

Role of Wound, Ostomy and Continence Nurses in Continence Management (1996)

Incontinence is a significant health care problem, and one that is growing in magnitude as the population ages. Current statistics include the following:

- 33% of community-dwelling individuals over the age of 65 are affected by urinary incontinence, and 30% of the homebound population report urinary incontinence as a significant contributor to their homebound status;
- 50% of the institutionalized elderly are incontinent of urine, and urinary incontinence is frequently a significant factor in the decision to institutionalize the individual;
- 1 of 6 women over the age of 45 reports a problem with urinary incontinence;
- 15% of the elderly population is fecally incontinent, and 30% of the institutionalized elderly are reported to have "double incontinence";
- The significance of incontinence as a commonly occurring and expensive health care problem is underscored by its inclusion in the initial group of health care problems to be addressed by the AHCPN guidelines, and by the increasing emphasis by regulatory agencies on bowel and bladder management in the institutionalized population.

The WOC nurse is in an excellent position to meet the needs of individuals with urinary and/or fecal incontinence. The WOC nurse is knowledgeable regarding: the anatomy and physiology of the GI, GU, and integumentary systems; in addition, the WOC nurse is comfortable in dealing with elimination problems and the related psychosocial issues. Finally, the WOC nurse can function effectively in a variety of health care settings and is skilled in the collaborative practice approach required for comprehensive patient management. Thus, the WOCN believes that the WOC nurse is uniquely prepared to assume the role of continence nurse and supports the following definitions:

Incontinence is the involuntary loss of urine or feces of sufficient magnitude to comprise a problem for the patient or caregiver.

Urinary Incontinence is the involuntary loss of urine.

Fecal incontinence is the involuntary loss of feces.

Double incontinence is the combination of urinary and fecal incontinence.

Continence Care Nursing is the identification, assessment, and management of urinary, fecal, and double incontinence. Nursing examines health care problems from a holistic perspective including management of both urinary and fecal loss, causative factors, and complications. Continence Care Nursing practice should include prevention, risk assessment, and management of secondary complications including changes in perineal skin integrity.

Primary continence management is based on an understanding of normal voiding/defecation physiology and common alterations in bowel/bladder function. Specific competencies of the primary continence nurse include the following:

- Identification of risk factors for urinary and fecal incontinence.
- Assessment of urinary and fecal incontinence to include:
 - Relevant history
 - Focused physical examination
 - Record of bladder and bowel elimination and incontinent episodes
 - Simple bedside cystometry
 - Identification of complicating factors such as infection, retention of urine, fecal impaction, perineal skin damage, neurologic disorders
- Establishment of an appropriate management program to include:
 - Dietary and fluid management
 - Bowel training or stimulated defecation program
 - Bladder retraining, prompted voiding, or scheduled voiding program
 - Pelvic muscle re-education without biofeedback
 - Indwelling catheter management
 - Intermittent catheterization program management
 - Recommendations regarding containment/ absorptive devices and skin care
 - Education and counseling for patient caregivers
- Identification of patients requiring referral for assessment/management of complex urinary or fecal incontinence.

Advanced continence nursing is based upon a more in-depth understanding of the pathophysiology associated with various types of incontinence. In addition to the competencies possessed by the primary continence care nurse, the advanced level practitioner possesses some or all of the following competencies:

- Assessment
 - Detailed physical examination to include evaluation of prolapse and urethral hypermobility
 - Performance of complex multichannel urodynamic studies with or without fluoroscopic imaging
 - Performance of anorectal manometry studies
- Management/Interventions
 - Pelvic floor rehabilitation and re-education via electrical muscle stimulation and biofeedback
 - Fitting and placement of vaginal pessaries