

Practitioner Manual for Continence Aids



**A Manual devised by the SWEP Clinical Advisory Team
to assist SWEP registered practitioners**



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Acknowledgements for information and use of images goes to:
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Background

The State-wide Equipment Program (SWEP) Clinical Advisors have developed this resource manual to:

- Provide useful information for practitioners
- Give links to evidence-based practices
- Recommend assessments to assist with identifying successful continence aids solutions
- Outline potential risks to consider related to the consumer, support people and the environment
- Describe relevant items and provide links to a range of product types and options

Guidelines and application process

SWEP offers eligible practitioners a registration and credentialing process, whereby credentialing levels are assigned for specific areas of practice according to *The Standard*. For full details on all available credentialing pathways please refer to relevant standard and information found below.

The Standards: <https://swep.bhs.org.au/the-standard.php>

Process for registration and credentialing: <https://swep.bhs.org.au/registration-and-credentialing.php>

SWEP also provides an online application portal to collect and manage requests for Continence items. This is integrated with the registration and credentialing framework to match AT Practitioner level with consumer and item complexity and establish urgency of consumer need.

Please refer to the funding body for which your consumer is eligible to determine the relevant guidelines for what types of Continence items will be considered for funding, and whether or not the SWEP portal should be used to submit an application.

<https://swep.bhs.org.au/programs-services.php>

Products Supplied (summary)

The State-wide Equipment Program covers washable items and a range of reusable products:

Includes:

- Anal plugs and anal irrigation
- Catheters and condom drainage
- Drainage bags or bottle, tubes and connectors & catheter change packs
- Intra-vaginal bladder supports
- Leg and catheter straps
- Waterproof covers: mattress protectors, bed pads, chair pads, floor mats
- Washable incontinence pads and pants

Excludes:

- Catheter related items: gloves, gel, solutions, syringes
- Colostomy and ileostomy appliances
- Disposable pads and disposable pants
- Drainage bag hangers
- Dressings and tapes
- Urinals

Recommended Assessments and Requirements

A comprehensive continence assessment is required by a continence nurse or specialist to ascertain the most appropriate product to meet the needs of the consumer.

- The consumer is required to be reviewed every two years and will require a SWEP prescription form
- The consumer condition must be of a permanent nature to be eligible for SWEP funding.
- If an additional item is required prior to a review, a new SWEP prescription form will need to be completed for this item including the quantity.

The prescription form should also include the existing items the consumer is using - zero quantity beside these items if they are not required to be delivered at this time. This will ensure the consumer is sent the required items, will ensure the consumer's database is maintained with the required product list and will become the date of the prescription.

- Useful resources are the Cochrane Library - <https://www.cochranelibrary.com/>
Or the International Continence Society - <https://www.ics.org/>
- The HACC/MASS Continence Project, 2008 2nd edition Second Steps in the Management of Urinary Incontinence in Community-Dwelling Older People A

clinical practice guideline for clinicians with a special interest in incontinence
The State of Queensland, Queensland Health p 19- 32, 103 – 105

- When choosing the most appropriate type of containment or management, it is important to consider all consumer characteristics, including dexterity, mobility, visual and cognitive function, BMI and social considerations such as laundering and disposing of used products
- The **first item** of underwear including washable pants and custom-made items **will need to be purchased and trialed, prior to placing the order** to ensure the correct size and effectiveness of the product
This will ensure the appropriateness, effectiveness, and the correct size prior to lodging the prescription form for the product with SWEP
- Products ordered through SWEP cannot be returned to the supplier if the practitioner orders the incorrect product
- When completing a continence prescription form, 3, 6 or 12-month supply is required to be ordered for the quantity instead of monthly.

Considerations for Practitioners/Equipment

The needs of the consumer must be determined, and the application and prescription form lodged only if it is known that the condition is of a permanent nature.

When choosing the most appropriate type of containment or management, it is important to consider all consumer characteristics, including dexterity, mobility, visual and cognitive function, BMI and social considerations such as laundering and disposing of used products.

The first item of underwear including washable pants and custom-made items **will need to be purchased and trialed, prior to placing the order** to ensure the correct size and effectiveness of the product.

This will ensure the appropriateness, effectiveness, and the correct size prior to lodging the prescription form for the product with SWEP. Products ordered through SWEP cannot be returned to the supplier if the practitioner orders the incorrect product. The supplier will not accept returns on any product that has been opened and is outside a 14-day period.

Bundling

This will allow a more streamlined approach to ordering ongoing supplies through bundling product order requests for 6-12-month periods.

As a result, if your consumer is using long term catheters, leg and overnight bags and catheter straps, all these products will now be ordered at the same time.

A 'Standard Annual Supply' guide is included on the following page that may help you determine how many of each continence product your consumer is likely to need.

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We do realise that there will always be exceptions to this and can discuss any specific arrangements outside these order time limits on a case by case basis.

Bedding			
Basic bed pad	Bed & Chair	Bed, Chair & Mattress	Bed, Chair Mattress & Floor
Bed Pads – 4	Bed Pads – 4 Chair Pads – 4	Bed Pads – 4 Chair Pads – 4 Mattress Protectors – 2	Bed Pads – 4 Chair Pads – 4 Mattress Protectors – 2 Floor Mats - 2
Catheters & Drainage			
Male Bundle	Female Bundle	Non – Leg Bag	Overnight Bottle System
Catheter (M) LT	Catheter (M/F) LT	Catheter (M/F) LT	Catheter (M/F) LT
Catheter Strap	Catheter Strap	Catheter Strap	Catheter Strap
Leg Bag (S)	Leg Bag (S)	O/Night Bag (S)	Leg Bag
O/Night Bag (S)	O/Night Bag (S)	Catheter Valve	Drain Bottle
Condom & Drainage			
Condom Bundle	Bed Pad Inclusive	Drainage Bottle Inclusive	Basic Ongoing Condoms
Condom Drainage	Condom Drainage	Condom Drainage	Condom Drainage
Leg Bag (NS)	Leg Bag	Leg Bag (NS)	Leg Bag (NS)
O/Night Bag (NS)	O/Night Bag (NS) Bed Pads	Drain Bottle & Connector	

Standard Annual Supply

The quantity for each item is a guide and based on standard supply.

Any exceptions will require clinical justification (increased quantities or non-standard/off catalogue items).

Anal plugs	2 items per day
Anal irrigation - kit	2 kits per year
Anal irrigation – replacements	
Tubing	1 per month
Rectal catheter	1 per day
Water bag	1 per month
Catheter - intermittent	6 per day
Catheter – intermittent - reusable kit	4 sets per year
Catheter – intermittent replacement catheter	1 every 2 weeks
Catheter - indwelling	1 per month
Catheter valves	1 per week
Catheter change pack	1 per month
Condom drainage	1 per day
Condom drainage – reusable uridomes	2 per year
Drainage leg bags	1 per week
Drainage night bag	1 per week
Drainage bottle	1 item per year
Drainage bottle – accessories	
Drainage bottle lid	1 every 3 months
Drainage bottle valve	1 every 3 months
Drainage bottle tubing	1 every 3 months

Drainage bag tubing	1 every 3 months
Drainage bag connectors	1 every 3 months
Intra-vaginal bladder supports	4 first year Then 2 per year
Straps	
Catheter straps	2 every 3 months
Leg straps	1 pack of 2 every 3 months
Penile clamp	2 per year
Waterproof mattress protectors	2 per year
Waterproof bed pads	4 per year
Waterproof chair pads	4 per year
Waterproof floor mats	2 per year
Washable incontinence briefs	12 per year
Washable incontinence insert pads	16 pads per year

Product Range and Features

Anal Plugs

Anal plugs can be an effective management option for some consumers with anal incontinence.

Anal plugs are not appropriate for every-one and risk groups may include: consumers with loose stools, following childbirth, neurological or spinal disease, cognitive impaired, pelvic organ prolapse and/or rectal prolapse, history of anal surgery, consumers who have undergone pelvic radiotherapy (NICE 2007).

A healthcare professional requires a thorough assessment to determine if the use of anal plugs is appropriate for consumers who have failed conservative treatments for faecal incontinence.

A continence advisor will assess the appropriateness of anal plugs once other conservative treatments have failed.

Anal plugs must be used by the consumer and found to be effective prior to prescribing. It can take up to five days for the bowel to become accustomed to the anal plugs being in place before they are found to be effective.

Anal Irrigation

Your Guide to Peristeen

<http://www.coloplast.com/products/urologyandcontinencecare/peristeen/userguides/>

The rectal (anal irrigation) catheters are single use items and should be discarded after each use. It can be disposed of in the rubbish once wrapped and placed in a disposable bag.

The system needs to be emptied of all its water including all the tubing; and stored with the dial on the finish symbol (orange triangle). Without kinking the tubes, it should be stored in a clean dry container away from direct heat.

Anal irrigation – kit: The lid and control unit can be used for approximately 90 times. The water bag can be used approximately 15 times.

Further Links and downloads are available at

<http://www.coloplast.com/products/urologyandcontinencecare/peristeen/downloads/>

Intermittent Catheterisation (IC)

Intermittent catheterisation is a technique that can be conducted by the individual themselves (ISC), by their carer(s) or by healthcare staff (IC).

Intermittent catheterisation is where a catheter is inserted into the bladder and removed. IC can be performed several times per day as prescribed by the health professional.

A consumer's cognition, dexterity, eyesight, and balance need to be reviewed to determine their suitability in teaching IC.

The consumer and or carer requires education and printed information on the technique, signs, and symptoms of complications/infections, how to obtain ongoing supplies and how to store and care for the equipment. The education is to be performed by a Registered Division 1 Urology Nurse or Continence Nurse.

Indwelling Urinary Catheters

These can be either long-term (up to 12 weeks) or short-term (up to seven days) and are inserted into the bladder via the urethra or under surgical conditions via a supra pubic approach to drain urine.

Types of Catheters

Latex catheters:

- Made from plain latex or coated with a thin layer of silicone
- Recommended for one-week duration only

Hydrogel:

- Flexible latex catheters with a hydrogel coating that is bonded to the latex.
- Easier insertion and more comfortable
- Recommended for up to 12 weeks duration

All Silicone:

- Larger lumen compared to external diameter.
- More rigid and less comfortable for some patients
- Recommended for up to 12 weeks duration or latex allergy patients

All Silicone - hydrogel coating:

Easy and comfortable insertion.

Recommended for up to 12 weeks duration or latex allergy patients.

Choosing the Correct Catheter Size

The correct size of catheter is the smallest size possible for providing adequate drainage. If the diameter is too large it can cause urethral irritation.

If clots, debris, or encrustation occurs then a larger size catheter may be required with medical authority.

The following is a guide to catheter size and the size used will depend on the consumer:

- Paediatric Size 6 Fr – 0-12 months
- Paediatric Size 8 Fr – up until approx. age 8 years
- Female size 10/14Fr
- Male size 12/16Fr

Refer to EUAN-Paris guidelines 2012 for further information.

Paediatric size guideline refer to:

http://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Indwelling_urinary_catheter_insertion_and_ongoing_care/

Choosing the correct length of catheter

The female urethra is much shorter than the male urethra. In general, there are three different lengths:

- Paediatric 30cm
- Female 26cm
- Male (standard) 43cm
- Suprapubic (standard) 43cm

Usually, the standard length is used for people who are confined to bed. The female length is for ambulatory female patients, reducing the risk of kinking the catheter, urinary stasis and preserves dignity as the leg bag can be worn high on the upper leg.

Catheter Balloons

There are three different sizes of balloon

- 5ml paediatric balloon
- 10ml balloon for routine drainage
- 30ml balloons specifically for postoperative use

Balloon inflation and deflation should be done slowly so as to not collapse the catheter lumen. Never under or over inflate the balloon as this may result in balloon distortion and deflection of the catheter tip.

A larger balloon size may cause irritation and stimulate bladder contractions resulting in bypassing of urine leakage around the catheter.

The balloon must always be inflated with sterile water. Tap water or saline may block the inflation channel with debris and crystal formation, making balloon deflation extremely difficult.

When should the Catheter be changed?

This depends on the catheter material and manufacturer's guidelines.

- When encrustation becomes a problem and causes catheter blockage
- When the consumer has a successful trial of void
- The catheter is no longer required

Trial of prescribed equipment must be conducted successfully prior to prescribing the products. An outline/care plan on the recommended techniques during the use and care of the catheter is required to be given to the consumer/carer and how to obtain ongoing supplies.

Closed Drainage System

A closed catheter drainage system is an aseptic system in which the catheter is directly connected to the sterile bag or valve. An aseptic closed drainage system minimises the risk of catheter associated urinary tract infections. Unnecessary disconnection of a closed drainage system should be avoided, but if it occurs the catheter and collecting system have to be replaced using aseptic technique and sterile equipment.

Condom Drainage

Also known as urisheath, uridome or an external urinary catheter, this manual will refer to them as sheaths.

It is an externally worn device that fits over the penis like a condom and drains urine via a tube into a urine collecting bag.

The consumer needs to be assessed for the suitability of the product, correct fitting of the appliance and skin integrity. Further information on advantages, disadvantages and considerations, products and materials, procedure, complications, and problems refer to European Association of Urology Nurses, 2008.

A measuring tape or the manufacturer's sizing guide of the required sheath to be trialed, must be used to identify the correct diameter of the penis. The length of the flaccid penis should also be noted.

Silicone and Latex systems are available; sheaths come in a range of different lengths and sizes, as well as one or two piece systems and can be self-adhesive.

The amount of adhesive also varies and therefore it is especially important to take all factors into consideration including consumer mobility, dexterity, high pressure voids and skin integrity of the penis.

The non-self-adhesive sheaths require an adhesive strip or a type of skin glue.

The prescribed equipment must be fitted and worn by the consumer and evaluated by the practitioner as being effective, prior to prescribing the sheath and associated equipment.

An outline/care plan, education and printed information on the techniques required to apply and remove the product, and care of the skin, is required to be given to the consumer/carer.

Drainage Bags

Leg drainage bags come in a broad range of shapes and capacity.

The choice of drainage bag is dictated by the reason of use, consumer mobility and dexterity and consumer choice, factors that need to be considered:

- Capacity: Can range from 200mls to 1000mls for leg drainage bags and up to 2 litres for night drainage bags.
- Sterile or non-sterile (sterile for urinary catheters and non-sterile for sheaths).
- Placement of the drainage bag will determine shape of bag and length of tubing required (adapters are available to extend the length of the tubing).
- The diameter of the tubing is important and a drainage bag with an anti-reflux valve may slow down urine drainage when used with a sheath.
- The outlet tap is determined by the ease for the consumer or carer to open and close the bag. Syphon bags are also an option for ease of emptying for the consumer
- Latex or non-latex.

An overnight drainage system can be attached to the end of a leg bag or can be attached directly onto a sheath. Type of drainage system to be considered:

- 2 litre drainage bags
- 2 litre or 4 litre drainage bottles with extension tubing
- Placement of the bag: free standing or to be placed on the bed
- Ease of emptying contents
- Ease of washing out the container
- Replacement components for the two and four litre drainage bottles are available

Closed Drainage Link System

Indwelling urinary catheters drain using a closed drainage link system. This consists of a sterile valve or leg bag which is emptied via the tap of the valve or bag promoting reduced disconnections at the open catheter end. Overnight a sterile 1.5-2 litres drainage bag or 4 litre bottle is attached to the valve or leg bag.

The overnight bag is removed each morning emptied and rinsed out by running warm soapy water through the bag at the ideal place, laundry tap (squirt of dish washing liquid into end).

The leg bag or valve stays connected to the catheter until recommended change for the bag thus reducing disconnections. This best practice reduces the risk of infections. Catheter valves, sterile leg bags and non-sterile leg bags (for use with

sheaths), overnight drainage bags are recommended by the manufacturers to be renewed weekly.

Education is to be provided to the consumer/carer on care of drainage bags, information on correct cleaning requirements and frequency of changing the drainage bags/bottle.

Drainage accessories, tubing, and connectors

Tubing is available in different lengths and can be attached to the end of drainage bags to assist the consumer or carer with emptying the drainage bags into a toilet.

This enables the consumer to be more independent. Connecting plastic tubes may be required to join the tubing to the drainage bags.

Catheter valves

Catheter valves can be placed in between the catheter and the drainage bag, this can make it easier for the consumer/carer for showering or when changing the drainage bags.

Catheter valves can also be placed at the end of a catheter and used to empty the bladder without using a leg drainage bag.

The consumer/carer must have good dexterity and have the cognitive ability to remember to empty the bladder at regular intervals. The consumer will need to be assessed to ensure suitability to have a valve in place.

Link System principles need to be applied when using catheter valves (see page 18)

Leg and catheter straps

Urinary catheters must be anchored to reduce trauma to the urethra and bladder neck and assists in keeping the urinary catheter insitu.

Leg straps are attached to the upper or lower leg to support the weight of the drainage bag as it is filling with urine.

Abdominal straps attach around the waist to support an abdominal drainage bag.

Penile clamp – a compression device

A penile clamp is a device that is placed halfway down the shaft of the penis and is then tightened to compress the urethra reducing the amount of urine leakage and is highly effective for some consumers in preventing urinary incontinence.

The Cunningham Clamp is the most often used, other devices may include the

Dribblestop, U-TEX male adjustable tension Band, C3 penile compression device.

Penile clamps should be used on men who are cognitively intact, are aware of bladder filling, have normal genital sensation and intact penile skin, and have sufficient manual dexterity to open and close the device (Moore et al, 2004) a urologist should be consulted to confirm it is appropriate for the consumer.

The penile clamp replaces the need of using condom drainage and drainage bags or a urinary catheter and drainage bags. It is very cost effective as it is not a disposable item and is long wearing.

Intra-vaginal bladder supports

Intra-vaginal pessaries and related supportive devices are now viewed as an excellent alternative for the treatment of urinary incontinence and pelvic organ prolapse (Bhatia, Bergman & Gunning (1983).

Intra-vaginal supports may alleviate stress urinary incontinence and urinary urge incontinence by elevating the bladder neck, increasing urethral closure pressure, increasing functional urethral length, and diminishing the mobility of the urethra.

Most pessaries currently available are of medical grade silicone construction – they therefore have a long shelf life, lack of odour absorption, the ability to be autoclaved or boiled and are non-allergenic in nature.

A wide range of shapes and sizes exist.

The Contiform intravaginal device is made from medical grade elastomeric material, moulded, and shaped like a hollow tampon which makes it suitable for insertion and removal from the vagina. Supplied in three sizes (Small, Medium, or Large), it is worn discreetly and comfortably inside the vagina.

Indications for Pessary Use:

- Conservative management of Pelvic Organ Prolapse (POP)
- The consumer desires more children, therefore surgery not an option at this stage
- High surgical risk or is waiting for surgery

Pessary Fitting/Sizing

Prior to fitting a pessary, the consumer will have undergone a pelvic examination to determine the size, type, and suitability of a pessary. This will be done by either:

- The Family doctor
- Gynaecologist
- Physician attached to a Continence Service

- A continence physiotherapist who has undertaken further qualifications
- A Continence Nurse consultant who has undertaken further qualifications in pessary fitting

When suitability is established a work-up will commence, usually involving the use of a vaginal oestrogen cream to maximize a successful outcome which may take six weeks.

- A suitably qualified clinician (Nurse, Physiotherapist, Specialist) will fit the pessary

Trial is successful:

- Pessary stays in place with walking, lifting, coughing
- Voids without discomfort
- Voids to completion
- No significant post void residual
- No odorous vaginal discharge

Care of the Pessary and Follow-up

- A pessary should be removed every three months and cleaned with soap and water
- It can be removed and cleaned more frequently depending on the consumer's views about cleanliness
- Initial follow up is required in two weeks
- Subsequent follow-up after successful fitting is three-monthly for the first year and then 9-12monthly follow-up if there are no adverse symptoms (Thakar & Stanton 2002).

At each visit the pessary is removed and inspected for shape and size, washed with soap and water and reinserted. Annual pap smears should be done at the time of pelvic examination.

Pessaries should be replaced each year and can be obtained via the State-wide Equipment Program.

Washable products

When continence is not achieved for a consumer, it is appropriate for them to use continence products, to maintain social continence. Specific washable products are available under SWEP to assist consumers who suffer from incontinence of a permanent nature.

There are a wide range of washable products available, and the International Continence Society (ICS) recommends careful assessment and ongoing reassessments to select appropriate products as a patient need may change.

The ICS Table 11-1 http://www.icsoffice.org/Publications/ICI_4/files-book/comite-20.pdf (page 1525) indicates key elements to consider when assessing a consumer's suitability for continence products including what is the issue, gender, physical characteristics, cognition, mobility, dexterity, eye sight, lifestyle, environment, availability of a carer, laundering resources and the consumer's and carer preference.

HACC/MASS 2010 book <http://www.health.qld.gov.au/mass/docs/resources/continence/firststepscompanion.pdf> critiques continence products appropriateness for individual patient's characteristics including limb function, weight, visual, cognition and environmental considerations.

The consumer needs to have access to laundering facilities for washing and drying of the products or have someone who will attend to this.

Instructions for laundering of washable products:

- Wash prior to use to activate the absorbency feature
- Wash in cold or warm water with normal laundry detergent and napsan or equivalent
- Do not use fabric softeners or bleach as this reduces the absorption capacity.
- Dry online outside or tumble dry

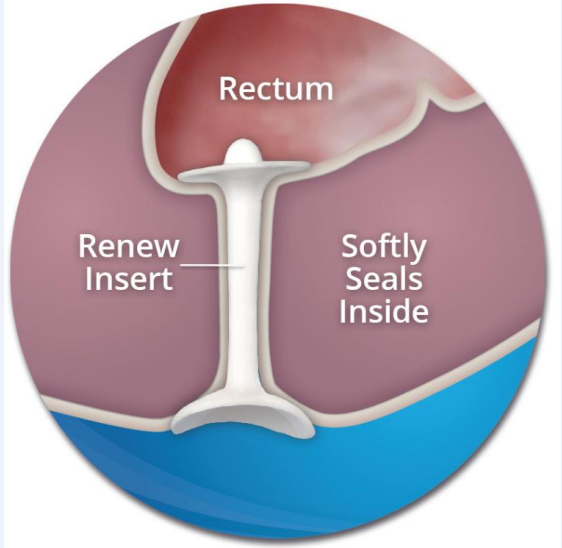
Using washable products

- Working capacity (absorption) of the washable products will be reduced when talcum powder and barrier cream are used

Relevant Support Person Considerations

- Consideration of the carer's safety so they do not cause injury to themselves.
- Carer's physical stamina to attend to the washing and drying of the products.

Appendix 1: Product range and features

Continence Items	Information	Functional Implications
Anal Plugs		
	<p>Peristeen anal plug is made from soft comfortable foam which retains its softness when in use.</p> <p>The anal plug is compressed by a water-soluble film and when the plug is inserted, the warmth and moisture of the rectum dissolves the film. This happens after approximately 30 seconds.</p> <p>The anal plug expands to 3 to 4 times its original size once inside the rectum and conforms to the shape of the rectal cavity, forming a plug.</p>	<p>The plug can be left in the rectum for up to 12 hours and then must be removed.</p> <p>The anal plug is available in two sizes: small and large, both sizes should be tried to assess the most appropriate size for comfort and to prevent leakage.</p> <p>A small amount of lubricant can be applied to the tip of the plug to assist with ease of insertion.</p> <p>Following removal of the anal plug, it can be wrapped in paper and disposed of in a rubbish bin, <u>it is not flushable</u>.</p> <p>An outline/care plan, education and printed information on the techniques required to insert and remove the anal plug is required to be given to the consumer/carer. Peristeen have an advice and instruction sheet.</p>

Anal Irrigation



Peristeen anal irrigation is an effective management for faecal incontinence and chronic constipation. The system helps establish regular predictable bowel function by providing a retrograde irrigation of the bowel with water.

Largely the consumers accessing this product through the SWEP program will be those with a neurogenic bowel, i.e.

- Spinal cord injury
- Multiple Sclerosis
- Spina bifida

This system may be prescribed for a vast range of consumers when other conservative management options have failed.

Prior to prescribing anal irrigation a comprehensive continence assessment is required and authorization obtained from a medical specialist and consent from the consumer and/or carer.

An outline/care plan on the recommended techniques during the use and care of the prescribed equipment is required to be given to the consumer/carer

URINARY Catheters

Urinary catheters are flexible tubes that are inserted into the bladder to drain urine out and can be used to manage urethral strictures.

- The catheter is inserted by a qualified health professional after a comprehensive assessment is completed.
- There can be complications and risks with having a urinary catheter these must be

	<p>The type of catheter (intermittent or indwelling) will depend on the consumer’s medical diagnosis and the reason for use. Urinary catheter insertion and the type of catheter required requires medical authority.</p>	<p>considered and discussed with the treating health professional and the consumer</p> <ul style="list-style-type: none"> • The consumer must be educated how to care for and manage the catheter. • Troubleshooting information is required
<h3>Condom Drainage</h3>		
	<p>It is an externally worn device that fits over the penis like a condom and drains urine via a tube into a urine collecting bag.</p> <p>These are referred to as Condom sheaths. The consumer needs to be assessed for the suitability of the product, and the correct fitting of the appliance.</p> <p>The sheath is applied daily and removed and replaced after 24 hours – Some consumers will choose to use these overnight only others will use 24 hours a day</p>	<ul style="list-style-type: none"> • Correct fitting and sizing are particularly important to ensure that the sheath will not fall off or create strictures if too tightly fitted • Silicone and Latex systems are available; sheaths come in a range of different lengths and sizes, as well as one or two piece systems and can be self-adhesive. • The amount of adhesive also varies and therefore it is especially important to take all factors into consideration including consumer mobility, dexterity, high pressure voids and skin integrity of the penis.

Drainage Bag



A drainage bag collects urine from a catheter or Condom Drain. Leg drainage bags come in a broad range of shapes and capacities.

The choice of drainage bag is dictated by the reason of use, consumer mobility and dexterity and consumer choice, factors that need to be considered:

Capacity: Can range from 200mls to 1000mls for leg drainage bags and up to 2 litres for night drainage bags.

They are available as sterile or non-sterile (sterile for urinary catheters and non-sterile for sheaths).

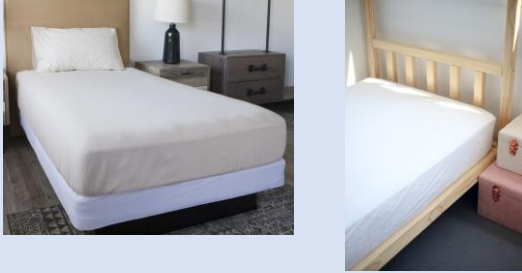
An overnight drainage system can be attached to the end of a leg bag or can be attached directly onto a sheath. Type of drainage system to be considered:

- 2 litre drainage bags
- 2 litre or 4 litre drainage bottles with extension tubing

Consumers must be assessed by a health profession – continence nurse to ensure that have been measure up and provided the appropriate type of bag to meet their needs

Available washable items

Waterproof mattress protectors

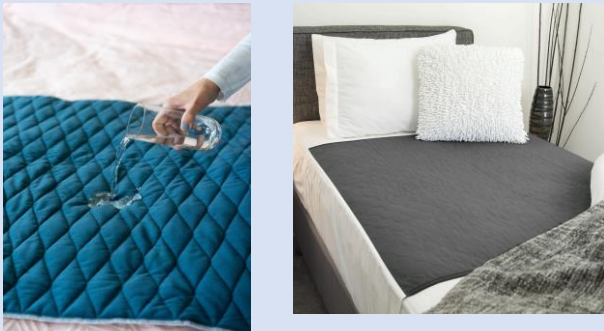


Waterproof mattress protector provides the mattress with protection from urine and faeces.

Consumers find the cloth feeling fabric more acceptable and can cause less perspiration.

The Mattress protectors come in a range of sizes and are fitted to protect the mattress

Waterproof bed pads



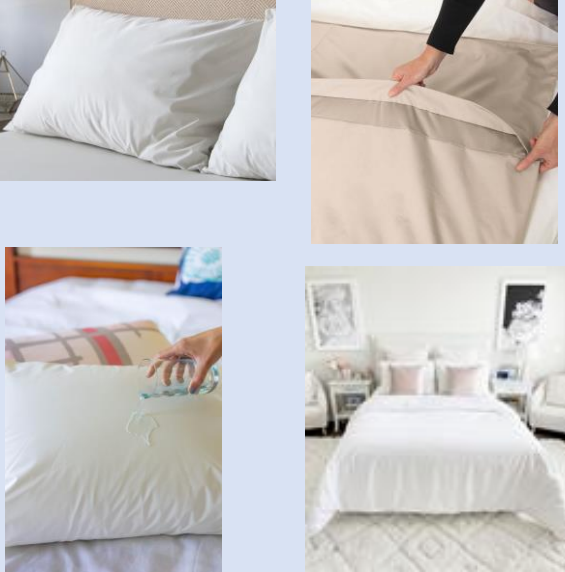

Bed pads also known as kylies or bed sheets and provide bedding protection.


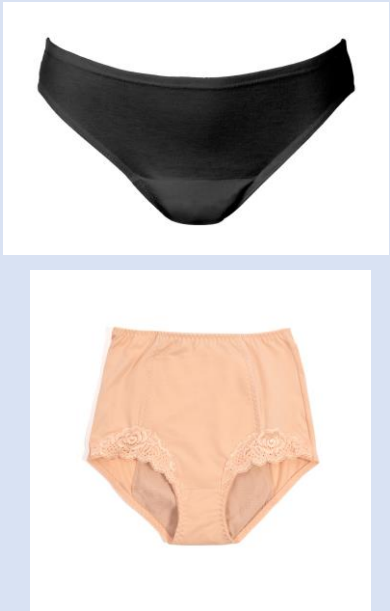
When soiled the bed pads will only need to be laundered instead of the complete set of bed linen.



The bed pads come in a range of sizes and can either have tuck in wings or without.

Absorbency levels of the bed pad range from 800mls to 2.5 litres.

It is essential for bed pads to have waterproof backing, or if not present, a separate mackintosh will need to be used

<p>Waterproof Doona and pillow covers</p> 	<p>A waterproof cover protects the doona and pillow when a patient has nocturnal enuresis and saturating all bed linen occurs</p>	
<p>Waterproof chair pads</p> 	<p>Chair pads provide protection for seating in the household, wheelchair, and car. A waterproof backing product is ideal.</p> <p>There is a range of colours and sizes</p>	

<p>Waterproof floor mats</p> 	<p>Floor mats are ideal to prevent patients slipping on puddles of urine on the floor and to prevent urine soaking into the carpet.</p> <p>Floor mats have a non-scuff border around the outside to prevent tripping. The floor mat is washable.</p>	
<p>Washable incontinence briefs</p> 	<p>Washable incontinence briefs are an alternative to disposable pads/pants and are usually appropriate for lighter urinary incontinence. The working capacity of the built-in continence pad varies from 100-800mls.</p> <p>The working capacity of the washable briefs can be increased by the patient using a disposable booster pad.</p> <p>This product is more suitable for patients who have cognitive impairment as they resemble underwear.</p> <p>Washable pants are available in a variety of colours, shapes, cuts and</p>	<p><u>Considerations for washable briefs:</u></p> <p>Patient' skin sensitivities need to be considered especially latex, as elastic can be used in the waist band or legs of some brands.</p> <p>Washable products stain if used for faecal incontinence.</p> <p>Measuring the patient for correct size according to the company's measurements for hips and waist are essential to obtain correct fit for the patient. This needs to be measured with the measuring tape and not reading from a pair of the patient's briefs as sizing varies. Each</p>

	<p>sizes, unisex or gender specific, as a pull up pant or more specialized with stud/velcro side opening.</p>	<p>company has a measuring chart obtained through their web site.</p>
<p>Washable incontinence inserts pads</p> 	<p>There are a variety of shapes and the working capacity ranges from 100-300mls.</p> <p>Insert pads come in a range with or without a plastic backing.</p> <p>These are particularly acceptable for older ladies who are using homemade cloths as a pad.</p>	

Contract/Tender Details

After a rigorous and robust evaluation process, SWEP has a contracted supplier for a wide range of Continence items. This has ensured that the equipment selected has been certified under the relevant Australian Standards, meets the specifications required by our consumer group and has been secured at the best value for money.

SWEP have a Contracted Item catalogue on our website, which contains all items listed by category, specification, and relevant information. You can access the catalogue here:

<https://swep.bhs.org.au/picklists-catalogue.php>

Summary of Evidence

Relevant Articles

Bhatia NN, Bergman A and Gunning JE. 1983, Urodynamic effects of a vaginal pessary in women with stress urinary incontinence. *Am J Obstet Gynecol* 1983;147;876-84).

Herbert, J. 2008, Use of anal plugs in faecal incontinence management. *Nursing Times*; 104: 13, 66–68. <http://www.nursingtimes.net/nursing-practice-clinical-research/use-of-anal-plugs-in-faecal-incontinence-management/1045173.article>

Moore, K.N., Schieman, S., Ackerman, T., Dzus, H.Y., Metcalfe, J.B. and Voaklander, D.C. 2004, Assessing comfort, safety, and patient satisfaction with three commonly used penile compression devices. *Urology*; Jan;63(1):150-4. <http://www.ncbi.nlm.nih.gov/pubmed/14751370>

Hunter, K.F; Moore, K.N; Cody, D.J and Glazener, C.M. 2004. Conservative management for post prostatectomy urinary incontinence. *Cochrane Database Syst Rev*. 2007;(2):CD001843. <http://www.ncbi.nlm.nih.gov/pubmed/15106164>

NICE (2007) *Faecal Incontinence: The Management of Faecal Incontinence in Adults*. NICE Clinical Guideline 49. London: NICE.

Thakar R, Stanton S. Management of genital prolapse. *British Medical Journal*. 2002;324(7348):1258-1262.

Further Resources & Links

International Continence Society (ICS) 2009

http://www.icsoffice.org/Publications/ICI_4/files-book/comite-20.pdf

page 1521-1630

Contra indications and precautions are listed in the **Coloplast: Training guide for healthcare professionals** and must be taken into consideration prior to prescribing the system.

<http://www.coloplast.co.uk/Products/continencecare/Documents/Peristeen/CV603N%20Coloplast%20Care%20Peristeen%20HCP%20Brochure%20A4.pdf>

Evidence summary booklet for the use of Peristeen can be obtained from

http://www.coloplast.com/Products/UrologyAndContinenceCare/Peristeen/Download/Documents/CPUCC_Peristeen_HCP_Evidence%20Summary_Brochure_A4_Low%20res.pdf

Australian and New Zealand Urological Nurses' Society : Catheter care guidelines
http://www.anzuns.org/ANZUNS_catheterisation_document.pdf

Paris Guidelines 2012: Evidence-Based Guidelines for best Practice in Urological Health Care: Catheterisation - Indwelling catheters in adults: Urethral and Suprapubic is available at The European Association of urology nurses (EAUN). These guidelines cover all aspects of catheterisation and trouble shooting.

<http://www.uroweb.org/nurses/nursing-guidelines/>

EAUN Paris Guideline 2012 - Catheterisation: Indwelling catheters in adults -Urethral and Suprapubic - see attachment (*to see attachment click on in menu on left*)

http://www.rch.org.au/kidsinfo/fact_sheets/Indwelling_urinary_catheter/

Further information on intermittent catheters available at:

<http://www.health.qld.gov.au/mass/docs/resources/continence/secsteppartb.pdf>

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All you need to know about Clean Intermittent Catheterization (CIC). The Royal Children's Hospital Melbourne, published 2010. <http://www.rch.org.au/clinicalguide>

http://www.health.qld.gov.au/qscis/PDF/Handbook_of_Spinal_Cord_Injuries/2B.pdf covers indwelling catheters, suprapubic catheter, and self-intermittent catheters.

European Association of Urology Nurses, 2008, Good Practice in Health Care, the male external catheter

http://www.uroweb.org/fileadmin/EAUN/guidelines/EAUN_MEC_Guidelines_EN_2008_LR.pdf

The Joanna Briggs Institute. Urinary Sheaths/Condoms. 2010.

<http://connect.jbiconnectplus.org/ViewDocument.aspx?0=4040>

http://www.sayco.net.au/Sayco_male_incontinence.html

http://www.rochestermedical.co.uk/clear_advantage.htm

<http://www.coloplast.com/products/urologyandcontinencecare/conveenoptima/userguides/?PagePos=2>

<http://www.hollister.com/anz/>