

## **Skin Care Guidelines for Incontinence Urinary (UI) and Fecal or Bowel (FI) Incontinence**

### **General Information**

The following is a brief definition of incontinence and a description of each type.

**Urinary Incontinence** is a symptom and is not part of the normal aging process. Incontinence can be caused by medications (i.e. diuretics), excessive intake of liquids, bladder irritants (i.e. caffeine, artificial sweeteners, chocolate & tomato-based foods), constipation and/or fecal impaction, immobility, an incompetent sphincter, or even the inability to manipulate clothing fasteners. The causes of urinary and fecal incontinence should always be brought to the attention of the physician and/or Nurse Practitioner & cause of incontinence determined. Avoid harsh rubbing of the skin when providing incontinence care.

**Stress Incontinence** is caused by sphincter incompetence. Typical symptoms are leakage of urine with physical activity in absence of urgency. Stress UI can result from sneezing or coughing.

**Urge Incontinence** is caused by detrusor overactivity (uncontrolled, premature detrusor contraction). This is the inability to reach the toilet in time.

**Reflex Incontinence** typically occurs in the individual with a lesion or disease of the spinal cord who has loss of pelvic sensations.

**Functional Incontinence** results when the individual has cognitive deficits and/or lacks the dexterity to manipulate buttons, zippers and clothing to do self toileting.

**Overflow Incontinence** is caused by the inability to effectively empty the bladder, resulting in dribbling or leakage.

**Fecal Incontinence** may be caused by a variety of problems from abnormal delivery of feces to the rectum, to sphincter dysfunction, muscular and or neuromuscular disorders and behavioral and/or developmental dysfunction. It is important to use an incontinence cleanser that helps emulsify feces, controls odor and protects the pH of the skin. Barrier ointments protect the skin by creating a barrier between the skin and the excrement.

**Denuded (otherwise known as "Excoriated") Perineal Skin** is injured, irritated skin as a result of exposure to stool, urine and/or topical agents. It involves a decrease in the skin's protective mechanisms and may include the loss of one or more layer of skin.

Avoid the use of soap due to its alkaline properties that may prevent or delay healing.

### **Topical Antifungal Products**

Both prescription and non-prescription products are commonly used to treat fungal and yeast infections.

Antibiotic therapy can destroy the normal balance of bacteria in the gut and cause overgrowth of normally "good" bacteria. This may result in diarrhea and monillal rashes (Candida Albicans), which is commonly known as "yeast." Candida is usually found in warm, dark, moist areas such as skin folds (i.e. the groin, beneath the breasts & abdomen). Candidiasis is characterized by pruritus, a white exudate, peeling, and erythema. Frequently the pustules are dispersed in a pattern with "satellite lesions."

Review the patient's history for diagnosis of diabetes and recent use of broad-spectrum antibiotics (i.e. during recent hospitalization). Inspect the perineal area and all skin folds for rashes and erythema.

Note: the presence of fissures within skin folds are suspicious of candidiasis.

If resident is continuously moist or voids large volumes of urine, topical miconazole powders will be washed away and likely not achieve the desired clinical outcome.

### **Containment Garments**

Diapers, plastic incontinence pads (i.e. "chux") or plastic linen savers are discouraged due to the fact that they retain heat and moisture. If the use of these products cannot be eliminated, limit to one pad at a time. Bulky and/or plastic lined incontinence pads also interfere with the therapeutic benefit of a low air loss mattress. If the resident is on a low-air-loss powered surface, "dry flow" type incontinence pads are recommended.

### **Preventive Skin Care**

The following are suggested guidelines for skin care protection for residents with dry skin and/or urinary & fecal incontinence using Swiss-American Products' formulary. The suggestions are not intended to replace facility protocols but may be incorporated into the plan of care for protection and treatment of the skin.

### **Dry Skin and Preventive Skin Care**

- ◆ Cleanse skin with mild cleanser, rinse with lukewarm water and pat dry. Apply Elta Crème to high risk areas, such as the back of the forearm and hand and lower extremities, particularly for residents with diabetes and venous insufficiency (never apply moisturizer between toes). Apply morning and night. Best applied after bathing or when skin is moist.
- ◆ Elta Lite should be applied to all other areas, including face and hands 2-3 x/day.

Well moisturized skin is more resistant to skin tears and pressure ulcers.

### **Perineal Skin Protection & Cleansing**

- ◆ Check frequently (generally every 2 hours while awake) for incontinent episodes and keep the skin as dry as possible.
- ◆ Cleanse with Elta Cleansing Foam or Elta Perineal Cleanser - paying particular attention to all skin folds. This will help emulsify fecal debris, control odor and protect the pH of the skin. Avoid scrubbing the skin. Pat dry.
- ◆ Apply Elta Seal moisture barrier ointment to protect intact skin from further excrement.
- ◆ Repeat after each episode of urinary and/or fecal incontinence.

### **Care of Denuded (otherwise known as "Excoriated") Perineal Skin**

- ◆ Cleanse the perineal area with Elta Cleansing Foam. Avoid scrubbing the skin. Gently pat skin dry.
- ◆ Apply Elta Dermavase to the perineal skin including any irritated or open skin areas.
- ◆ Repeat after each episode of urinary and/or fecal incontinence.
- ◆ Check frequently (generally every 2 hours while awake). It is critical to keep the skin clean & dry.

### **Antifungal Skin Care**

- ◆ If the rash is located in the perineal area, cleanse with Elta Cleansing Foam and pat dry. Apply Trivase antifungal, waterproof moisture barrier ointment to the entire area especially open and/or irritated areas. Repeat after each episode of incontinence.
- ◆ For residents with frequent fecal incontinence: after applying the Trivase, apply a thin layer of Elta Seal for extra wear and protection.
- ◆ If rash is located beneath skin folds in areas other than the perineal area (i.e. breasts and abdominal folds), cleanse the area with Elta Dermal Wound Cleanser. Apply a small amount of Trivase and repeat twice daily.