

# Addressing Urinary Incontinence with Customers

4 ways HME providers can deliver a better solution to an embarrassing problem

By Ty Takayanagi

As people reach middle age, trips to the bathroom may become more frequent. When urinary incontinence happens for the first time, it can be an embarrassing and possibly a debilitating experience. The individual may find it uncomfortable to talk about and may not be aware of the options available to help manage the condition. They may find they do not want to leave their home for fear of not making it to the bathroom on time.

Incontinence affects seniors, individuals with disabilities, new mothers, youths and children. Incontinence occurs when the pelvic muscles are weakened through various factors. There are other causes of incontinence, too, such as prostate problems and nerve damage.

HME providers can assist customers who may be facing the issue of incontinence personally, or acting as a caregiver to a loved one facing this challenge, by helping to identify what type of incontinence they have and providing information on the options they can use to manage the condition. HME providers may want to cover the following points with a client who has incontinence, so they feel less frustrated and are able to identify the best solution for their needs.

1. Let the client know they are not alone.

According to the U.S. Department of Health & Human Services's National Institutes of Health, urinary incontinence affects 500 million people worldwide. And, per the National Association for Continence (NAFC), more than 25 million Americans suffer from incontinence.

## Wearable devices can help incontinence patients & care providers better manage bathroom visits by understanding how much urine a patient can hold before they need to go again.

2. Identify the type of incontinence by symptom. Bladder health is unique to each individual. The most common types of incontinence are:

- *Urge incontinence*—A condition in which a person experiences an urgent need to go to the bathroom with little warning in advance; it may be hard to control the urge and leakage may occur. Most people affected seek medical attention to help manage the condition.
- *Urinary retention*—With this condition, the person is unable to completely empty their bladder. If it's chronic, the person may not be aware until diagnosed with a urinary tract infection. Symptoms may include: weak stream of urine, frequent need to urinate and still feeling the urge to urinate after voiding. If it's acute, the condition may be life-threatening.

Acute symptoms include unable to urinate, discomfort in the lower abdomen and/or an urgent and painful urge to pass urine.

- *Stress incontinence*—This happens when the bladder passes urine accidentally during physical activity such as exercising, laughing or sneezing. Possible causes include damage to the urethra area, giving birth, use of certain medicines and prostate or pelvic area surgery.
- *Mixed incontinence*—This occurs when a person has symptoms of both urge incontinence and stress incontinence. This condition is more common in women and seniors of all genders.
- *Overflow incontinence*—This condition is when a person experiences frequent or constant dribbling of urine due to a bladder that



does not empty completely.

- *Functional incontinence*—This condition occurs when a physical or mental impairment keeps a person from making it to the bathroom in time.
3. Point your client to organizations, such as NAFC, that provide a wealth of information covering all the nuances of incontinence.
  4. Provide additional information on the variety of options available to manage the condition of incontinence. Take into consideration the individual's unique incontinence needs, effectiveness of each option, ease of use and recurring costs.

It's important for the patient to understand which type of incontinence they have so they may better select a solution that works for them.

The options available to manage urinary incontinence include more traditional products such as disposable adult diapers, pads or medications or more invasive alternatives, such as surgery.

Others may choose to implement a process such as timed voiding, which is when a person visits the bathroom on a timed schedule, say every 2 to 4 hours, whether they have to go or not.

A new approach to address incontinence is offered in a wearable device. Wearable devices use a noninvasive ultrasound sensor to continuously monitor the bladder and notify the patient or the caregiver on a smartphone or tablet when the bladder is full. This technology helps to prevent accidental urinary leaks and prevent the need for diapers.

Wearable devices can help patients and care providers better manage bathroom visits by studying intervals between visits

and learning how much urine a patient can hold before they need to go again.

Providers may learn that some patients require fewer trips to the bathroom, giving caregivers more freedom in their schedules to take their patients to the bathroom only when they actually need to go.

In addition to improving quality of life for patients, monitoring systems like these allow care providers to minimize time provided for toileting care and reduce cost of materials (e.g., diapers, pads, sheets, etc.).

With the right solution, those facing the challenge of incontinence can participate in activities they enjoy with confidence without worry of an unexpected accident. **HC**

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