Continence- Beyond The Call Of Duty Or A Necessary Action?

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Introduction

The Royal Wolverhampton NHS Trust has a tissue viability strategy, which is a 3 year multi agency plan with an aim to prevent avoidable wounds and improve wound healing. As part of this strategy the formulary is being produced a pathway at a time in line with Lord Carters (2016) recommendations. The Trusts procurement completed some cost analysis and this made industry aware there was an opportunity to be on our pathway. When industry were made aware of our next pathway to prevent posture associated dermatitis, the team was inundated with good products to decide between. Particularly when products are compared in fish bowls of water. There was only one way to test them out.

Method

Week 1- one type of pad, and used product 1, well known barrier cream

Week 2- Another type of pad (switched back to pad week 1) and used a honey based barrier cream

Week 3- one pad type and used product 3, a well-known barrier cream that can be applied over open areas

Results

- All skin protection products all protected my skin extremely well. Week 1 and 3 product felt uncomfortable on the skin
- The honey based product felt more comfortable to wear

The evaluation however exposed others elements of continence management that need addressing and recognising nationally.

Week 1- I felt I had lost my dignity, was afraid to pass urine in the pad because of risk of spillage, it was an unusual feeling. It made me understand where urine leaks and distributes. However the most worrying factor was the pressure redistribution towards my ischium's. Sitting for 4 hours caused real pain, discomfort and skin changes. I also understood why patients and carers want to use 2 pads to feel more protected, however this redistributed pressure more towards to my sacrum as well as my ischium's. The pad also became distorted when dry. The pad was more comfortable wet than dry.

Week 2- This evaluation was not initially about evaluating pads, so I switched to our new pad supplier to examine why staff report issues. However I found this pad more absorbent, but was I just getting used to using a pad? With this question I returned to initial pad and yes it highlighted it had only taken a week for me to get used to using an incontinence pad. Pressure redistribution still occurred.

Week 3- was like week 2

Discussion

It is fair to say the 3 skin protection products were easy to apply and protected my skin well. This evaluation highlighted other factors such as:

- Increased Pressure redistribution to ischial and sacral areas
- Skin protection needs to be applied in a wide area around buttocks and medial thighs
- If the pad leaks is this due to patients having better urine flow and therefore should be toileting or incorrect pad selection
- It only took 1 week to become confident in using the pad. This raises concern about newly incontinent patients due to acute health problems, does the NHS support them well enough to have a plan to regain continence or do patients become reliant on incontinence pads too much. If I was in pain/ had poor mobility or was depressed I certainly would have chosen to use an incontinent pad instead of toileting after week 1.
- We need to educate nurses from pre registration onwards continually. Do any Trust really have enough continence specialist to support this effectively?
- There needs to be a structured plan to train and regain continence at the earliest opportunity if patients have capacity or refer to relevant specialist if the retraining fails

Conclusion

This was an experience that has highlighted we need to do more across the country will regards to continence prevention eg from schools, antenatally and find opportunity for mens health education for example at sports venues. If every nurse experienced this, I think education and a strategy to make improvements will be effective. There needs to be a campaign to train and regain continence using pelvic exercises across the nation and better investment in continence services. We managed to design a moisture associated dermatitis prevention pathway as a result of this evaluation and have discussed this evaluation in pressure injury prevention training and senior nurse meetings. As it was beyond the call of duty, staff have really stood up and listened. Staff have fed back their experience at trying to retrain patients with exercise and toilet first approach.