

**Continence Guidelines for Assessment and Provision of Containment
Products for Community & Older Peoples Services**

JUNE 2024

Title:	Contenance Guidelines for Assessment and Provision of Containment Products for Community & Older People Services		
Ownership:	Assistant Director of Nursing		
Approval by:	Community & Older People's Service Governance	Approval date:	Submitted to Community Nursing Governance 10.9.2024
Operational Date:	September 2024	Next Review:	September 2027
Version No.	2.0	Supersedes	Guidelines for Contenance Management for Clients in Residential Homes, Community Facilities and Community Nursing
Links to other policies	<ul style="list-style-type: none"> • Infection Control Guidelines • Urinary Catheter Troubleshooting • Policy for the Management of Medical Devices • Guidance for the provision of containment products for adult incontinence 		

	CONTENTS PAGE	Page Number
1.0	Introduction	3
2.0	Scope of Practice	3
3.0	Roles and Responsibilities	4
4.0	Key Principles	4
5.0	Monitoring	5
6.0	Equality Statement	5
7.0	Types of Urinary Incontinence & Guidance on promotion of urinary incontinence	6 - 7
8.0	Types of Faecal Incontinence & Guidance on Promotion of Faecal Incontinence	7 - 8
9.0	Continence Assessment & Review	8 - 9
10.0	Guide for the Selection of Continence Supplies	10
11.0	Details of Identifying and Managing Adverse Reactions	10
12.0	Buffer Stock	12
13.0	Guide on prescribing Containments products for different types of incontinence	12 - 15
14.0	Onward referral to Continence Service if required & Contact Information	16
	Appendices	17 - 28
	References	29 - 30

1.0 Introduction

Bladder and bowel problems are common and, in most cases, treatable, but they are poorly understood and under-prioritised within health and care provision in England (RCP 2010; Orrell et al 2013). Estimates of the burden of incontinence in England suggest that it affects up to 14 million people (NHSE 2018).

Although the risk of incontinence increases with age and is a reason for care home admission (Schluter et al 2017), symptoms affect every section of the population, across all stages of life, including children, people with a learning disability or other chronic condition as well as otherwise healthy adults.

Incontinence is a symptom, not a disease or diagnosis and has many possible causes as well as being only one of a range of other bladder or bowel symptoms. Urinary and faecal incontinence has been defined as 'the complaint of any involuntary leakage of urine or faeces' (Abrams et al 2002).

Urinary and faecal incontinence can have a devastating impact upon quality of life, and should not be accepted as inevitable. Both types can be a symptom of an underlying problem and a continence assessment should aim to identify possible causes and enable the development of an individualised care plan.

Continence assessments are carried out by community nurses, for example, Continence Nurses, District Nurses and Learning Disability Nurses, etc.

2.0 Scope of Guidance

The aim of these guidelines is to promote continence, support best practice for adults with continence issues and clarify the quantity and type of products supplied either to support toileting programmes or to assist in the ongoing management of incontinence.

Clinical assessment is a critical component in the diagnosis of underlying causes of incontinence. Which must identify opportunities for treatments, before considering containment with products (RCN 2023). Containment products should only be offered as a temporary coping strategy for urinary incontinence or as long-term management if treatment is unsuccessful (NICE guideline NG123 2019).

This guidance applies to WHSCT Community Continence Service and Community Nursing who undertake continence management

3.0 Roles and Responsibilities

Directors are responsible for the dissemination and implementation of this Policy within the divisions.

Line managers are responsible for ensuring that all relevant staff have a working knowledge of and adhere to this Policy and that any amendments are disseminated.

All relevant staff are responsible for familiarising themselves with and adhering to this Policy. The clinician who assesses an individual to provide an absorbent product is accountable for that decision; and needs to ensure that the chosen product is fit for purpose and safe to use at the time of assessment (in accordance with MRHA 2014).

There is a responsibility for the patient and/or carer to request a reassessment if their needs change. Where risk to safety or harm exists, it is recommended to seek advice from the multi-disciplinary team or continence service. The patient or carer must be advised on how to apply/use the product and be given sufficient information and training in the safe use of the product.

4.0 Key Principles

Comprehensive Assessment: Ensure a holistic assessment of the patient's needs, including physical, cognitive and environmental factors. This should also consider underlying conditions, skin integrity and the impact on daily living.

Patient - centered approach: Tailor containment product selection to the individual's needs and preferences, promoting dignity, comfort and quality of life.

Evidence based selection: Choose products based on clinical evidence and best practices, ensuring they are appropriate for the level of incontinence and compatible with skin health.

Cost-effective Solutions: Provide products that balance efficacy and budget considerations, ensuring optimal use of resources without compromising patient care.

Ongoing Monitoring and Review: Regularly review the patient's condition and product efficacy to adjust care plans as needed, ensuring the products continue to meet evolving needs.

Education and Support: Offer education to patients and caregivers on proper product use and skin care to minimize complications like infections or skin breakdown.

Collaboration: Encourage interdisciplinary collaborations with continence specialists, GPs and other healthcare providers to ensure holistic and consistent care.

5.0 Monitoring

Monitoring of the implementation of this policy is the responsibility of the Team lead/Charge Nurse/Community Nursing Service Manager/Head of Service.

6.0 Equality and Human Rights Screening

DRAFT

7.0 Types of Urinary Incontinence

7.1 Stress incontinence

This is the involuntary loss of urine during physical exercise, movement, sneezing, coughing, etc.

Common causes are:

- Weakened pelvic floor
- Menopause (with decreased oestrogen)
- Neurological damage
- Obesity

7.2 Urge incontinence

This is when a person has a strong desire to void and the instability of the bladder causes it to empty or the client pass urine before reaching the toilet.

Common causes are:

- Overactive bladder
- Infection
- Neurological disorders (e.g. Cerebrovascular Accident, Multiple Sclerosis, Parkinson's disease, Motor Neurone disease)
- High caffeine intake
- High alcohol intake.

7.3 Mixed incontinence

Where both stress/urge incontinence are present. The most problematic is addressed first.

7.4 Overflow incontinence

This is when the bladder fails to empty sufficiently.

Common causes are:

- Enlarged prostate in men
- Vaginal prolapse in women
- Constipation
- Anticholinergic overload

7.5 Reflex type emptying

Where there is no bladder control.

Common causes are:

- Dementia
- Spinal injury
- Neurological conditions

7.6 Functional incontinence

This may occur as a result of decreased mobility, physical disability, certain medications, diabetes, constipation, impaired communication, mental confusion or depression.

7.7 Guidance to promote urinary continence.

- Promote high fibre intake to avoid constipation
- Encourage 1500-2000mls fluid intake in 24 hours (unless fluid restricted)
- Advise limited caffeine intake
- Prompted toilet visits as appropriate to the client
- Giving clients time at the toilet to empty their bladder sufficiently
- Timed toilet visits if individually appropriate and part of the agreed care plan.

8.0 Faecal incontinence

This is the uncontrolled loss of solid or liquid stools from the bowel and can affect anyone of any age.

Common causes are:

- Low fibre diet
- Diarrhoea
- Irritable Bowel Syndrome (IBS)
- Childbirth leading to weak pelvic floor
- Certain medications
- Infection
- Clostridium Difficile
- Injury/damage/surgery to the lower bowel
- Spinal injury
- Bowel cancer
- Radiotherapy to pelvic area

8.1 Guidance on the promotion of faecal continence

The healthcare worker must:

Be aware of any underlying conditions that could cause faecal incontinence as mentioned above.

Establish the patient's normal bowel habits and types (Use Bristol Stool chart as a guide in - **Appendix 1**).

Establish how the patient manages their current bowel habits.
Promote a healthy diet.

Encourage where appropriate bowel emptying after meals utilising the gastro colic response
Ensure toilet facilities are easily accessible, private and comfortable.
Give the client sufficient time to use the toilet facilities
Encourage where appropriate the client to adopt a good position for bowel evacuation/emptying.
Good skincare and use of barrier cream as prescribed.
Be aware of infection control guidelines regarding laundry and odour.
Report any changes in stool to the GP.
Ensure provision and correct usage of continence products as prescribed.

9.0 Continence Assessment & Review

Every client with faecal or urinary incontinence should have an assessment and reviews completed by either:-

- The Continence Advisory Service (**see referral pathway Appendix 6**)
- OR
- Community Nurse (see criteria below)
 - If the client is either housebound or is not suitable for clinic appointments e.g. elderly or frail patients who sometimes leave home but may not be able to self-transfer onto a couch for specialist examination.
 - Clients with mobility issues and are at risk of falls. In addition, patients with Cognitive Impairment where the best place for the assessment is their home or were they are not in a position to follow specialist advice.

9.1 Training

Continence assessments must be undertaken by a Registered Nurse or Continence Advisory Nurse who has completed continence training – this training is mandatory.

HSC Continence Awareness Training online – minimum within 12 months of commencing Community nursing post.

Level 1 Training – CEC Continence Promotion training one day on line.

Guidelines for Continence Management for Clients in Residential Homes, Community Facilities and Community Nursing

9.2 Following the initial continence assessment, the caseload holder is responsible for:

Showing evidence of a fully completed by an appropriately trained health care professional and approved continence assessment.

Ensure that individualised treatment plans will be available for each client.

Ensure that there is privacy and dignity provided at all times when providing personal hygiene or supervising client's toilet needs.

Ensure client's personal hygiene is attended to and skincare is provided at each toilet visit or change of disposable product.

Any skin changes are reported to the manager/person in charge.

Ensure there is a review arranged by the qualified nurse should there be any skin changes.

Ongoing assessment of patient's skin, following prescription of incontinence products should be based on a Purpose T assessment and clinical judgement.

If a patient has no pressure ulcer and not currently at risk commence skin checks every 6 months.

If a patient has no pressure ulcer but at risk commence skin checks every 3 months.

SSKIN Bundle care reviews can be completed by a Senior Nursing Assistant. Reporting any changes to the registered nurse.

Reviews of containment product prescriptions must be carried out at least annually or more often if clinically indicated using the Continence Review Reassessment Form.

Review of continence assessments can be delegated to a Senior Nursing Assistant following continence training however if there are identified problems other than product review, this must be referred and actioned by a Registered Nurse.

Ensure that any client using continence products are having them applied properly and that staff are aware of any troubleshooting (**Appendix 2**). If training is required on product use – contact Janice Matthews (Tena representative) – Janice.matthews@essity.com or mobile 07795493197.

Informing BSO via ELMS2 when products are no longer required. Please indicate amount of products for collection also.

Ensure staff are familiar with appropriate catheter care for those clients who have an indwelling catheter.

If a client is using penile sheaths staff must be aware of how the product is applied, cared for and removed without distress to the client. (**Appendix 3**)

Staff should be adhering to WHSCT Infection Control Guidelines.

10.0 Guidelines for selection and Usage of Continence Supplies

The Trust will assist in the provision of continence products to patients where there is clinical need.

Health Care Professionals will be able to:

Show evidence of a fully completed continence assessment. Containment products must not be considered as the first line treatment option for incontinence.

All service users will be assessed on an individual basis and encouraged to complete an appropriate care pathway. Containment products are not considered a cure but may be used as part of a treatment to manage leakage thus improving the service user's quality of life.

There is a wide range of products available including pads, reusable pants, urinals, sheaths, anal plugs and many more.

Pads will not generally be offered to service users during the completion of the care pathway where this has been deemed suitable.

Decisions on what is the most appropriate treatment plan take account of the individual's condition, lifestyle, average daily fluid intake and severity of any leakage.

Disposable Pads / Washable Pants can only be provided for a service user following the completion of a comprehensive continence assessment (**Appendix 5**).

All completed Continence Assessment Forms should be approved by the District Nurse (caseload holder) and forwarded via email to the Community Continence Service for processing by the Continence Admin team.

In general, it should be possible for service users to manage their incontinence using no more than 4 pads per 24 hours (regional benchmark).

Where service users request a supply of products in excess of professional recommendation, they may personally supplement their prescription through alternative means of their own choice. Similarly, service users who prefer brands other than those contracted by the Trust may also personally supplement their prescription through alternative means of their own choice.

Select appropriately from the range of absorbent products, drainage systems and continence aids. (**Appendix 4**).

Work within the continence guidelines.

Appropriate products should be selected to the maximum of 3000mls absorbency within 24 hour period. An average bladder will pass about 1500mls in 24 hours so maximum is usually not required.

Please be aware that high absorbency products may affect skin integrity and become bulky and heavy to wear. Measurements should be taken to ensure that the correct size of product is ordered.

Staff must be aware of the potential for misuse of products supplied by the Trust and ensure that assessments and reassessments reflect the patient's actual clinical and continence needs.

In compliance with Health and Safety and Infection Control Guidelines, containment products must not be taken from one service user for use by another service user.

10.1 Deliveries to Patients in the Community

All patients should be on a Ring Back Service and delivery will be made to every home on a 12 weekly cycle.

Please remember to ensure that patients fully understand this process and they have the correct telephone number **02895361500**.

Advice patients /carers to check stock and call BSO when they have 10 days' worth of products left to reorder. Check products on receipt and call BSO if incorrect.

Products will be suspended if there is no reordering after 6 months and the patient will be advised that they will have to have a reassessment by a nurse before products can be reinstated.

Where the patient may have difficulty with this or there is no relative / carer to take responsibility for delivery the patient can be transferred to receiving scheduled cycle deliveries.

Cycle deliveries to patients in their own homes must be authorised by the case load holder. Stock to be checked by District Nurse and BSO notified if changes to delivery required.

11.0 Details of Identifying and Managing Adverse Reactions

Incontinence products are classified as medical devices (MHRA 2014) and therefore safety and fitness for purpose is fundamental in achieving quality care.

Continence supplies must be used in accordance with manufacturer's instructions, which are on the packaging (Medicines and Healthcare products Regulatory Agency 03/08/2023).

Nurses must be aware of adverse reactions to continence supplies. Information must be given patients/main carers on possible complications and appropriate action to take

12.0 Buffer Stock

Buffer stock can be ordered so that teams have a small supply at hand for the palliative / deteriorating patient only.

Buffer stock approved as follows:

- Tena Flex Plus Medium – CXP000245
- Tena Flex Plus Large – CXP000246
- Tena comfort super – CXP000271
- Tena fix medium net pants – CXP000320
- Tena fix large net pants – CXP000321



All orders to be placed through the Community Continence Team.

Cost codes:

Northern Sector NS – E0P084

Southern Sector SS – E0P083

If product trial packs are required to help determine product suitability staff are to contact Janice Matthews – Janice Matthews (Tena Representative – Janice.matthews@essity.com or tele no 07795493197.

13.0 Guide on prescribing Containment products for different types of Incontinence

13.1 Mild Urinary incontinence

In general, these service users would normally be prescribed washable pants. If washable pants are not appropriate then a disposable product of approximately 400-450mls absorbency should be considered; such as a press on shaped pad with adhesive strip or a small shaped pad held in place with fixation net pants otherwise known as a 2 piece system.

13.2 Washable Pants

Washable pants can be more comfortable and in the long term can be a more cost effective option for mild urinary incontinence.

Washable pants will be issued on completion of the 12-week care pathway if deemed appropriate. The assessing nurse must establish suitability of these products. Up to 5 pairs of washable pants may be supplied per year. Washable pants take time to wash and dry so consideration should be given to this when placing the order to ensure adequate supply.

It is important to note that disposable pads will not be supplied with washable pants.

It must be clearly explained to clients that no other product will be supplied within 12 months of receipt of washable pants unless there is deterioration in their condition

Service users should be advised that it is better to wash the pants in a washing machine if possible. Fabric softener is not recommended.

Exemptions to the above include –

Service users unable to follow a care pathway i.e. terminally ill / Moderate-severe cognitive impairment.



Service users awaiting surgery if washable pants not suitable: the assessment for these individuals must include type of surgery proposed and when the expected surgery will be performed. Pads may then be issued for an agreed period of time only.

Postoperative service users where the use of pads may help in the recovery phase. These are generally issued for a short period only.

13.3 Containment products for Moderate Urinary incontinence

In general, these service users would normally be prescribed products of 450-800mls absorbency.

An appropriately trained Health Care Professional must provide instruction on the correct fitting and use of these products.

Shaped pads should be used with close-fitting net pants. Net pants are available to order alongside shaped pads. Close fitting pants can be used only if more appropriate

Service users who require net pants should be measured to ensure correct size. A maximum of 5 pairs of net pants will be supplied every 6 months. Net pants are reusable and are guaranteed to wash up to 25-30 times. Net pants should not be washed at higher than 70° and should not be tumble dried or dried on radiators

Pull -up disposable pants can only be provided with the approval of the Continence Service Nurse Co-ordinator. Service users can be provided with (up to) a maximum of 2 pull-ups products per 24hrs

The Case holder will consider the following criteria for pull-up pants:

Service users with Mild to Moderate Cognitive Impairment who toilet independently and are unable to manage the 2 piece system.

Terminally ill service users who still toilet independently and are unable to manage the 2-piece system.

Service users who have a proven clinical reason established that no other product within the range provided by the WHSCT are suitable. Details of products trialled and reason they were not suitable should be documented clearly on the assessment / review.

N.B. Service users dependent on carers for toileting needs should not require a pull-up product. Service users who are already in receipt of pull-up products in excess of 2 per 24 hrs may continue to receive them if their needs have not changed.

Any Service user who has been in receipt of pull-up products and is now dependent on carers for toileting needs should be trialled with alternative products on their review.

13.4 Products for Heavy Urinary Incontinence

In general, these service users would normally be prescribed products of 450mls – 1600mls absorbency. The shaped 2-piece pad and net pants are available in various absorbency ranges and should be promoted first where possible.

All-in-one taped or belted pads

The use of these pads in any absorbency range should be restricted to service users presenting with urinary / faecal incontinence who are dependent on carers or are bed bound (Fader et al, 2008). The product absorbency range should be utilised to reflect the nocturnal/diurnal alterations in urinary output.

Maxi products in any product range need special approval from the Continence Service nurse coordinator before being trialled. Maxi absorbent products will only be approved for patients who have excessive heavy urinary incontinence or for those who have a long period of time between evening care call and morning care call and a super absorbency is no longer meeting their needs.

Patients can be provided with (up to) maximum of 2 maxi pads per 24hrs.

Service users who are already in receipt of an excess of 2 per 24hrs may continue to receive them if there needs have not changed.

It is the responsibility of the Registrant undertaking assessment to ensure that all carers involved in the provision of personal care are aware of the correct method of applying the pads, and the daily prescription of pads on order.

13.5 Containment products for Faecal Incontinence

Pads do not absorb faecal matter therefore a smaller pad of approximately 400- 450mls absorbency should be considered for service users with faecal incontinence. It is important that for these service users all other treatments options are considered and implemented to try to establish a regular bowel habit and a formed stool consistency.

13.6 Disposable procedure sheets.

Disposable procedure sheets are only recommended when undertaking procedures such as bowel management or for service users receiving end of life care. They must not be supplied for use as a continence product as the risk of skin breakdown is high. The emphasis should be placed upon prescribing a product suitable to the individual needs of the service user.

14.0 Onward referral to Continence Service if required.

If a service user is currently open or previously known to District Nursing but now meets the specified criteria to attend the Community Continence Clinic (**Appendix 6**), they may be referred onwards by District nursing teams to the Community Continence Service via Community Continence email, with referral form (**Appendix 7**) and any previous assessments / reviews details.

For Service Users open to District Nursing who require Specialist Continence Advisor input, advice and guidance can be requested by completing Referral Form as in (**Appendix 7**).






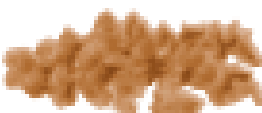

14.1 Contact Information

WHSCCT (Northern Sector)
Continence Advisory Service
Rectory Field Offices
19b Limavady Road
Londonderry BT47 6JU
Tel. 028 7134 9355

WHSCCT (Southern Sector)
Continence Advisory Service
Coleshill House
2 Coleshill Road
Enniskillen BT74 7HG
Tel: 028 6634 4057

Appendix 1

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

APPENDIX 2

Trouble Shooting Guide for Disposable Containment Products	
Shaped pads are leaking	<ul style="list-style-type: none"> • Check that the patient is wearing well-fitting pants. <i>Using ill-fitting pants will result in unnecessary leakage or discomfort and increase costs.</i> • Do not use barrier creams or talcum powders as they can block the “top dry” layer of the pad and prevent it from absorbing properly. • Creams, as prescribed, should be applied sparingly in the pad area, to affected skin only. • If the above advice does not stop the leakage, reassess patient
Slip pads are leaking	<ul style="list-style-type: none"> • Check the patient is wearing the correct size of pad according to waist/hip measurements. • Check the product is fitted correctly • Check that cream /powders are not being used, as these may block the “top dry” layer of the pad.
Wet skin	<ul style="list-style-type: none"> • Review the use of barrier creams and powder, as these can block the “top dry” layer. This in turn can allow wetness from urine or faeces to remain in contact with the skin for a longer period
Skin redness/irritation	<ul style="list-style-type: none"> • Assess the nature of the redness: • Is it in the shape of the pad? • How long has the patient’s skin been red? • How long was the product left on? • Check that the product has been fitted close to the body. As well as preventing leakage, this will stop the urine from feeling cold against the skin and allowing the product to move which would lead to skin soreness and redness • Restrict the use of soap or use only very mild soap and thoroughly rinse off soap or use cleansing foam • Ensure the patient was properly cleansed and dried after urinary and faecal incontinence • Use non-biological detergents if the patient has sensitive skin • Check that the writing on the product is facing outwards and not next to the skin • Check whether there have been any recent changes in the use of skin care products • Enquire whether the patient has had any recent changes in their eating or drinking habits (possible reaction of urine to exposed skin).
High or increased usage of products	<ul style="list-style-type: none"> • Make sure the pad is being used properly and not being discarded too soon. If there is no faecal incontinence and there is no evidence of urinary tract infection, the pad should be used to capacity without leaking (check wetness indicator) • Wearing more than one absorbent product is not recommended and may cause redness and skin breakdown. • As a general rule, with the shaped pads, the smaller the pad the more discrete, comfortable and more economical it becomes.

Adverse Reaction to Disposable Containment Products

If the patient is experiencing an adverse reaction to the containment product, such as itching or blistering, discontinue use of the product and contact Continence Service for advice

APPENDIX 3 A guide for patients about Caring for your sheath

Please note this guide should be used in conjunction with the manufacturer's fitting instructions.

What is a sheath?

A sheath is like a condom with a port to which you can attach a urinary drainage bag. It fits over the penis, allowing the urine to drain away from the body and into the collection bag. It is an alternative to wearing a pad or being fitted with a catheter and gives the wearer freedom to go out without the concern of having an accident. As it is an external device it also reduces the risk of infections.

Care for your sheath

You will need to be measured using a specifically designed guide. Use the guide specific to the brand of sheath you are trying. As there is a range of sheaths available on prescription, you may prefer to try various samples before making a decision on what feels most comfortable. If you find that you are having problems with your sheath you may need additional aids such as wipes or tapes (see troubleshooting guide) or perhaps a different type of sheath would suit you better. Sheaths and bags should be stored in their original packaging in a dry place away from direct heat or sunlight.

Application

To help you obtain the best use from your sheath we suggest the following guidelines.

- If required, trim any excess hair from the penis with scissors (shaving can cause irritation) or use hair guard.
- Wash the penis and scrotum with fragrance/oil free soap with neutral pH.
- Check for signs of soreness
- Rinse thoroughly with clean water
- Pat the penis and scrotum dry with a towel (do not rub)
- Ensure the foreskin is returned to a natural position
- Never apply cream or talc to the penis prior to fitting as this will prevent the adhesive from working.
- Apply the skin prep wipe and allow to dry (if applicable)
- Apply the additional fixation tape (if applicable) following the manufacturer's instructions
- Apply the sheath following the manufacturer's instructions
- Firm the sheath by squeezing the penis with your hand. This activates the adhesive to obtain a good seal, and prevent leakage.

If the application goes wrong discard the sheath and start again.

Removal

The sheath should be changed every 24 hours, or in accordance with the manufacturer's instructions.

We suggest the following advice for the removal of the sheath:

- Use soapy water to remove sheath
- Roll the sheath back towards the tip of the penis. This will deactivate the adhesive and allow easy removal of the sheath.
- If it is a clear sheath, soap can be applied over the surface to break down the glue.
- Allow several minutes before trying to remove or try an adhesive remover.
- Double bag and dispose of the used sheath in your domestic waste.

Urinary drainage bags (please refer to manufacturer's guidelines)


- The leg bag can be attached by straps or placed in a leg holster.
- Empty the leg bag when it is about three quarters full.
- At bedtime, connect the leg bag to the larger night bag. Make sure the tap is open between the two. Please keep the plastic top (anti dust cap) that you removed before plugging in the night bag so that you can replace it in the morning (unless you are in a multi-occupancy environment where the bag must always be disposed of).
- Place the night bag onto the stand, which is available via the home delivery company. Do not leave the bag on the floor.
- In the morning, remove the night bag from the leg bag. Remember to first close the tap on the leg bag.
- After emptying the night bag into the toilet, rinse it through with cold water. Leave it on the bag stand to dry with the plastic top on the end of the drainage tube.
- Change both bags for new ones once a week (unless they are single use bags). Dispose of the bags after emptying of urine by wrapping in newspaper or plastic, place in a plastic bag and put them in the dustbin (not to be recycled).

Further supplies of your sheaths and bags are available from your GP or nurse on prescription.





TROUBLESHOOTING GUIDE

- **Sore skin**
It is important to inspect penile skin daily and seek medical advice if you notice any areas of inflammation, blisters or sore skin.
Allow the soreness to resolve as appropriate, try an alternative sheath (re-measure for sizing first), consider barrier cream or uirifix equivalent.
- **Perspiration**
Change from latex if used to all silicone.
- **Leaking**
Check the size, fitting and length of sheath and activation of adhesive.
- **Wrong size**
Re-measure if it is too tight or loose.

APPENDIX 4








Western Trust Product Guide (92366204)

Product Name	Essity Article No	Working Absorbency	Inner Packaging	
Male Products : Light - Moderate Incontinence (to be worn with snug fitting underwear)				
TENA Men Active FIT Level 2		750776	200mls / 20	
Shaped Products : Light - Moderate Incontinence (to be worn with snug fitting underwear)				
TENA Comfort Mini Extra		761531	250mls / 30	
TENA Comfort Mini Super		761717	400mls / 30	
Shaped Products : Moderate - Heavy Incontinence (to be worn with TENA Premium fixation pants - as below)				
TENA Comfort Normal		759007	450mls / 42	
TENA Comfort Plus Compact		752744	650mls / 42	
*TENA Comfort Normal & Plus compact are the same pad length				
TENA Comfort Super		759010	950mls / 36	
TENA Comfort Maxi		759012	1300mls / 28	
TENA Fix Premium Fixation Pants : to be worn with Shaped Products (measure waist size) - up to 50 washes				
TENA Fix Premium Small 60 - 75cm		754023	- / 5	
TENA Fix Premium Medium 70 - 90cm		754024	- / 5	
TENA Fix Premium Large 85 - 110cm		754025	- / 5	
TENA Fix Premium Extra Large 95 - 125cm		754026	- / 5	
TENA Fix Premium XXL 110 - 140cm		754027	- / 5	


*TENA Fix Premium 3XL (754077) is non stock



SAMPLING:
 Email Janice.matthews@essity.com with:
 Name, address, town and postcode for the patient
 Full Product name, size and absorbency
 3 pieces of each product or where required 1 full packet
 5 working days for expected delivery to the patient

1 of 4

May 2024

Product Name		Essity Article No	Working Absorbency	Inner Packaging
All In One Products : Moderate - Heavy Incontinence (measure hip size) - *TENA Slip XL & 3XL is not on contract				
TENA Slip Plus Extra Small 49 - 74cm		710473	600mls	30
TENA Slip Plus Small 56 - 85cm		712131	700mls	30
TENA Slip Pro Plus Medium 73 - 122cm		710600	900mls	30
TENA Slip Pro Plus Large 92 - 144cm		710700	1000mls	30
TENA Slip Pro Super Medium 73 - 122cm		711201	1000mls	30
TENA Slip Pro Super Large 92 - 144cm		711400	1150mls	30
TENA Slip Bariatric XXL 163 - 178cm		61490	1200mls	32
TENA Slip Maxi Small 56 - 85cm		712133	900mls	24
TENA Slip Maxi Medium 73 - 122cm		712136	1350mls	24
TENA Slip Maxi Large 92 - 144cm		712140	1650mls	22
All In One Products - Slip Active Fit - Plastic Backed for active users : Moderate - Heavy Incontinence (measure hip size)				
TENA Slip Active Fit Plus Medium 73 - 122cm		710649	900mls	30
TENA Slip Active Fit Plus Large 92 - 144cm		710749	1000mls	30
TENA Slip Active Fit Maxi Medium 73 - 122cm		710949	1350mls	24
TENA Slip Active Fit Maxi Large 92 - 144cm		711049	1650mls	22

Wetness Indicators (TENA Comfort, Flex and Slip)

Before use	After use	<p>The wetness indicator is reliable and easy to see.</p> <p>These indicators are found on the reverse of the product in a white strip near the colour coding.</p> <p>Encourage patients to check the wetness indicators are two-thirds blue before changing the product.</p>
		

Product Name	Essity Article No	Working Absorbency	Inner Packaging	
Belted Products : Moderate - Heavy Incontinence (YOU MUST measure hip size)				
TENA Flex Plus Small 61 - 87cm		730438	700mls	30
TENA Flex Plus Medium 71 - 102cm		730431	750mls	30
TENA Flex Plus Large 83 - 120cm		728599	900mls	30
TENA Flex Plus Extra Large 105 - 153cm		724960	1100mls	30
TENA Flex Super Small 61 - 87cm		730440	800mls	30
TENA Flex Super Medium 71 - 102cm		730456	950mls	30
TENA Flex Super Large 83 - 120cm		728695	1150mls	30
TENA Flex Super Extra Large 105 - 153cm		724970	1400mls	30
TENA Flex Maxi Small 61 - 87cm		730447	1200mls	22
TENA Flex Maxi Medium 71 - 102cm		730433	1300mls	22
TENA Flex Maxi Large 83 - 120cm		729620	1600mls	22
TENA Flex Maxi Extra Large 105 - 153cm		728533	2000mls	21
Pull Ups : Moderate Incontinence (measure hip size) - Follow Trust guidelines for eligibility				
TENA Pants Plus Extra Small 50 - 70cm			792342	700mls
TENA Pants Plus Classic Medium 80 - 110cm	782537		600mls	14
TENA Pants Plus Classic Large 100 - 135cm	782621		600mls	10
TENA Pants Plus Classic Extra Large 120 - 160cm	792708		600mls	12
TENA Pants Super Small 65 - 85cm	793464		800mls	12
TENA Pants Super Medium 80 - 110cm	793565		800mls	12
TENA Pants Super Large 100 - 135cm	793665		800mls	12

Product Name		Essity Article No	Working Absorbency	Inner Packaging
Libero Nappy Range - Need weight in Kg				
Libero Comfort 5 10 - 14kg - 37-58cm		8305	293	24
Libero Comfort 6 13 - 20kg - 38-63cm		8306	312	22
Libero Comfort 7 16 - 26kg - 40-65cm		8307	370	21
Slip Junior - this is the next 'nappy' size up from comfort 7				
TENA Slip Junior 26 - 50kg / 40 - 60cm		700029	700mls	32

*The next 'nappy' up from Junior Slip is TENA Slip Plus Extra Small

Libero Pull-up Pants Range				
Libero UPS&GO 5 10 - 14kg		8225	258	20
Libero UPS&GO 6 13 - 20kg		8232	278	18
Libero UPS&GO 7 16 - 26kg		8239	297	16
Libero SleepTight 9 20 - 37kg		8384	351	10
Libero SleepTight 10 35 - 60kg		8386	411	9

*The next 'pull-up pant' up from Libero SleepTight 10 is TENA Pant Plus Extra Small

For Online FREE TENA Product and Continence Training support please see below - care homes can also register and use it for their staff training



Register now
<https://academieshm.essity.uk/learn/register>



TENA[®],
an Essity brand

For further details, please contact:

TENA Representative: Janice Matthews (RGN)

Mobile: 07795 493197

Email: janice.matthews@essity.com

4 of 4

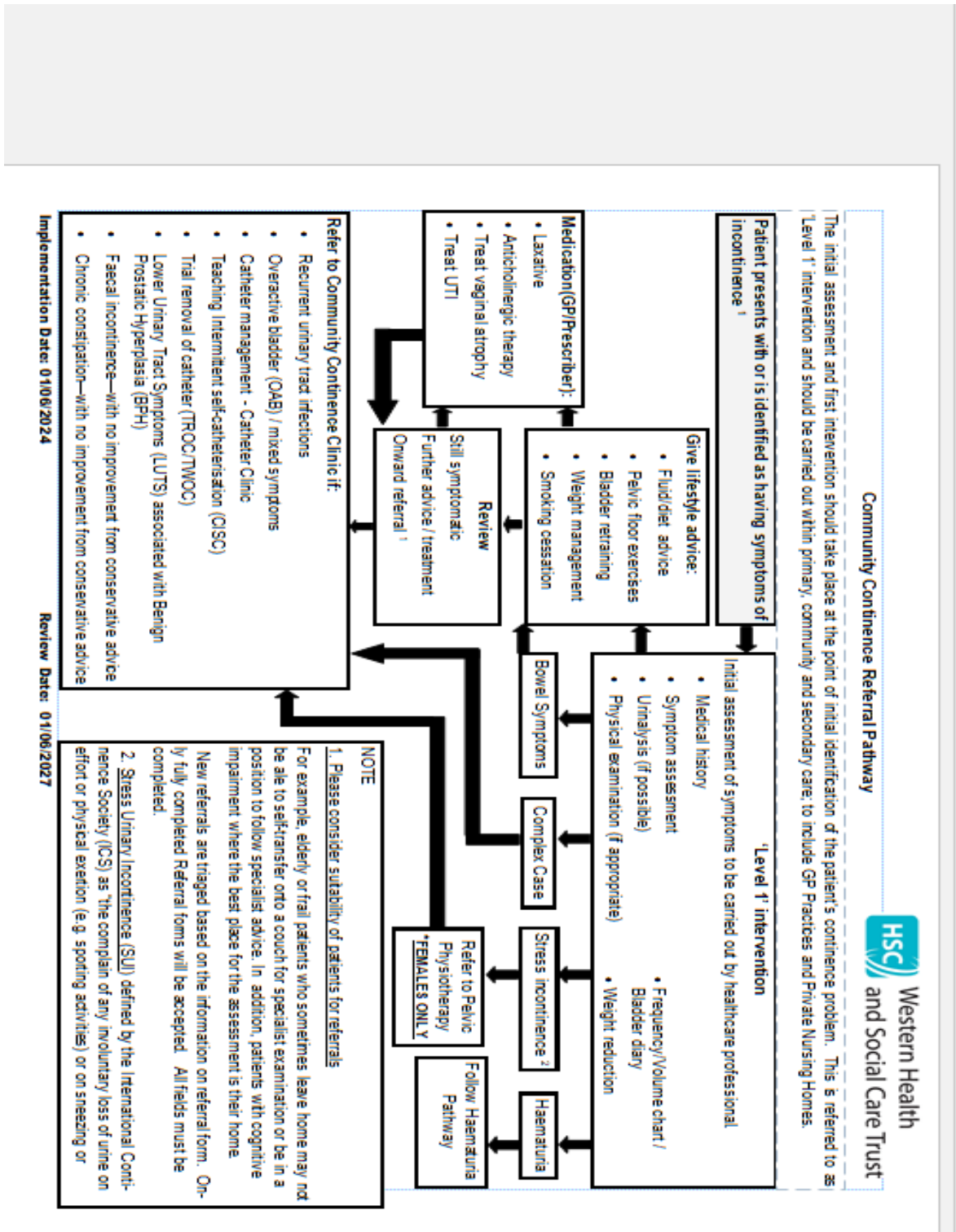
May 2024
Essity Internal

APPENDIX 5

[Washable Incontinence Products](#) | [Reusable Incontinence Products](#) | [P & S Healthcare \(pshealthcare.co.uk\)](#)

www.mypelvichealth.co.uk

DRAFT



APPENDIX 7

Continence Referral—September 2016

<p>HSC Western Health and Social Care Trust</p> <p style="text-align: center;">Continence Referral Form</p> <p>Please forward completed form to Continence Advisory Service community.continence@westerntrust.hscni.net</p> <p>Northern Sector: Rectory Field Offices, 19b Limavady Rd., L'derry BT47 6JU Southern Sector: Coleshill House, Coleshill Road, Enniskillen BT74 7HG</p>	<p style="text-align: center;">For office use Only</p> <p>Date Received:</p> <p>Triaged by:</p> <p style="text-align: center;">ROUTINE / URGENT</p>
---	--

Source of Referral:	Referral Date:
Previous attendance at clinic:	Previous Referral Date:

PATIENT DETAILS

Name:	Mr/Mrs/Ms
Address:	
Post Code:	DOB:
H+C No:	Telephone No:

Alternative Contact Details

Contact Name:	Relationship:
Telephone No:	

REASON FOR REFERRAL



Continence Referral—September 2016

RELEVANT MEDICAL INFORMATION	
Relevant medical/ surgical/ gynaec history:	
Present medication:	
Known allergies:	
Results of any relevant investigations:	
Urinalysis result:	Date:
Can patient attend clinic?	
Please detail any mobility problems :	
Does the patient have any language or communication problems?	
Any other relevant information:	
NAME AND JOB TITLE	Base:
Signature:	Date

References

1. Abrams et al (2002): The standardisation of terminology of lower urinary tract function, ***American Journal of Obstetrics and Gynaecology***. 187(1):116-126
2. Department of Health (2000) – ***Good Practice in Continence Services***. Department of Health: London. www.doh.gov.uk/continenceservice.htm
3. Excellence in Continence Care – Practical guidance for commissioners, and leaders in health and social care – NHS England (June 2018) www.england.nhs.uk
4. Guidance for provision of absorbent products for adult incontinence – A consensus document RCN (February 2023)
5. Infection Prevention and Control Standard Precautions Policy. WHSCT (November 2019)
6. NICE (2015) – ***Urinary Incontinence in Women: Management. Quality Standard 77***. www.nice.org.uk/guidance/cq171
7. NICE (2015) Urinary tract infections in adults Quality standard 90. The National Institute for Health Excellence. www.nice.org.uk
8. NICE (2014) Faecal Incontinence in Adults: Management. Quality Standard 54 www.nice.org.uk/guidance/
9. NICE (2015) Urinary tract infections in adults Quality standard 90. The National Institute for Health Excellence. www.nice.org.uk.
10. NMC – The Code – Professional Standards of Practice and behaviour for Nurses, Midwives and Nursing associates. NMC (Oct 2018) www.nmc.org.uk.
11. MHRA (2014) Devices in Practice: Checklists for using medical devices. Medicines and Healthcare products Regulatory Agency.
12. NHSE (2018) Excellence in continence care: Practical guidance for commissioners, providers, health and social care staff and information for the public. NHS England
13. Orrell A, McKee K, Dahlberg L, Gilhooly M and Parker S (2013) Improving continence services for older people from the service-providers' perspective: a qualitative interview study. *BMJ Open*; 3:e002926. DOI:10.1136/bmjopen-2013-002926
14. RCP (2010) Royal College of Physicians/HQIP, National audit of continence care: combined organisational and clinical report, September 2010

<https://www.rcplondon.ac.uk/projects/outputs/national-audit-continance-care-nacc>

15. Schluter P J, Ward C, Arnold E P, Scrase R, & Jamieson H A. (2017). Urinary incontinence, but not faecal incontinence, is a risk factor for admission to aged residential care of older persons in New Zealand. *Neurourology and urodynamic*, 36(6), 1588-1595.

16. Urinary Continence Assessment, Treatment & Management using the Colley Model- Wendy Colley (October 2020) www.continenceassessment.co.uk.

DRAFT