Skin care
and incontinence
Introduction

This booklet is a guide to looking after the skin where there’s a bladder or bowel leakage problem (incontinence). It is a resource for people with incontinence as well as those caring for someone with this health condition. It answers common questions about skin care and incontinence, such as:

• why can skin problems occur with incontinence?
• what’s the best treatment for continence-related skin problems?
• are there products that can help?
• should I get some professional advice?

Why good skin care and continence management are important

Good skin care is essential for people with incontinence and their carers. Urine and faeces can damage the skin, causing redness, irritation and soreness. This can be distressing, uncomfortable and socially isolating. Cleanliness every day is necessary to maintain healthy skin, avoid damage, prevent odour and make a person feel comfortable. These are all important issues for quality of life.

Carers are often helping someone with their incontinence or they may be totally responsible for continence management. Perhaps you’re an at-home carer helping someone with their bladder or bowel management? You may be totally responsible for their continence care. Incontinence is often a big part of the carer’s role.

It’s important, for many reasons, that incontinence is always managed and not simply considered inevitable. If you have a continence problem or care for someone with incontinence, it’s not good practice to merely ‘give in’ by putting on one large-volume pad after another.

Good continence management implies that a person with incontinence has minimum difficulty and anxiety, and their skin has as little contact as possible with urine or faeces. It’s always preferable for a person to have the opportunity to use a toilet rather than a continence pad. Apart from urine and faeces having minimum contact with the skin, it’s distressing for people to be constantly urinating or soiling into a pad because help is not available to assist with their toileting, or they cannot find and reach the toilet in time.
A person’s natural patterns around voiding urine or emptying the bowel need to be observed and taken into account because anticipating toileting helps minimise the use of continence aids. It also helps reduce care-time spent cleaning up leakages, stripping beds, changing clothing, cleansing and protecting the skin, and putting on fresh continence products.

## The purpose of skin

Skin is quite amazing! It’s the body’s largest organ aside from the liver which is our largest internal organ. Skin is complex and has many functions: it contains hair follicles, sweat glands, blood vessels, sensory (tactile or feeling) cells, and nerve fibres that can send messages to the brain. Skin can repair itself and renews constantly. Skin also helps to control body temperature and maintain hydration (the body’s water content).

One of the skin’s major tasks is to maintain a physical barrier against the outside environment, acting like a wall that blocks the entry of harmful substances to the body. Operating in reverse, it also prevents too much fluid being lost. Frequent episodes of incontinence can affect the health of this protective wall by putting it at a higher risk of ‘invasion’ – infection.

### Sensitivities

Just as food intolerances or allergies can upset bladder or bowel function, people can have a particular sensitivity to a product they’re wearing, a particular fabric, a cream or skin cleanser, a laundry powder or detergent.

The perineal skin (between the legs) can be more fragile than other parts of the body. Some people find that natural, washable (rather than disposable) absorbent continence products can be more gentle on their skin, although there are some disposable products made with natural fibres.
Skin structure

Skin is made up of three layers:

1. The epidermis (the top layer) – acts as the protective barrier to the outside world.

2. The dermis (the second layer): tough and elastic, containing blood vessels, lymph capillaries (to drain excess tissue fluids from around cells), sensory nerve endings, sweat glands and hair follicles. The collagen in this layer provides the skin with its strength and elasticity.

3. The subcutaneous layer: this deepest layer is made up of connective tissues and fat.
The basics of good skin care

Healthy skin is a physical barrier against the outside environment. Its pH balance (level of acid to alkali) should be between 4.5 and 5.5 to discourage bacterial growth. If this delicate environment breaks down, the risk of dermatitis increases. Dermatitis is a medical term for skin inflammation: skin becomes itchy and red (although not all skin rashes are dermatitis). If the dermatitis has been there for a long time, there may also be blisters or scaling and crusting.

To achieve and maintain skin that has a normal (slightly acidic) pH balance:
- head off changes to normal skin pH by cleaning up quickly after each episode of incontinence
- choose pH-balanced skincare cleansers, moisturisers and sealants, and
- be aware that perspiration beneath a continence pad or briefs creates an extra risk factor for a skin problem.

If you are a care-giver, be aware of when the person usually wants to urinate or empty their bowel through the day and overnight. If they have trouble communicating, watch for behaviours that might indicate a need to empty the bladder or bowel. Develop toileting routines around these regular times so that you minimise the contact of urine and faeces with the skin.

Why skin problems can occur with incontinence

Skin can be more open to damage through either extrinsic (from outside) factors or because of intrinsic (the genetic or natural characteristics) factors – or a combination of both. Extrinsic high-risk factors include dry skin, freckles, sun-damage, wrinkles, effects of smoking, or vascular damage, or the effects of some medicines on the skin’s ability to resist damage and infection (called skin integrity).

The urea and ammonia in urine can affect the slightly acidic pH balance of skin, causing it to become too alkaline. With urinary incontinence, water in the urine contributes to over-hydration of the skin: the wet skin becomes soggy. This leads to tissue-softening so the skin is easily ‘burnt’. Perspiration can also add to the risk of irritation and painful skin breakdown.

Skin areas most at risk are around the anus (back passage), the genitals, between the buttocks, and the inner thighs. Damp, warm skin is unfortunately a good place for bacteria, including fungal infections and urinary tract infections.
Episodes of bladder leakage or faecal incontinence (soiling) can cause inflammation of the skin surface, resulting in redness (erythema), pain and itching (pruritis) and sometimes swelling and/or blisters, dryness, flaking, or itching. This damaged skin is now vulnerable to infection. Skin can easily break down (lose its integrity) in people who:

- have continence problems (urine and faeces often on skin)
- are older (because of changes to skin integrity due to ageing)
- have dry skin (as in older people and those with more sensitive skins)
- have limited mobility (where there’s difficulty reaching a toilet or removing clothing quickly)
- have cognitive impairment (such as an intellectual disability or dementia)
- take medicines for other illnesses (such as Multiple Sclerosis (MS) or Parkinson’s)
- are unable to care for themselves (and must rely on others to look after their skin).

### Ageing skin

Ageing skin needs careful daily attention. Generally, it’s much more open to skin problems and is even more fragile than a baby’s skin. This is because of:

- higher likelihood of medicine use, illness, lower fluid intake and poorer nutrition in older age groups.
- thinner epidermal (top) layer in ageing skin more prone to damage by friction (rubbing) and pressure.
- ability to heal reduced because the cells of older skin multiply slower, particularly if the diet is poor (young people change over their skin cells every 28 days but for older people this can take 40 days or more).

As skin ages, it becomes:

- thinner so that it is more delicate
- drier due to its reduced moisture content
- easier to bruise due to fragile capillaries
- more vulnerable to infection due to lowered immunity
- slower to heal due to decreased mobility and lower rate of new cell growth.
- **Dermatitis**

With this condition, the skin becomes itchy, red and inflamed (although not all skin rashes are dermatitis). If dermatitis has been present for a long time, there may also be blisters, scaling or crusting as well as the itchy inflammation. If the skin is kept too long in contact with urine or faeces, it can become very sore and irritated. This condition is known as **Incontinence Associated Dermatitis (IAD)**.

- **Bowel problems**

**Faecal incontinence** (also called bowel incontinence or soiling) is the unwanted leakage of faeces. This often-hidden health condition disrupts and isolates the lives of many people, due mainly to the odour which is more noticeable than urinary incontinence alone, plus clean-up is more difficult. Even more so than bladder leakage, faecal incontinence is under-reported and under-treated.

Faecal incontinence may cause more skin irritation than urinary incontinence because faeces contains damaging bacteria and digestive enzymes. This is worse where the skin has become too alkaline because of exposure to urine and perspiration.

**Diarrhoea** is when bowel motions are loose or runny. It’s often accompanied by urgency where the diarrhoea is ‘explosive’ and control is more difficult.

**Constipation** is where there’s difficulty and/or pain when passing a bowel motion, usually because of hard and dry faeces, like pebbles. Trying to pass these can strain the pelvic floor muscles and eventually reduce bowel and bladder control.

If untreated, constipation can result in a faecal impaction. This is a solid mass that blocks the bowel, allowing only fluid to bypass the mass and leak out. This condition is called **spurious diarrhoea** and soiling can be uncontrollable.

Lifestyle adjustments such as more fruit, vegetables and grains, perhaps a dietary fibre supplement, plus improved daily fluid intake and exercise levels can all improve bowel function. If increasing dietary fibre, fluid intake should be increased too (unless otherwise advised by your doctor).

Laxatives which can be purchased over-the-counter in pharmacies or supermarkets are generally not recommended for long-term use without the advice of a doctor. However, people with neurological problems (e.g. MS, Parkinson’s, spinal injury) may take laxatives as part of their ongoing bowel management plan.
Checklist: Everyday care for healthy skin

☐ Choose continence products carefully so they fit well, feel good and are secure against leakage (see Absorbent continence aids page 11)

☐ Change continence pads and pants when needed (see Products that can help page 11)

☐ Ensure the skin is cleaned promptly with a good cleanser – even more so than urine, faeces can damage the skin quite quickly (see Skin care products page 12)

☐ Be gentle: cleanse the skin with care, and pat dry

☐ Avoid harsh skin products that contain alcohol, perfumes or disinfectants – they can be drying and cause rashes (see Dermatitis page 6)

☐ Avoid using talcum powder and use barrier creams sparingly (see Skin care products page 12)

☐ Be aware of natural bladder and bowel ‘routines’, rather than always relying on a continence pad

☐ Be alert to a possible Urinary Tract Infection (see UTIs page 8)

☐ Ensure good nutrition and sufficient fluid intake – every day (see Focus on fluids page 11)

☐ Check often for signs of skin breakdown (redness, itching, flaking) and act promptly, including getting professional advice (see Dermatitis page 6)

Faecal incontinence is often ‘the last straw’ for many carers

Even more so than urinary incontinence, dealing with leakage of faeces can be a very big part of an at-home carer’s workload and impact greatly on stress levels. It can also very quickly damage skin integrity. Dealing with faecal incontinence can be the trigger for people having to leave home-based care to be admitted into a residential facility. Along with mobility problems and dementia, faecal incontinence is one of the three main reasons why a person can no longer be cared for in their own home, so it’s important to prevent problems or manage them well.
Treatment for continence-related skin problems

By far the best ‘treatment’ for skin problems is prevention! This means that good skincare practices are carried out all day, every day.

1. Prevent urinary tract infections (UTIs)

A UTI irritates the bladder, causing strong urges to urinate, frequent urination and perhaps burning urine. A person can get a UTI because of bacteria entering the urethra (the tube that drains urine out of the body). For this reason – in addition to protecting against skin damage – it’s important to thoroughly clean the skin after an episode of faecal incontinence. To avoid UTI’s:

- empty the bladder completely each time (relax and take your time in the toilet)
- drink sufficient fluids every day (concentrated urine can irritate the lining of the bladder)
- avoid tight clothes and choose natural fabrics that ‘breathe’
- stay dry by changing continence products when needed, and change wet or sweaty clothes immediately.

A UTI could be causing a leakage problem and contributing to skin damage. Talk to the doctor if there is:

- bladder leakage
- a burning sensation when urinating
- urine that smells unusual or ‘off’
- a need to pass urine more frequently
- a feverish feeling.

Be aware that for some people, chronic UTIs are ‘silent’: there may be no signs at all except a general feeling of being unwell.

2. Drink enough fluid every day

The body needs a good daily fluid intake to flush out waste products and toxins, hydrate the body (keep it moist), and keep the kidneys (which produce urine) working well.

It might be tempting to cut down on fluids to try and reduce accidents. However, this will probably make the situation worse. Concentrated urine can irritate the bladder lining, making it unstable and more prone to leaking – and skin damage more likely. Reducing daily fluid intake can cause urgency (sudden urges to pass urine) or frequency (having to pass urine often).
There is an added problem related to toilet frequency: going often to the toilet can train the bladder to have a smaller capacity by signalling the brain that the bladder needs emptying before it is actually full.

If there’s a need to pass urine often during the night, try tapering off fluid intake towards bed-time but be careful to keep up the total recommended daily fluid intake within the 24-hour period. Avoid the types of drinks that might irritate the bladder – water is best (see Focus on fluids page 11).

3. Prevent pressure injuries

Preventing pressure injuries (also referred to as bed sores or pressure sores) is particularly important for people who have limited mobility and for those unable to care for themselves. Incontinence is often an issue for people who have to spend most of the day in bed, are seated or confined to a wheelchair. The delicate skin of older people is even more vulnerable to injury.

If there’s constant, unrelieved pressure or rubbing, the skin can be damaged, particularly on bony areas like heels, elbows, back of the head or tail-bone (coccyx). This damage can be severe and difficult to heal. Without careful attention it can lead to other serious problems.

4. Good nutrition

Feed the skin from inside and out! Keep the body well-nourished with sufficient vitamins, minerals and essential fats. Keep the skin moisturised with a suitable product if dryness is a problem.

5. Talk to a doctor or continence health professional

Skin irritations should be seen by a health professional, sooner rather than later because severe damage can develop quite quickly. All aspects of incontinence, including skin health, deserve expert ongoing care and monitoring (See page 13 Getting professional help).

Act promptly if:

- wounds change appearance and severity
- there are signs of infection: fever, pain, swelling, warmth, drainage, pus or odour
- a rash develops
- skin damage is not healing or becomes more severe.
Checklist: prevent pressure injuries – they’re quick to develop, difficult to treat and slow to heal

☐ Check the skin daily for redness or discolouring. Move around if able (shift weight every 15 minutes or so) or at least every two hours if being cared for by others

☐ Practice good hygiene: cleanse the skin of perspiration, bladder and bowel leakage promptly

☐ Keep the skin healthy and well-hydrated (not too dry or too wet) with sufficient fluid intake and a good diet

☐ Exercise daily to improve circulation – walking, for example, or an activity suitable for mobility level

☐ Choose well-fitting (comfortable and secure) absorbent products

☐ Use good quality skincare products such as moisturisers and sealants – avoid the use of drying skin products which can damage new cells and delay healing

☐ Use soft padding such as pillows between the skin and the bed or chair

☐ Use turning-sheets, pillows, heel-elevators, body-positioners or other devices to avoid damage from pressure, friction (rubbing) and shear (horizontal pressure or force)

☐ If caring for someone, be patient and gentle – it may take weeks or months to heal pressure injuries.

You are what you eat

When it comes to both healthy skin and good bladder and bowel function, a lot depends on what’s on your plate. Starving your skin of nourishment will take its toll: it will no longer be supple, but drier, thinner and more sallow – and you could be setting yourself up for a chronic skin condition.

Foods which help to keep digestion normal will reflect in healthier skin. A simple approach is to eat mainly fresh fruit, vegetables and whole grains; avoid saturated fats, refined sugars and flour; and favour unprocessed foods.
Focus on fluids
Drinking enough fluid is important for whole health, not just for good skin or bladder and bowel function.

A general recommendation is around 1.5 litres (6–8 glasses) every day but this can vary from person to person, and with hot weather or more exercise. Be aware that custards, jellies and soups also count as fluid.

Be aware that there are fluids known to be common bladder-irritants such as alcohol, fizzy drinks, and drinks containing caffeine (tea, coffee, chocolate, some energy drinks): water is the best choice. Further, if these are taken in the evening, they might contribute to nocturia (getting up to visit the toilet frequently overnight).

Check with your doctor if in doubt about your recommended daily fluid intake, particularly if there are other health conditions to consider (e.g. diabetes or heart problems).

Keeping a bladder or bowel diary for a few days can help you identify patterns in toileting or leakage, or perhaps associations of control problems with particular foods or drinks. You can download copies of bladder and bowel diary sheets from the Continence Foundation’s website www.continence.org.au.

Products that can help with incontinence and skin care

1. Absorbent continence aids
The aim of absorbent products is to stop ‘spills’, keep the skin as dry as possible and help maintain a normal skin pH level.

There are so many continence products available it can be difficult to know what will suit best. Some product companies offer samples to try. Continence aids (pads, pants, or pouches for males) must fit firmly yet comfortably to contain leakage and not rub on the skin as the person moves. Some disposable continence products have a waterproof yet breathable backing. This type of material helps reduce humidity and moisture build-up from perspiration. Some absorbent products offer better protection against the skin changing to an alkaline (rather than the desired slightly acidic) environment.
Putting on a well-fitting continence product correctly will ensure that it is reliable, works well and has minimal movement to prevent chafing, and that plastic does not come into contact with the skin. Avoid plastic pants as they ‘sweat’ and do not permit natural drying. Natural materials such as cotton feel cooler because they offer better air circulation, helping to avoid skin irritation.

Although the actual continence product should be worn fairly firmly in place against the skin, it’s best not to wear tight fitting clothing that can cause rubbing and soreness. Looser clothing may help to improve air circulation and reduce perspiration on skin that is irritated and exposed to leakage.

People with dementia can struggle with pads or pants that do not feel like normal underwear. They may tear or pull at these products or refuse to wear them altogether. A natural, familiar ‘feel’ can be particularly important.

2. Skin care products

Skin care products are designed to keep the skin healthy and clean. They protect the skin from moisture and irritants, reducing the incidence of skin irritation and breakdown. For all the following skin care products, it’s important to cleanse thoroughly and apply creams gently. If you’re looking to use such products, it’s probably because the skin is already vulnerable and slow to heal. Be careful not to make this worse through rough handling.

a) Cleansers: These are an alternative to soap and water and are designed to maintain normal (slightly acidic) pH and moisture content of the skin. Cleansers are available in pump sprays, foams and pre-moistened wipes, and as either rinse or no-rinse products. A cleanser should care for the normal pH of the skin and not contain harsh detergents, fragrances or alcohol. Apply cleansers gently. Soft disposable wipes are preferable to towelling face-washers which can be too harsh. Patting the skin dry is better than rubbing it – friction easily damages delicate skin.

b) Moisturisers: Intact skin that is supple and moisturised is the first line of natural defence against damage and infection. Moisturisers (lotions or creams) for continence use are non-irritating and designed to preserve the skin’s fluid content by sealing in or adding more moisture.
c) Barriers: Barrier products are protective films or creams. They’re designed to seal the skin off from contact with perspiration, urine or faeces. They also assist in preventing friction from bed linen or absorbent continence products. Barrier products can provide relief to irritated and sensitive skin and may also be antimicrobial (i.e. to kill germs). Be careful using barrier creams and be sparing. If thick barrier creams are too generously applied, they can interfere with the absorbency of continence pads and pants. They can also mix with faeces and make a thorough clean-up more difficult.

Getting professional help

A comprehensive continence assessment (see below) carried out by a health professional will form the basis for effective treatment and better management of incontinence. Specific absorbent products, special skin care products or other aids suitable for a person’s level of incontinence and their living situation can be recommended. Product choice and where to purchase these – and perhaps commodes, urinals or other aids to make life easier – might also be suggested by the continence clinician (see For more information page 15).

A doctor’s review of medicines taken for other problems might be needed, as these might be causing incontinence or making it worse. Never alter dosages or stop medicines without talking to your doctor first.

What is a continence assessment?

Incontinence does not ‘stand alone’ as a health problem: it’s usually linked to another health condition such as diabetes, stroke, heart or prostate problems, neurological conditions, being overweight or obese, having chronic cough such as with asthma or a smokers’ cough, a disability or terminal illness, or post-surgery. Incontinence is very individual and can be a mix of several factors that are interacting.

Because of this complexity, only a professional continence assessment can provide a full picture of the incontinence within a person’s overall health profile and history. The continence health professional who carries out this assessment can suggest ways to manage incontinence so that it has the minimum impact on quality of life – socially, emotionally and financially.
A continence assessment will include a person’s episodes of bladder or bowel leakage (volumes and times over a few days). It will take account of a person’s current living circumstances – such as whether they live alone, are in a residential care facility, or if they have a carer, for example. It could also include the results of other medical testing such as blood tests or urine tests.

A continence assessment is important because it enables the identification of the cause(s) of the incontinence, plus things that might be making it worse. It’s the basis for an effective continence treatment and management program which can then be monitored by a health professional or a medical team.

Levels or patterns of incontinence commonly change over time. A continence assessment makes it easier to spot changes and trends. Treatment and management can be reviewed as a person’s needs change.

- **The cost of continence products**

For anyone with poor bladder or bowel control (and especially for people with severe incontinence) the cost of products can be a big part of the household budget. There’s a range of products on the market – and the range is increasing steadily. This is another good reason to talk to a continence clinician who can advise on which products might be suitable, their cost and where to get them. They can also advise on eligibility for financial assistance schemes to help with purchase cost.
For more information

National Continence Helpline \textsuperscript{FREECALL™}1800 33 00 66

This free and confidential service is staffed by continence nurse advisors. They offer advice to people, including at-home carers about bladder and bowel function, treatment options, products, funding schemes, a range of brochures, and details of local continence services.

Information about bladder and bowel function

- National Continence Helpline \textsuperscript{FREECALL™}1800 33 00 66
- www.continence.org.au (Continence Foundation of Australia)
- www.bladderbowel.gov.au (Australian Government website)

At-home carers

- www.carersaustralia.com.au or \textsuperscript{FREECALL™}1800 242 636

Incontinence is often linked to other health conditions – diabetes, stroke, prostate or heart problems, neurological conditions like MS (Multiple Sclerosis) or Parkinson’s, can be post-surgery, or associated with cancer therapy or spinal injury, for example. Dealing with incontinence can be a big part of the caring role.

Government funding assistance schemes

Depending on eligibility, these schemes can help with the cost of purchasing continence and other personal products. Find out more about the national and various state-based schemes from the Continence Foundation of Australia website www.continence.org.au. You can also phone the National Continence Helpline on 1800 33 00 66 to talk to a continence nurse advisor about eligibility for schemes or changes to funding schemes.

National Public Toilet Map (NPTM) – www.toiletmap.gov.au

The Australian Government’s National Public Toilet Map website shows the location and details of over 14,000 toilet facilities across Australia. The NPTM can also be accessed via mobile phone web browser and iPhone application. If you are not connected to the internet, phone the National Continence Helpline 1800 33 00 66 for maps of your planned route to be mailed to you.
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Bibliography
www.wcansw.com.au
The National Diet and Nutrition Survey: young people aged 4–18 years
www.epuap.com

HARTMANN Moli - The unique Skin Friendly range of continence products

42.5% of people with incontinence suffer from incontinence related skin problems¹, which often lead to long-term complications requiring extra nursing time and treatment.

Moli has the unique range of continence products designed with the perfect combination of Skin Friendly features to help prevent skin irritations associated with Incontinence.

Help reduce the risk of skin irritation with HARTMANN Moli:

- Dermatologically tested and hypoallergenic even for sensitive, atopic skin².
- The unique HARTMANN 3-layer absorbent core quickly guides fluid away from the skin to keep the skin dry and maintain a healthy skin climate.
- The patented curly fibre top layer maintains the pH value of the skin at its natural pH 5.5 to support the skin's own protection mechanism and create an ‘antibacterial effect’.
- Breathable Air Active® side panels help maintain a healthy skin temperature².

To learn more about how the Skin Friendly Moli range can help reduce incontinence related skin problems, call 1300 720 983.

¹ Source: J Junkin, JL Selekof; J Wound, Ostomy, Continence, Nurs. 2007; 34(3): 260-269
² Applicable for MoliForm®, MoliCare® Premium and MoliCare® Comfort only