dry form. When it comes into contact with fluid it forms a gel that holds the absorbed fluid in the core of the pad and away from the patient's skin
- ▶▶ Embossed channels help to spread the fluid along the full length of the absorbent core. Thus, whether a patient tends to urinate towards the front or rear of the pad, the channels ensure the fluid is evenly distributed

- ▶▶ The sides of the pad are equipped with leakage barriers. These are manufactured from a special non-absorbent material and once correctly fitted, reduce the incidence of leakage
- ▶▶ A soft foil back sheet promotes comfort and possesses sufficient strength to prevent the pad from tearing. The foil should be breathable in order to improve skin care and comfort
- ▶▶ Elastic borders help to ensure a perfect fit and reduce leakage
- ▶▶ A wetness indicator that disappears or changes colour when the pad is full.

FITTING A PAD

There are some general rules that should be followed when fitting a pad:

- ▶▶ Do not touch the inside of the pad
- ▶▶ The pad should fit neatly into the patient's groin
- ▶▶ The foil (back sheet) of the pad should be turned away from the body and the groin
- ▶▶ Apply the pad from front to back and always remove the pad from behind
- ▶▶ Do not use any talcum powder on or near the pad
- ▶▶ hick oil-based barrier creams tend to block the pad's top dry layer. You should use only a very small amount and apply the cream sparingly in a single layer to the skin. If the patient's skin is not marked or red do not apply cream.

Healthcare workers should observe the following advice

when it comes to pad-changing frequency:

- ▶▶ Pads should be changed when required
- ▶▶ When the wetness indicator on pads changes colour, this indicates that the pad is two-thirds full and should be changed
- ▶▶ Leakage from the pad means that it has not been properly applied and should be changed
- ▶▶ The pad should be changed every 3–4 hours during the day and evening
- ▶▶ The pad can be used for up to eight hours during the night to promote adequate sleep patterns
- ▶▶ A pad should never replace a regular toileting programme.

FITTING A TWO-PIECE SYSTEM

A two-piece system involves using a shaped product, for example an Abri-San pad (Abena, Coventry) (Figure 2), along with a separate fitting product such as net pants. In the author's opinion, this system provides optimum absorbency along with easy application and improved skin care

Before fitting the product the healthcare worker should:

- ▶▶ Fold the pad lengthways with the foil side turned outwards to create a V-shaped channel along the pad
- ▶▶ Never touch the inside of the pad (avoids the danger of cross-infection)
- ▶▶ Do not flatten the pad (flattening will reduce the effectiveness of the pad and increase the likelihood of leakage)

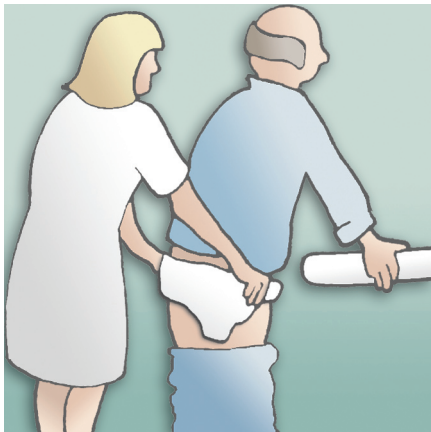


Figure 3: When preparing to fit a pad, ensure the patient is well-supported.



Figure 4: Pass the pad from front to back, ensuring the V-shaped channel is maintained between the patient's legs.



Figure 5: Fan out the front of the pad and pull up, thus fitting the pants.

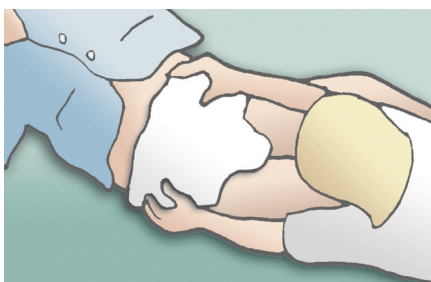


Figure 7: Pull the brief out horizontally from between the patient's legs.

- ▶▶ Ensure the patient's waist and hip measurements have been recorded to ensure that the correct fitting pants are selected (both waist and hip measurements should be taken and the largest used to select the size of fitting pants required).

Fitting the product

The following procedure should be adhered to by healthcare workers when fitting a two-piece system:

- ▶▶ Ensure the patient is well-supported (Figure 3)
- ▶▶ Ensure the correct size fitting products (e.g. net pants) are in place
- ▶▶ Pass the pad from front to back, ensuring the V-shaped channel is maintained between the patient's legs (Figure 4)

- ▶▶ Pull the back of the pad out horizontally from between the patient's legs and position the upper rear end of the pad at the patient's coccyx
- ▶▶ Fan out the front of the pad horizontally and pull up, thus fitting the pants (Figure 5)
- ▶▶ Ensure the pad fits snugly into the groin
- ▶▶ Adjust the front of the pad by taking the front foil corners between thumb and forefinger and gently pulling the pad forwards and upwards into the patient's groin
- ▶▶ Secure fitting pants by pulling elasticised leg gently up into the patient's groin.

FITTING AN ALL-IN-ONE PAD

Before fitting the all-in-one pad (Figure 6), the healthcare worker should:

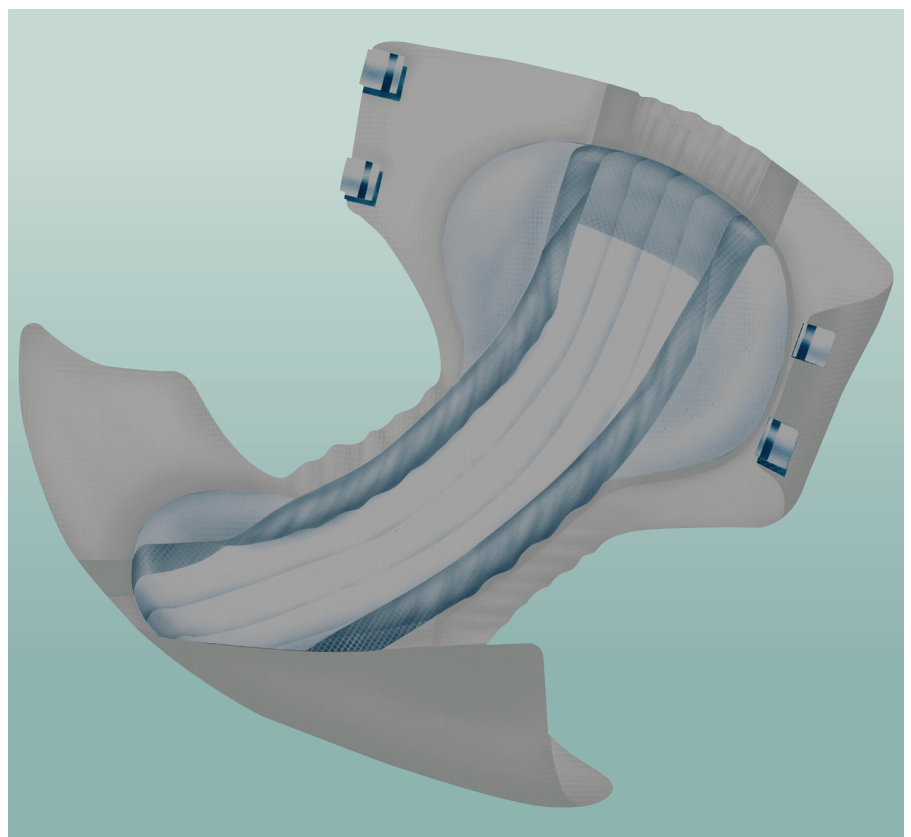


Figure 6: An all-in-one pad.

- ▶▶ Fold the all-in-one brief lengthways with the foil side turned outwards to create a V-Shaped channel along its length
- ▶▶ Never touch the inside of the brief
- ▶▶ Never flatten out the brief
- ▶▶ Check that the patient's waist/hip measurements have been taken and that the brief is the correct size (take both hip and waist measurements using the largest of the two as a guide to select the correct size).

Fitting the product

The following procedure should be adhered to by healthcare workers when fitting an all-in-one system:

- ▶▶ Pass the brief from front to back
- ▶▶ Pull the brief out horizontally in front of the patient – shape it to create 'pants with legs'
- ▶▶ Pull the back of the brief horizontally out from between the patient's legs. Make sure the pad fits snugly into the groin area with the foil side turned outward (*Figure 7*)
- ▶▶ Afix the bottom tapes on both sides of the brief. It may be helpful to angle the tapes slightly upwards to improve the fit around the legs
- ▶▶ Form a pleat in the band of the brief
- ▶▶ Afix the top tapes at a downward angle over the pleat
- ▶▶ Ensure the edges of the brief ease into the groin area, with the foil side turned away from the skin
- ▶▶ Readjust tapes as required.

WHEN SHOULD PADS BE CHANGED

Pads have wetness indicators along the outer foil that denote the amount of urine/fluid contained in the pad (in some makes these consist of two yellow lines that turn bright blue when they come in contact with fluid). A pad should be changed when the wetness indicators have changed colour along two-thirds of its length.

If the colour has changed along less than two-thirds of a pad's length, it can be left in situ and changed during the next check. Pads should be changed every 3–4 hours during the day/evening and can be left on for up to eight hours overnight.

CONCLUSION

A healthcare worker's knowledge of pads and when they should be changed can make all the difference to a patient's comfort and dignity, as well as having a positive effect on the integrity of the skin. It is important to remember the following key points:

- ▶▶ Is the cause of urinary incontinence known?
- ▶▶ Is the pad necessary?
- ▶▶ The pad must not be used to replace toilet visits
- ▶▶ Does the pad have the correct level of absorbency?
- ▶▶ Is the pad fitted correctly?
- ▶▶ Has the correct standard of hygiene been adhered to?
- ▶▶ Is the pad sufficiently absorbent to aid a restful sleep?
- ▶▶ Is the pad correct for the patient and is the patient satisfied. **CE**

Key Points

- ▶▶ The Continence Foundation (2000) estimates that incontinence costs the NHS £423m annually.
- ▶▶ Part of this cost is incurred by the inappropriate supply and/or use of containment products, such as continence pads.
- ▶▶ Urinary incontinence can affect people of all ages and is the second most common reason for admission to a care home.
- ▶▶ This article looks at the different types of urinary incontinence that healthcare workers may encounter and outlines the correct fitting procedure.

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