



Wound
Ostomy and
Continence
Nurses
Society

Role of the Wound Ostomy Continence Nurse or Continence Care Nurse in Continence Care

Background

Incontinence (i.e., loss of bladder and/or bowel control) is a significant health care problem, which affects an individual's physical and psychosocial life. The social costs of incontinence are high and even mild symptoms affect social, sexual, interpersonal, and professional function. Incontinence creates a burden on families and caregivers and has a significant economic impact on society.

The incidence of incontinence increases with age and is greatly impacted by factors that affect independent living. In 2000, the cost of incontinence was \$12.6 billion. With increasing numbers of people that are sixty-five years of age and older, dealing with issues relating to incontinence will have a major economic impact on society.

Urinary Incontinence

Urinary incontinence is a stigmatized, underreported, under-diagnosed, and under-treated condition that is erroneously thought by many to be a normal part of aging.

- Nocturnal enuresis is the predominant type of incontinence among children.
- The incidence of incontinence among elderly nursing home residents, is estimated to be 47%-70%, and is the second leading cause noted by caregivers for seeking nursing home placement.
- 53% of homebound, older persons are incontinent or have overactive bladder/urge incontinence.
- One-third of men and women, thirty to seventy years of age, experience loss of bladder or bowel control at some point in their adult lives; one-third get out of bed two or more times per night to urinate; one in eight report losing urine on route to the bathroom; and two-thirds have never discussed bladder health with their doctor.
- Only one in eight Americans who have experienced loss of bladder control have been diagnosed.
- On average, women wait 6.5 years from the first time they experience symptoms until they obtain a diagnosis for their bladder control problem(s).

- Men are less likely to be diagnosed than women.
 - Men are also less likely to discuss incontinence with friends and family and are more likely to be uninformed.
- Two-thirds of individuals who experience loss of bladder control symptoms do not use any treatments or products to manage their incontinence.
- In the elderly population, the need for frequent toileting and/or urgency to void increases the risk of falls by 26% and bone fractures by 34%.
- It is estimated that approximately 80% of persons affected by urinary incontinence can be cured or improved.
- A recent study has shown that pelvic floor muscle training and bladder training resolved urinary incontinence in women as effectively as some anticholinergic drugs and was more effective than other approaches.

Fecal Incontinence

Fecal incontinence is the inability to control the passage of gas and/or liquid or solid stool.

- More than 5.5 million Americans are estimated to experience episodes of fecal incontinence.
- 6%-10% of men and 6%-15% of women experience fecal incontinence without urinary incontinence.
- 2.2 % of all women who have delivered one or more children may experience fecal incontinence.
- 7% of healthy people, sixty-five years and older, experience fecal incontinence.
- 23% of stroke patients experience fecal incontinence.
- 33% of elderly people at home or in a hospital experience bowel control problems.

Combined Urinary and Fecal Incontinence (Dual Incontinence)

Dual incontinence impacts 25% of all U.S. adults during their lives.

Role of The Continence Nurse

The continence nurse provides expert care to patients with urinary and/or fecal incontinence by conducting a focused assessment, performing a limited physical examination, synthesizing data, developing a plan of care, and evaluating interventions. The role includes, but is not limited to, serving as an expert clinician, consultant, educator, and/or administrator/manager in various health care settings.

Continence nursing management is based on an in-depth knowledge of normal voiding and defecation physiology, common alterations in bowel/bladder function and their

sequelae, and a basic understanding of common diagnostic studies (e.g., urinary analysis, culture and sensitivity, studies of the urinary and lower digestive tract).

Continence Nurse Competencies

Specific competencies of the continence nurse include the following skills and abilities:

- Performs a focused assessment
- Obtains a relevant history
- Performs bedside testing of bladder filling and sensation (bedside cystometrogram)
- Measures post-void residual urine by catheterization or bladder scan
- Synthesizes data related to incontinence to identify individuals at risk, reversible causes, types of urinary incontinence, and common bowel dysfunctions that contribute to fecal and/or urinary incontinence
- Makes an appropriate nursing diagnosis of urge, stress, mixed, and/or functional urinary incontinence
- Uses/recommends appropriate management strategies including the following interventions:
 - Educates and counsels patients, families and staff regarding
 - behavioral therapies such as toileting programs, urge suppression, and pelvic muscle exercises
 - bowel training or stimulated defecation programs;
 - intermittent self catheterization
 - care of indwelling urethral and suprapubic catheters
 - incontinence products
 - measures to clean, protect, and moisturize the perineal skin
 - treatments for incontinence related skin breakdown
 - fluid and dietary modifications
 - Monitors therapeutic effects of medication therapy
 - Provides pelvic floor rehabilitation and re-education via electrical muscle stimulation and biofeedback, in some settings
 - Evaluates outcomes of interventions and reports to the primary care provider as appropriate
 - Makes appropriate referrals for recurrent urinary tract infections, hematuria, pelvic organ prolapse, urinary retention, and pelvic pain syndromes
 - Monitors overall quality of care to identify needs for improvement

Role of the Advanced Practice Continence Nurse

The advanced practice continence nurse provides expert care to patients with urinary and/or fecal incontinence by conducting a focused assessment, performing a comprehensive physical examination, synthesizing data, developing a plan of care, and evaluating interventions. The role includes, but is not limited to, serving as an expert clinician, consultant, educator, and/or administrator/manager in various health care settings.

Advanced Practice Nurse Continence Competencies

The advanced practice continence nurse possesses the competencies of the continence nurse, and in addition has the following advanced competencies in accordance with an advanced level of education at the Master's level and in accordance with state practice regulations:

- Performs a comprehensive physical assessment that may include a pelvic examination for masses, prolapse, and urethral hypermobility; a digital rectal exam of the prostate, and a neurologic assessment
- Synthesizes data
- Uses/recommends appropriate management strategies including the following interventions:
 - Interprets diagnostic studies such as urodynamic studies and studies of bowel motility and elimination
 - Prescribes pharmacologic treatment for common conditions of the urinary tract and bowel such as urinary tract infection, overactive bladder, constipation, and diarrhea
- Provides care for common gynecological conditions such as vaginitis and pelvic organ prolapse (i.e., fitting and management of pessaries)
- Performs complex, multi-channel urodynamic studies with/or without fluoroscopic imaging
- Performs anorectal manometry studies
- Provides pelvic floor rehabilitation and re-education via electrical muscle stimulation and biofeedback

Conclusion

The continence nurse is in an excellent position to meet the needs of patients with urinary and/or fecal incontinence across all practice settings. The continence nurse is skilled in the collaborative practice approach required for comprehensive patient management in today's health care environment.

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