

# Incontinence? Let's have a “wee chat”

Louise Mills, CNS Continence, CCDHB 04 918 6358  
[louise.mills@ccdhb.org.nz](mailto:louise.mills@ccdhb.org.nz)

Helping Kiwis  
Young & Old



# Continence Service Specifications Aim

- To meet the needs of people four years of age and over, who have demonstrated Urinary or Faecal Incontinence that affects daily living placing them at a risk of deterioration in health status





# Eligibility Criteria

- History of Ongoing Continence Problems
- Specialist Medical Referral for an Acute Medical or Surgical Incontinence
- ARC Villas and Apartments same criteria as Service Users living in own home
- Travellers within New Zealand, local service responsible



# Referral Criteria from Primary Health Care to CCDHB

- Outline of main continence issue
- Duration of problem
- Recent MSU result
- List of Current Medications
- Gynaecological/Prostate Assessment
- Relevant medical/surgical/obstetric history
- Relevant urological investigations
- Treatments trialled to date

# Guidelines

- Options for those not qualifying for Pads
- Selecting product for qualifying clients
- Leakage Criteria
- Home Delivery System
- Reassessments



# Types of Incontinence

- **Stress** incontinence-leakage with coughing, sneezing, bending, lifting, jumping, laughing
- **Urge** incontinence/overactive bladder-urgency, frequency
- **Outlet obstruction/incomplete emptying**-hesitancy, poor flow, overflow incontinence
- **Functional** incontinence-mobility issues, dementia, developmental delay
- **Nocturnal Enuresis** –bedwetting



# Types of Incontinence

- **Transient incontinence** - UTI, post-op immobility, duration of diuretics
- **Reversible incontinence** - lax pelvic floor from obesity, chronic cough, post-natal -treatment may be effective with lifestyle changes & pelvic floor exercises
- **Irreversible incontinence** - Spinal Cord Injury (SCI), dementia, frail elderly, severe developmental delay, palliative

# Types of Incontinence

- **Passive faecal incontinence**-associated with damage to internal anal sphincter e.g. Diabetic neuropathy, Rectocele, surgery e.g. haemorrhoidectomy, or spinal injury e.g. spina bifida, neurological conditions e.g. MS
- **Urge faecal incontinence**-associated with damage to external anal sphincter e.g. obstetric trauma, loose BM (Ulcerative Colitis, Crohns, IBS, Coeliac)





# World Continnence Awareness

## Week 17-23 June 2019



[https://www.youtube.com/watch?v=\\_hZsWjLikro&feature=youtu.be](https://www.youtube.com/watch?v=_hZsWjLikro&feature=youtu.be)

