



Incontinence and Constipation

Lesson Plan

To use this lesson for self-study, the learner should read the material, do the activity, and take the test. For group study, the leader may give each participant a copy of the Learner's Guide and follow this plan to conduct the lesson. Copy certificates for everyone who completes the lesson and passes the test. Approximate time: One hour.

Objectives

At the conclusion of this lesson, participants will be able to:

1. Explain the causes of common urinary and bowel elimination problems.
2. Describe the best ways to help clients with urinary and bowel elimination problems.
3. Use appropriate interventions for urinary and bowel incontinence and constipation.



Preparation

1. Copy the materials for each participant.
2. If you have a form for tracking bladder and/or bowel activity, make copies for participants.

Activity

1. Ask participants, "How many of you think that being unable to control your bladder or your bowels is a normal part of aging?" This is a common misconception, and many participants may agree with it.
2. Ask, "Can you do anything to improve this problem in older people?" Many times we just accept there is nothing that can be done for these conditions except to wear protective clothing. Often, difficulty with controlling the bladder or bowels leads to the decision to enter a care facility. However, there are things that can be done by caregivers to help control these problems, thereby improving the client's quality of life.

Lesson

1. Present the following success stories: (1) A senior care organization cut the number of incontinent clients by 65% in 14 months, doubling the number of normally dry clients, including six that were previously considered untreatable. (2) Another care organization reduced by half the number of incontinent clients in just 6 months. (3) One organization improved the continence status of 72% of their clients, with 26% becoming fully continent. (4) **Urinary incontinence can be improved in 8 out of 10 cases.**
2. Ask participants to study the first six pages of the Learner Guide. Review the uses of scheduled toileting, prompted voiding, and habit training. Discuss how to use these with your clients.
3. Introduce the Sample Bladder Record, or review the one already in use in your organization.
4. Review the material on the subsequent pages of the Learner Guide. Discuss dietary management and how to assist clients with diet, habit training, exercises, toileting, and skin care.

Evaluation

Ask participants to complete the test and grade their work. Distribute certificates to those who complete the test with at least 9 correct answers.

Answers: 1. a; 2. c; 3. b; 4. c; 5. F; 6. F; 7. T; 8. T; 9. c; 10. T; 11. F; 12. T.



Incontinence and Constipation

Learner's Guide



What Causes Urinary Incontinence?

People who cannot control when or where they urinate suffer from urinary incontinence, or U.I. There are things that can be done to improve this condition, but it is important to know what the cause is so the right care and treatment can be given.

Urinary incontinence is not the person's fault, and it is not a necessary or normal part of growing older. It is not caused by laziness or meanness. U.I. is a health problem with a number of possible causes.

Some of the most common causes include:



- Urinary tract infections (U.T.I.)
- Confusion and forgetfulness
- Muscle weakness
- Vaginal problems (in women)
- Prostate problems (in men)
- Medication reactions
- Problems with clothing
- Trouble getting to the bathroom
- Constipation

Symptoms of Urinary Incontinence

Any client who ever wets the bed or himself, leaks urine on the way to the bathroom, or has to use protective pads or padded briefs is suffering from U.I. If you notice a client, a bed, or a room that has urine stains or a urine odor, then you know the client needs help with this condition. However, you probably don't know what kind of U.I. the client might have.

You can often determine the type of U.I. a client has by watching the client closely and keeping track of his or her urinating habits on a bladder record. An example is included with this Learner Guide.

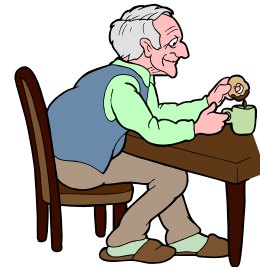
The sample bladder record shows regular daily habits as well as accidents. Keeping a bladder record is an excellent way to get information about a client's U.I. so ways can be found to treat it.



Types of Urinary Incontinence

- **Urge incontinence**

With this type, people may leak urine on their way to the bathroom, after they drink just a little bit of liquid, or as soon as they feel the urge to go.



- **Stress incontinence**

This type may cause urine to leak when sneezing, coughing, or laughing, or when exercising or moving a certain way (getting out of bed, up from a chair, walking, lifting). This is common in women.

- **Overflow incontinence**

This type causes people to feel they need to urinate again right after going, or to feel as though they never totally empty the bladder, or to pass small amounts of urine without feeling any need to go. It may be a sign of prostate problems in men.

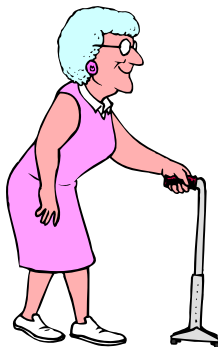
How to Help a Client with Urinary Incontinence

Your first responsibility is to report U.I. to a medical professional. A doctor or nurse should check a client with U.I. Your observations about the client, such as a bladder record, will help determine the cause and type of U.I.



Three treatments for U.I. are:

1. Medicine
2. Surgery
3. Behavioral treatments



- Behavioral interventions help people control their urine and use the toilet at the right time. They work well for clients who have problems getting to the bathroom or are not able to tell you when they need to urinate. Three behavioral treatments for U.I. are:

- ✓ Scheduled toileting
- ✓ Prompted voiding
- ✓ Habit training



Behavioral Treatments for Urinary Incontinence

Scheduled Toileting

Use scheduled toileting for clients who can't get out of bed or can't get to the bathroom alone. To do this treatment: Assist the client to the bathroom every 2 to 4 hours on a regular schedule.



Prompted Voiding

Use prompted voiding for clients who know when they have a full bladder, but do not ask to go to the bathroom. To do this treatment:

1. Check the client often for wetness.
2. Ask, "Do you want to use the toilet?"
3. Help the client to the toilet.
4. Praise the client for being dry.
5. Tell the client when you will come back to take him to the bathroom again.



Habit Training

Use habit training for clients that tend to urinate at about the same time every day. To do this:

1. Watch the client to find what times he or she urinates—a bladder record can help you do this.
2. Take the client to the bathroom at those times every day.
3. Praise the client for being dry and using the toilet.

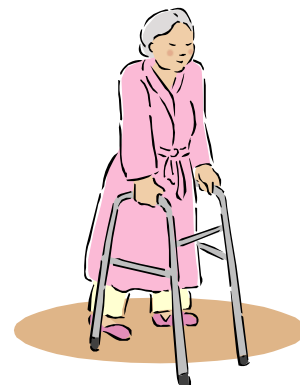
For All Behavioral Treatments, Remember These Things:

1. Be patient. These treatments take time.
2. Treat the client as an adult.
3. Answer a call for help as soon as possible.
4. Do not rush the client.
5. Give the client plenty of time to completely empty his or her bladder.
6. Give privacy by closing the door, even if you must stay in the bathroom.
7. **NEVER** yell or be angry with the client if he or she is wet. Say, "You can try again next time."
8. Respect dignity and confidentiality.



Other Ways to Help Clients with Urinary Incontinence

1. Pelvic exercises can make muscles around the bladder stronger and help with U.I. These are called Kegel exercises, and to do them the person tightens the pelvic muscles that stop and start the flow of urine. The muscles should be squeezed tightly for a few seconds and then released, up to ten times at one sitting, four times every day. Then, whenever the person feels that urine might leak, he or she tightens those same muscles and prevents urine from leaking.
2. People that can't get out of bed or can't get to the bathroom for some reason may need to use a bedpan, urinal, or bedside commode. These articles, if needed, should be kept by the bed.
3. If a client uses a wheelchair, walker, or cane to get to the bathroom, you can help by keeping the item near the bed, keeping the path to the bathroom clear and well lit, and answering calls for assistance as soon as possible.
4. Encourage the client to wear clothes that are easy to remove and have simple fasteners.
5. If a client needs to wear special pads or clothing to help keep the skin dry, they should be changed often. Use soft pads and clothing, keep them wrinkle-free, keep the skin clean and dry, and use protective skin creams if allowed. Remember that wet skin can develop sores and rashes.



6. If the client wets the bed at night, it might be helpful to restrict evening liquids, but you should only do this if a doctor or nurse orders it. This is usually done in the three hours before bedtime. The client should use the bathroom just before going to bed.
7. Some clients need to use a urinary catheter, which is a tube inserted into the bladder by a doctor or nurse. It drains urine into a bag. Sometimes men use a condom catheter that fits over the penis. Catheters can cause infections, and condom catheters that are too tight can be harmful. Catheters should be checked often. They are **not recommended** for most incontinence problems.
8. While there is no dietary treatment for urinary incontinence, some foods and drinks can irritate the bladder and should be avoided by people who have U.I. Bladder irritants include sugar, chocolate, citrus fruits (oranges, grapefruits, lemons, limes), alcohol, grape juice, and caffeinated drinks like coffee, tea, and cola. Clients with U.I. could try eliminating these foods and beverages from their diet and see if the condition improves.





Sample Bladder Record

| NAME: | | | | DATE: | |
|--|--------------------|----------------------------------|----------------------------------|---------------------------------|------------------------------|
| INSTRUCTIONS: Place a check in the appropriate column next to the time you urinated in the toilet or when an incontinence episode occurred. Note the reason for the incontinence and describe your liquid intake (for example, coffee, water) and estimate the amount (for example, one cup). | | | | | |
| Time interval | Urinated in toilet | Had a small incontinence episode | Had a large incontinence episode | Reason for incontinence episode | Type/amount of liquid intake |
| 6-8 a.m. | | | | | |
| 8-10 a.m. | | | | | |
| 10-noon | | | | | |
| Noon-2 p.m. | | | | | |
| 2-4 p.m. | | | | | |
| 4-6 p.m. | | | | | |
| 6-8 p.m. | | | | | |
| 8-10 p.m. | | | | | |
| 10 p.m.-midnight | | | | | |
| Overnight | | | | | |
| No. of pads used today: | | | No. of episodes: | | |
| Comments: | | | | | |



Retraining Your Bladder: Information for Clients



It is possible to retrain your bladder if you have trouble controlling your urine flow. First, keep a record of your normal drinking and urinating patterns. Next, schedule your urination at regular intervals and begin to gradually increase the amount of time between urinating. Eventually, you want to train yourself to urinate no more than once every 3 to 4 hours.

Follow these steps:

1. Keep a record—write everything down on the bladder record.
2. Schedule urination.
 - a. Begin by going to the bathroom every hour or two, whether or not you feel the need.
 - b. If you feel the need to urinate more often than that, practice tightening your pelvic muscles to hold the urine. Relax, concentrate, and breathe slowly and deeply until the urge decreases or goes away.
 - c. After the urge goes away, wait a few minutes, then go to the bathroom and urinate, even if the urge has passed. Don't wait for the next urge, because it may be difficult to control.
 - d. After a week of this kind of training, if you are able to wait for two or three minutes easily, increase the waiting time (between feeling the urge and using the bathroom) to 5 minutes, then 10 minutes.
 - e. Work towards intervals of 3 or 4 hours between urination. If you have an accident, don't let it discourage you. Just keep trying.
3. Helpful Hints
 - a. Be sure you can reach your bathroom or commode easily.



- b. Walk to the bathroom slowly.
 - c. Urinate just before going to bed.
 - d. Set an alarm clock to remind you when to use the toilet. Do this in the daytime and also once or twice at night.
- e. Drink 8 to 10 glasses of fluid every day to prevent urinary tract infections and constipation.
- f. Avoid caffeine, sugar, and alcoholic beverages.
- g. Do Kegel exercises to increase bladder tone.



What Causes Bowel Incontinence?



People who cannot control when or where they pass gas or stool suffer from bowel incontinence. There are things that can be done to improve this condition, but it is important to know what the cause is so the right care and treatment can be given. This condition is not the person's fault, and it is not a necessary part of growing older. It is a health problem that is not caused by laziness or bad behavior.

Some of the most common causes include:

- Incorrect diet or fluid intake
- Confusion and forgetfulness
- Muscle injury or weakness (the anal muscles)
- Nerve injury
- Medication reactions or laxative abuse
- Trouble getting to the bathroom
- Constipation or impaction
- Diarrhea



How to Help a Client with Bowel Incontinence



Your first responsibility is to report episodes of bowel incontinence to a medical professional. A doctor or nurse should check the client. Your observations may help determine the cause of the problem. Treatments for bowel incontinence include:

- Medicine
- Surgery
- Dietary management
- Bowel management and retraining, with establishment of a habit regimen
- Biofeedback

Two of these treatments involve the care you provide to your clients: diet management and bowel retraining. These treatments are the same as those used to help people with constipation. Constipation is one possible cause of bowel incontinence.

What Causes Constipation?

People usually say they are constipated when they are having infrequent bowel movements, but constipation is also used to refer to a sense of bloating or intestinal fullness, a decrease in the amount of stool, the need to strain to have a bowel movement, or the need to use laxatives, suppositories, or enemas to maintain regular bowel movements. It is normal for most people to have bowel movements anywhere from three times a day to three times a week, but some people may go a week or longer without discomfort or harmful effects.

Many things can cause constipation, but the most common causes include:

- Inadequate fiber and fluid intake
- Inactivity, or a sedentary lifestyle
- Change in routine
- Abnormal growths or diseases



- Damaged or injured muscles (sometimes from repeatedly ignoring the urge to go)
- Medication side effects and laxative abuse (it is **NOT** necessary to have a bowel movement every day)

Constipation may be diagnosed if movements occur fewer than three times weekly on an ongoing basis.

How to Help a Client with Constipation

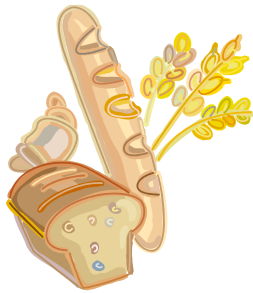
Your first responsibility is to report a client's constipation problems to a medical professional. A doctor or nurse should check the client. Your observations may help determine the cause of the problem. Treatments for constipation include:

- Medicine
- Surgery
- Dietary management
- Bowel management and retraining, with establishment of a habit regimen



Two of these treatments involve the care you provide to your clients: diet management and bowel retraining. These treatments are the same as those used to help people with bowel incontinence.

Dietary Management for Bowel Incontinence and Constipation



The average American diet contains 12 to 18 grams of fiber a day. The amount of fiber recommended for good bowel function is **20 to 35 grams of fiber per day**, plus 60 to 80 ounces of fluid. Look at the table below to get an idea of the fiber we get in different foods.

Most people can successfully treat their bowel irregularities, both incontinence and constipation, by adding high fiber foods to their diets, along with increasing fluid intake to desired levels.

Increase dietary fiber slowly to give the bowel time to adjust.

People with diverticulosis or diverticulitis should not consume a high-fiber diet.

| Type of Food | Lower Fiber Foods | Fiber grams | Higher Fiber Alternatives | Fiber grams |
|--------------|----------------------|-------------|----------------------------|-------------|
| Breads | White bread, 1 slice | 0.50 | Whole wheat bread, 1 slice | 2.11 |
| Cereals | Corn flakes, 1 oz. | 0.45 | Oat bran cereal, 1 oz. | 4.06 |
| Rice | White rice, ½ cup | 1.42 | Brown rice, ½ cup | 5.27 |
| Vegetables | Lettuce, ½ cup raw | 0.24 | Green peas, ½ cup | 3.36 |
| Beans | Green beans, ½ cup | 1.89 | Pinto beans, ½ cup | 5.93 |
| Fresh Fruits | Banana, 1 medium | 2.19 | Blackberries, 1 cup | 7.20 |

Foods in their natural state, such as raw vegetables and fruits, are usually higher in fiber than processed foods such as white rice or white bread.

Food Sensitivities

Some people are sensitive to, or even allergic to, certain foods that cause them constipation or diarrhea.



Dairy products such as milk and cheese, wheat products such as bread, and foods containing chocolate are some of the more common problem foods.

A physician should evaluate a client who seems to have particular food sensitivities.



Bowel Retraining for Bowel Incontinence and Constipation

1. Habit Training

Habit training means designating a specific time each day to have a bowel movement. Keep a record of the client's bowel habits, just as you do with a bladder record. If a pattern develops, that pattern can be used to set up a habit regimen that will reinforce a scheduled time each day to have a bowel movement. If no pattern can be seen in the client's bowel activities, then a regimen can be established by selecting a convenient time each day, or even three times a day in the case of someone with bowel incontinence, for the client to try to have a bowel movement. Be sure to help the client stick with this schedule, even when he or she does not feel the need to go. Over time, the body will develop a habit that conforms to the scheduled routine.

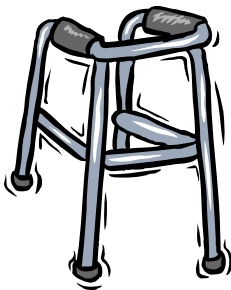


2. Exercises

The Kegel exercises that are used to prevent urinary incontinence can be slightly modified to strengthen the anal muscles that control the outflow of stool. To do them the person tightens the muscles around the rectum. The muscles should be squeezed tightly for a few seconds and then released, up to ten times at one sitting, four times every day.

3. Toileting Aids

People that can't get out of bed or can't get to the bathroom for some reason may need to use a bedpan, urinal, or bedside commode. These articles, if needed, should be kept by the bed.



4. Environmental Arrangements

If a client uses a wheelchair, walker, or cane to get to the bathroom, you can help by keeping the item near the bed, keeping the path to the bathroom clear and well lit, and answering calls for assistance as soon as possible.

5. Clothing

Encourage the client to wear clothes that are easy to remove and have simple fasteners.

6. Skin Protection

If a client needs to wear special pads or clothing, change the protective undergarments often. Use soft pads and clothing, keep them wrinkle-free, keep the skin clean and dry, and use protective skin creams if allowed. Remember that wet skin can develop sores and rashes. **NEVER allow bowel material to dry on the skin.**





Incontinence and Constipation: Test

Name: _____ Date: _____ Score: _____
(9 correct required)

Directions: Circle or write the correct answer.

1. What are some causes of both bowel and urinary incontinence?
 - a. Muscle weakness, confusion, or medication reactions
 - b. Laziness, poor manners, or meanness
 - c. Stupidity, uncooperativeness, and sloppiness
2. Scheduled toileting, prompted voiding, and habit training are:
 - a. Not encouraged by physicians, nurses, or state regulations
 - b. Not the responsibility of caregivers
 - c. Recommended behavioral treatments for urinary incontinence
 - d. Too time consuming to be practical
3. For the best bowel function, we should consume how much dietary fiber every day?
 - a. 12 to 18 grams
 - b. 20 to 35 grams
 - c. 45 to 50 grams
4. Kegel exercises are done by:
 - a. Circling the ankles around and around and then up and down
 - b. Lowering the chin to the chest, then turning the head side to side
 - c. Tightening the pelvic muscles that control the flow of urine
5. Urinary catheters are often recommended to treat urinary incontinence. T or F
6. Bowel retraining and behavioral treatments for urinary incontinence usually work quickly, fixing the problem within a week or less. T or F
7. Most fruits and beans contain higher dietary fiber than white breads and rice. T or F
8. It is important to keep clients with urinary or bowel incontinence clean and dry so their skin is protected from developing sores. T or F
9. Habit training can be used to help both urinary and bowel incontinence. It consists of:
 - a. Assisting the client to the bathroom every 2 to 4 hours.
 - b. Checking the client often and asking if he/she wants to use the bathroom.
 - c. Assisting the client to the bathroom at scheduled times every day.
 - d. Writing the client's habits down on a form
10. Stress incontinence might cause urine to leak when someone sneezes or laughs. T or F
11. A person who has a bowel movement only three or four times a week is constipated. T or F
12. A client with incontinence should be treated as an adult, with dignity. T or F





Certificate of Completion

Awarded to: _____
(Name of Participant)

**For Completing the
One-Hour Course Entitled
*Incontinence and
Constipation***



Date of Course: _____

Organization: _____

Presented by: _____
(Signature of presenter, or write "self-study")

