

**Continence and Urology**  
**Guidelines**

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Please note that all prices were correct at time of print however these are subject to change. Refer to the latest version of the Drug Tariff or British National Formulary (BNF) for up to date prices - [www.ppa.org.uk](http://www.ppa.org.uk) and <http://www.bnf.org/bnf/index> respectively.

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# Guidelines for the Use of Continence Products

## 1 Introduction

- These guidelines have been prepared by the Continence Services across Bristol, North Somerset & South Gloucestershire (BNSSG), in consultation with Medicines Management, to provide information about continence and urological products and medications that are used regularly and recommended by Continence specialists in this area. Products selected have been chosen for specific reasons.
- This document is intended to give guidance on products to use for the majority of patients. However if the products listed are unsuitable for a patient or you would like to use an alternative, please contact the Continence Service for advice and samples. This is to prevent ordering a box only to find that it is not suitable for the patient, and the remainder wasted.
- Medical representatives regularly target Care Homes and Care Homes with Nursing, often leaving samples or offering free training, delivery services etc. Continence advisers can request samples of products and training can be accessed via the BCH website: [www.briscomhealth.org.uk](http://www.briscomhealth.org.uk) clicking on Our Services and then under Care Homes with Nursing training.
- For further information and advice on individual patients or product choice, please contact the Continence Service, as detailed below.

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Lockleaze Road  
Bristol  
BS7 9RR

**Telephone: 0117 3737118**

## 2 Catheters for Urethral and Supra-Pubic Use

### 2.1 Considerations prior to catheterisation:

- Have conservative methods been tried? (NICE 2006)
- Is catheterisation the best way of managing the situation?
- Check for latex allergy (NB patients with Spina Bifida should be treated as if they have a latex allergy (HSE 2008) )
- Before choosing a catheter consider how long you expect the patient to be catheterised
- For patients who are permanently catheterised, a long-term catheter is recommended, with a maximum use of 12 weeks
- For patients who are catheterised for up to 4 weeks (e.g. trial period), a short term catheter may be suitable. If a short term catheter is used it must be clearly documented
- Review whether a catheter is still required at each change
- If patients have had bacteraemia and septicaemia following a catheter change they are high risk patients. Use of prophylactic antibiotics should be discussed with microbiology (NICE 2003, 2006)

## 3 Urethral and Supra Pubic Catheters

Except for special cases that are likely to have been discussed with the urology department, the following criteria are recommended:

- If the patient has a latex allergy, use a silicone catheter
- 10 ml balloon should always be used
- For **urethral catheters** male use size 12-16ch
- For **urethral catheters** female size 10-12ch
- For **urethral catheters** male, use male length. NB Male length may also be known as Standard length. Never use a female length catheter for a male patient (NPSA 2009) (<http://www.npsa.nhs.uk/corporate/news/catheter-mix-ups-in-nhs-prompt-new-guidance/?locale=en>)
- For **urethral catheters** female, a standard or female length may be used depending upon individual patient assessment
- For **supra-pubic catheters**, use male length 16CH unless another size was originally inserted by urology team
- Not all catheters are licensed for supra-pubic use, therefore check product license
- Use anaesthetic gel (e.g. Instillagel) for all **urethral catheterisations**
- If prone to catheter blockage, see separate guideline (Appendix 1)

- Refer to BCH Consent and Chaperone Policies
- Contemporaneous notes must be kept including a catheter history. This must be reviewed and catheter changes planned accordingly
- Consider a paediatric catheter with 5ml balloon for frail elderly females as this may reduce bladder irritation

### 3.1 Ordering catheter supplies

- On discharge from hospital – the hospital should inform the community nursing team or care home with nursing that the patient is being discharged with a catheter. They should ensure that at least one week's supply of products are sent home.
- It is the responsibility of the community nursing team or care home with nursing to ensure that a prescription has been initiated via GP and that the patient is managing. A patient information leaflet should be provided.
- Each patient should keep 2 spare catheters in stock in case of blockage. The first time a patient is catheterised, three catheters should be prescribed, one for use and two for spare. From then on **only one** catheter should be prescribed at a time.
- Remember to order a suitable anaesthetic gel and check that the catheter is either pre-filled or that sterile water and syringe are supplied.
- If there is difficulty in obtaining products from local pharmacies, there are Dispensing Appliance Companies available. Please contact the Continence Service for further information.
- ***However, please note, a prescription must be generated and authorised by the prescriber prior to any ordering/delivery of appliances to patients. This is for a number of reasons including preventing excessive ordering (both quantity and frequency).***

## Indwelling Catheter Product Choices

Catheter	Male	Female	Comments
<b>Teleflex Medical Rusch PTFE Aquaflate</b> Comes with empty syringe for deflation and 10ml sterile water in syringe for inflation.	DP310112- DP310116	DP210112	Short term. Maximum time insitu up to 4 weeks
<b>Teleflex Medical Rusch sympaCath Aquaflate Hydrogel coated latex</b> Comes with empty syringe for deflation and 10ml sterile water in syringe for inflation.	DH 310112- DH 310116	DH 210112	Long term. Maximum time insitu up to 12 weeks Do not use with latex allergy
<b>Rusch Brilliant Aquaflate</b> All silicone catheter with sterile water filled syringe for balloon inflation and empty syringe for balloon deflation	DA310112 – DA310124	DA210112 – DA210124	Long term Maximum time insitu up to 12 weeks
<b>Coloplast Folsil X-tra</b> Silicone catheter. Comes with empty syringe for deflation and 10ml sterile water in syringe for inflation.	AA8A12- AA8C16  AA8C12	AA8B12	Long term. Maximum time insitu up to 12 weeks.  NB Male only – open ended for greater drainage.
<b>Rochester ReleaseNF</b> Silicone with nitrofurazone impregnated Comes with empty syringe for deflation and 10ml sterile water in syringe for inflation. Also has ROC strap for securing catheter.	95212- 95216	Standard/ Male length only	Long term. Maximum time insitu up to 12 weeks. Antimicrobial - for ongoing urinary tract infections

### 3.2 Catheter Fixation Systems

It is recommended to use a catheter fixation device so as to reduce traction and trauma to the bladder

PRODUCT	CODE	COMMENT
<b>Coloplast Simpla G Strap</b>	Adult 383001 Abdominal 383003	Per box of 5
<b>Clinimed Clinifix Tube Holder</b>	Small            40-310 Large            40-410	Per box of 10

### 3.3 Catheter Valves

These are useful post-retention to try and regain bladder function and may be preferable for long term. They prevent the need for wearing a leg bag, thus improving body image. However, the patient needs to be mentally aware to prevent overfilling of the bladder.

- Must not be used for patients who are post-radical prostatectomy.
- Are not recommended for patients catheterised due to incontinence caused by urgency or small bladder capacity.
- **Should be changed every 7 days** or before taking a CSU (Catheter Specimen of Urine). See CSU policy
- Most patients connect to a night bag to prevent waking at night.

#### Product Choices

Valve	Code	Comment/Expected use
<b>Coloplast Simpla</b> Catheter Valve (Lever action tap)	380851	
<b>Manfred Sauer UK Ltd</b> <b>Smartflow valve</b> (Twist –tap action)	CVS	Discreet, but requires good dexterity. Not compatible with ReleaseNF catheter
<b>Great Bear Libra Lever</b> (Lever action tap)	10540A	

### 3.4 Male Sheaths

Urinary sheath are to be considered after a full continence assessment has been undertaken and referral to the Continence Service.

- These are single use, adhesive sheaths, applied to the penis then attached to a drainage bag.
- Please contact the Continence Service for measuring guides and teaching application technique to patients, or see appliance specialist nurse.
- If already using a sheath and an alternative is to be considered please contact the Continence Service, or see appliance specialist nurse
- A sheath **should be changed after 24 hours**, if a patient has to use more than 2 daily they should be referred to the service. Expect an **average use of 1 box of 30 per month**.



### Product Choices

Sheath – all have self-adhesive liner	Code and size	Comment
<b>Coloplast Conveen Optima</b>	<b>Shorter length:</b> 21mm 22121 25mm 22125 30mm 22130 35mm 22135 <b>Standard length:</b> 25mm 22025 30mm 22030 35mm 22035 40mm 22040	Silicone, anti-kink design. May be easier to apply due to pull down tag.
<b>CliniMed Bioderm</b>	ECD (Circular) 20006/starter (box of 5) 20006/10 (box of 10) XLS (Oval) 20026/starter (box of 5) 20026/10 (box of 10)	Adheres direct to glans. May be left in situ for 3 days.
<b>Great Bear Libra Sheath</b>	<b>Style 1</b> Standard Length 24mm GBLSS24 28mm GBLSS28 31mm GBLSS31 35mm GBLSS25 40mm GBLSS40 <b>Style 2</b> Pop On 24mm GBLSP24 28mm GBLSP28 31mm GBLSP31 35mm GBLSP25 40mm GBLSP40 <b>Style 3</b> Wide band 24mm GBLSW24 28mm GBLSW28 31mm GBLSW31 35mm GBLSW25 40mm GBLSW40	Silicone. Kink resistant, comes in box of 30 includes 30 hair protectors in a box
<b>Rochester Medical Clear Advantage with Aloe</b>	<b>Style 1 - Standard</b> 24mm 1243 28mm 1283 32mm 1323 36mm 1363 40mm 1403 <b>Style 2 – shorter pop on</b> 24mm 2243 28mm 2283 32mm 2323 36mm 2363 40mm 2403	Silicone with Aloe Vera to protect the skin

### 3.5 Intermittent Catheters

- Intermittent self-catheterisation (ISC) is used for patients with a neuropathic or hypotonic bladder associated with poor bladder emptying or urinary retention.
- ISC avoids the need for other bulky external appliances such as drainage bags, increases the self-confidence and body image for these patients. They can also help reduce CAUTI's (Catheter Associated Urinary Tract Infections-see Appendix 2). Intermittent catheters are single use items. To use please follow manufacturers' instructions.
- How many a patient uses each day depends on the medical reason for ISC, ranging **from 1 up to 6 daily**.
- The Continence Service will provide teaching, support and assistance with product choice to suit the patient's individual need.

#### Product Choices

Single use Catheter	Code Male	Code Female	Comment
<b>AstraTech Lofric Sense</b>	NOT FOR MALES	CH8 4160825 CH10 4161025 CH12 4161205 CH14 4161425	If ordering more than 6 boxes a month – seek advice Instant activation
<b>AstraTech Lofri Origo</b>	CH8 4420825 CH10 4421025 CH12 4421225 CH14 4421425 CH16 4421625 CH18 4421625	NOT FOR FEMALES	If ordering more than 6 boxes a month – seek Advice. Instant activation Tiemann tips also available, contact Continence Service
<b>Coloplast Speedicath</b>	CH8 28408 CH10 28410 CH12 28412 CH14 28414 CH16 28416 CH18 28418	CH6 28506 CH8 28508 CH10 28510 CH12 28512 CH14 28514 CH16 28516	If ordering more than 6 boxes a month – seek advice
<b>Rochester Medical Hydrosil</b>	CH10 63610 CH12 63612 CH14 63614 CH16 63616 CH18 63618	CH 10 71610 CH12 71612 CH14 71614 CH16 71616	Leg/night bag can be attached for draining when unable to access the toilet

## 4 Catheter Drainage Bags

### 4.1 Leg bags

- Maintaining a closed system (i.e. not removing the leg bag), reduces the risk of infection reduced.
- Leg bags should be **changed every 5-7 days**. (Manufacturers recommendation, DH Drug Tariff)
- In general short tube bags / direct inlet bags are suitable for women (the bag secured to the thigh) and long tube bags for men (the bag secured to the calf). There may be occasions where men may prefer to wear the bag on the thigh, such as in summer when wearing shorts, or when mobility is poor as it may be easier to drain the bag from this position.
- 500ml bags have been listed below, as this is the most common size used. Other volume leg bags are available, 350ml, 750ml and up to 1300ml for wheelchair users. Contact the Continence Service or check the Drug Tariff for further information
- A number of different taps are available. The choice of tap depends on the patient's own manual dexterity and mobility. Some patients will require taps that are difficult to open (e.g. those with a cognitive impairment with a habit of opening the taps themselves), and some that are easy to open (e.g. patients with poor manual dexterity).
- The leg bag must remain connected to the catheter and linked to the night-bag if additional drainage capacity is required overnight.

### Product Choices

PRODUCT	CODE	Comments
<b>DIRECT TUBE- 500ml bags</b> Great Bear Leg bag with Lever tap	10131H	Expect to order 1 box every TWO months
<b>SHORT TUBE – 500ml bags</b> Unomedical (Convatec) Careline leg bag with Lever Tap	45-05 SVCG	Contains 1 pr non-latex gloves Expect to order 1 box every TWO months
<b>SHORT TUBE – 500ml bags</b> CliniSupplies ProSys Leg bag with Lever Tap	P500S-LT	Contains 1 pr non-latex gloves Expect to order 1 box every TWO months Colour contrast to tap helpful if vision impaired
<b>SHORT TUBE – 500ml bags</b> Great Bear (Conform)	10114Q	Has 3 chambers. Expect to order 1 box every TWO months
<b>SHORT TUBE – 500ml bags</b> Great Bear	10102C	Expect to order 1 box every TWO months

PRODUCT	CODE	Comments
<b>LONG TUBE - 500ml bags</b> Unomedical LVC Leg bag with Levr Tap	45-06 LVCG	Contains 1 pr non-latex gloves Expect to order 1 box every TWO months
<b>LONG TUBE – 500ml bags</b> CliniSupplies ProSys Leg bag with Lever Tap	P500L-LT	Contains 1 pr non-latex gloves Expect to order 1 box every TWO months Colour contrast to tap helpful if vision impaired
<b>LONG TUBE - 500ml bags</b> Great Bear	10104E	Expect to order 1 box every TWO months
<b>LONG TUBE - 500ml bags</b> Great Bear (Conform)	10117R	Has 3 chambers. Expect to order 1 box every TWO months

#### 4.2 Night bags

##### Drainable Bags

- Drainable 2 litre night bags are ONLY suitable for patients who are self-caring. When disconnected in the morning the bag should emptied, rinsed with water and allowed to dry (Getcliffe and Dolman 2003).
- Licensed usage time 5 – 7 days, therefore a box of 10 should last 10 weeks.
- For people who spend most of their time in bed it may be appropriate for a sterile drainable 2 litre bag to be connected directly to the catheter. These should be changed every 5-7 days.

PRODUCT	CODE	Comments
CliniSupplies ProSys 2 litre drainable, lever tap, sterile	P2000-LT	Contains 1 pr non-latex gloves. Order 1 box every TWO months
Great Bear 2 litre drainable, lever tap sterile	10400W	Order 1 box every TWO months

#### 4.3 Non-Drainable 2 Litre Night Bag

Non-drainable bags (also known as Single use drainable bags) require changing daily and may be more expensive than drainable bags.

**Non-drainable bags** are recommended for catheterised residents of care homes or for patients with multiple carers to reduce the risk of cross infection.

PRODUCT	CODE	Comments
Easi MT 2 litre drainage bag with 90cm inlet tube, non-return valve and single use twist off drainage outlet	47-60-LBH	<i>Do not connect to catheter. Connect to leg bag or valve.</i> 30 bags should be prescribed at a time, enough for one month
GB3 night drainage bag Great Bear Non-sterile, single use T-tap	10303V	
CliniSupplies ProSys night drainage bag. Non-sterile, single use T-tap	PSU2	

## 5 Leg Bag Accessories

- Generally leg sleeves rather than straps are recommended, as they hold the leg bag more securely, thus preventing traction and making the wearer more comfortable. These sleeves are washable, **one pack of 4 should last around 3 months.**
- Please ensure correct measurement of sleeve is used for either calf or thigh as appropriate
- Each box of bags should contain a pair of standard straps.
- There are many specialist products for specific issues. Please contact the Continence Service for further advice.

### Product Choices

PRODUCT	CODE	COMMENT
<b>Great Bear Libra Leg bag Holder</b>	Small (30-45cm) 10660S	Per 4 sleeves
	Medium (45-55cm) 10655M	
	Large (55-80cm) 10654L	
	XLarge (65-90cm) 10665X	
<b>Care Line Care Sleeve</b>	Small (30-40cm) 46-LS-01	Per 4 sleeves
	Medium (45-55cm) 46LS-03	
	Large (55-80cm) 46LS-05	
	XLarge (65-90cm) 46LS -07	

## 6 Anaesthetic Lubricant

- An anaesthetic lubricant must be used for all urethral catheterisation according to the PCT policy.
- This provides lubrication and dilates the urethra as well as having antiseptic properties, which helps to reduce pain, trauma and infection.
- **\*Medical Devices Agency (MDA) Alert 25 October 2012 warns products containing chlorhexidine have a risk of anaphylactic reaction. Instillagel and Hydrocaine both contain this product. Teleflex Cathgell Mono have plain aqueous gel in them for Clients with such risks (they also have no Lidocaine in them).**

Item	CODE	Comments
Teleflex Cathgell ..... 12.5g in units of one. Lidocaine in gel only (NO CHLORHEXIDINE)	...	Awaiting availability
Clinimed Instillagel *11ml	40-011	Male catheterisation
Clinimed Instillagel *6ml	40-006	Female catheterisation
CliniSupplies Hydrocaine *11ml	366-5510	Male Catheterisation
CliniSupplies Hydrocaine *6ml	366-5528	Female Catheterisation
Teleflex Cathgell Mono 12.5g in units of one. (NO LIDOCAINE or CHLORHEXIDINE)	328-5947	Male Catheterisation
Teleflex Cathgell Mono 8.5g in units of one. (NO LIDOCAINE or CHLORHEXIDINE)	328-5939	Female catheterisation

- In a nursing home where stock for male and female catheterisation is kept together it may be appropriate to order only 11ml syringes to prevent under dosage of Instillagel.
- Please note this is not available via any Dispensing Appliance Company. It needs to be obtained through a normal prescription to a pharmacy.

## 7 Catheter Irrigation Solution

- Catheter irrigation solutions should be used only as part of a treatment regime with review for catheters that block due to crystallisation
- If catheter is blocking with debris the use Normal saline solution for gentle agitation /flush
- Please refer to Appendix 1 and appendix 2 for guidance.

### Product Choices

Item	Code	Comments
Braun Uro-Tainer Twin Suby G	9746609	3.23% citric acid
Bard Optiflo S	50ml CSS50 100ml CSS100	Sterile saline flush

## 8 Urinals

- Urinals may be used for patients assessed as having functional incontinence where the urinal is part of their treatment or management plan.
- The urinals suggested are attached to a drainage bag which removes the volume from the jug, thus preventing spillage and reducing cross infection.
- There is a wide range of urinal products. For further advice please contact the Continence Service.

### Product Choices

Item	Code
Beambridge Lady jug	6-45
Beambridge Male drainable jug with tap	6-50T
Beambridge Bridge Urinal	6-18T

## 9 Pharmaceutical Treatments

The following part of the formulary gives guidance on some of the drug treatments, which may be used to manage bladder symptoms. This is intended as a guide and is based on the available guidance from NICE.

See the latest edition of the BNF ([www.bnf.org.uk](http://www.bnf.org.uk)) for contra-indications, side effects etc and latest edition of BNSSG Joint Formulary for drug choice preferences: [www.bnssgformulary.nhs.uk](http://www.bnssgformulary.nhs.uk) .

## 10 Urinary frequency and urgency (*Due to overactive bladder*)

### 10.1 First line treatment

As recommended in the NICE Guideline\* for women with an overactive bladder or mixed urinary incontinence

\*[www.nice.org.uk](http://www.nice.org.uk) CG171 issued Oct 2013

- Initial assessment including bladder scan
- Pelvic floor exercises
- Bladder retraining
- Lifestyle changes, e.g. caffeine reduction, weight loss, appropriate fluid intake

If symptoms are still troublesome after 3 months consider medication as per NICE guidelines

DRUG	INDICATION	DOSE	COMMENT
<b>OXYBUTYNIN</b> (ORAL)	Urinary frequency, urgency, bladder spasm due to catheterisation	2.5 –5 mg, 2-3 times per day up to 5mg 4 times per day	Common side effect is dry mouth. Most side effects settle after 1-2 weeks. Review after 6 weeks. Do not offer oxybutynin instant release to frail older women

If Oxybutynin is effective but side effects are not tolerated or in patients with swallowing difficulties, the following transdermal or XL preparation may be a more suitable treatment.

Drug	Indication	Dose	Comment
<b>TRANSDERMAL OXYBUTYNIN</b>  <b>PREPARATION</b> (Kentera®)	Urinary frequency, urgency and incontinence	1 patch applied 3-4 days	Apply to the abdomen. Move patch at each application
<b>Oxybutynin XL</b> (Lyrinal)		5-10MG	

The following antimuscarinic drugs may be considered if the patient does not respond to Oxybutynin or if the side effects are intolerable. See the latest edition of the BNF ([www.bnf.org.uk](http://www.bnf.org.uk)) for contra-indications, side effects etc and BNSSG Formulary for drug choice preferences [www.bnssgformulary.nhs.uk](http://www.bnssgformulary.nhs.uk) .



Drug	Indication	Dose	Comment
<b>Solifenacin Succinate</b> (VESICARE®)	Urinary frequency, urgency and urge continence	5mg daily up to 10mg daily	
<b>Tropium Chloride</b>	Urinary frequency, urgency and urge continence	20mg twice daily before food	May have less CNS side effects
<b>Tropium Chloride</b> (Regurin XL®)	Urinary frequency, urgency and urge continence	60mg once daily	
<b>Detrusitol</b> (Detrusitol ®)	Urinary frequency, urgency and urge continence	2mg once daily	
<b>Tolterodine Tartate</b> (Detrusitol XL ® )	Urinary frequency, urgency and urge continence	4mg once daily	

## 10.2 B3-adrenoceptor agonist

Drug	Indication	Dose	Comment
<b>Betmiga</b> (MIRABEGRON)	Overactive bladder symptoms	50mg once daily	B3-adrenoceptor agonist works differently to antimuscarinic and well tolerated

## 11 Stress urinary incontinence

**Recommended treatment** is pelvic floor muscle treatment for women with stress incontinence.

Treatment with Duloxetine is currently recommended in conjunction with pelvic floor exercises, where exercise alone has failed. This can only be commenced by a specialist (Amber on BNSSG Traffic Light System), but may be continued after three months by GP.

## 12 Nocturnal Polyuria

This is a condition where more than a third of the total urine volume is produced at night. The total 24 hour output is within normal limits.

### 12.1 Advice points:-

- Restrict caffeine, alcohol and fluids especially in the evening
- Compression stockings for fluid retention or oedema
- Leg elevation in afternoon (feet to be equal or above level of the heart if possible)
- **Diuretics** mid to late afternoon may increase urine output during early evening and reduce nocturia
- **Desmopressin** may be considered to reduce night-time urine output. It is not licensed in the over 65's. Monitor renal function and fluid overload

## 13 Constipation

**Following assessment including a 14 day food, stool and medication diary, first line management** should be education and advice on diet and fluid intake. Medication is not always necessary. A dietary supplement e.g. linseed may be recommended (available from health food shops).

### 13.1 Medication Choices

See the latest edition of the BNF ([www.bnf.org.uk](http://www.bnf.org.uk)) for contra-indications, side effects etc and latest edition of BNSSG Joint Formulary for drug choice preferences <http://www.bnssgformulary.nhs.uk/16-Laxatives/>

DRUG	INFORMATION	SIDE-EFFECTS	DOSE
<b>BULKING AGENTS - INCREASE WEIGHT AND WATER ABSORBENCY OF THE STOOL</b>			
<b>Ispaghula husk</b>	<ul style="list-style-type: none"> <li>• suitable for small hard stool (bnf)</li> <li>• can be used long term.</li> <li>• not suitable for faecal impaction or existing bowel obstruction</li> </ul>	<ul style="list-style-type: none"> <li>• bloating, abdominal discomfort.</li> <li>• may be reduced by taking a probiotic yoghurt</li> </ul>	<ul style="list-style-type: none"> <li>• 1 sachet</li> <li>• 1 -2 times a day with at least 1 glass of water</li> <li>• (or as per bnf)</li> </ul>
<b>Stimulants - Stimulate nerves to produce colonic contraction and decrease fluid re-absorption</b>			
<b>Senna</b>	<ul style="list-style-type: none"> <li>• Suitable when transit time impaired due to neurological changes</li> <li>• Secondary to medication which reduces gut motility</li> <li>• Suitable for acute constipation</li> <li>• NOT FOR LONG TERM USE, OBSTRUCTION.</li> </ul>	<ul style="list-style-type: none"> <li>• ABDOMINAL CRAMPING.</li> <li>• MAY BE REDUCED BY TAKING A PROBIOTIC YOGHURT</li> </ul>	<ul style="list-style-type: none"> <li>• 7.5mg tabs: 2-4 at night</li> </ul>
<b>Docusate sodium</b>	Stimulates and softens		Up to 500mg daily in divided doses
<b>Co-danthrusate</b>	ONLY for use in palliative patients of all ages		1-3 caps at night

Drug	Information	Side-effects	Dose
<b>Macrogol-</b> <i>Work by retaining fluid in the bowel or changing water distribution within the faeces – they are not absorbed from the gastrointestinal tract. Macrogol adds water to the stool without dehydrating the patient.</i>			
<b>Macrogol oral powder</b>  (Prescribe as brand Macrogol 3350 orange or Laxido)	<ul style="list-style-type: none"> <li>Suitable for stool types 1,2,3 (Bristol Stool Scale)</li> <li>For acute or chronic constipation where other laxatives have failed</li> </ul>	Nausea in high dose	For faecal impaction – up to 8 sachets daily in 1 litre of water for max 3 days. For chronic constipation 1-3 sachets daily
<b>Osmotic-</b> <i>Increases amount of water on the large bowel, either by drawing fluid from the body into the bowel or by retaining the fluid they are administered with.</i>			
<b>Lactulose</b>	<ul style="list-style-type: none"> <li>Ineffective unless given on a regular basis</li> <li>Onset of action slow</li> <li>Restrict use to hepatic encephalopathy or if other laxatives unsuitable</li> </ul>	<ul style="list-style-type: none"> <li>flatulence, cramps, abdominal distension</li> </ul>	15ml twice a day
<b>5HT4 Receptor Agonist-</b> <i>selective serotonin 5HT4 receptor agonist with prokinetic properties</i>			
<b>Prucalopride</b> To be initiated by specialist (check status on BNSSG Traffic light scheme)	<ul style="list-style-type: none"> <li>For women only with chronic constipation which has not responded to other laxatives as per NICE</li> </ul>	<ul style="list-style-type: none"> <li>HEADACHE</li> <li>Gastro-intestinal symptoms</li> </ul>	1-2mg daily
<b>Enemas &amp; Suppositories – Refer to Bowel Policy</b>			
<b>Glycerol suppositories</b>	<ul style="list-style-type: none"> <li>Suppository should be moistened with water before use</li> </ul>	-	Adult: 4g
<b>Sodium Citrate Micro-enemas</b> Relaxit Microlette Micalax	<ul style="list-style-type: none"> <li>Caution in the elderly and debilitated</li> </ul>	-	5-10ml

## 14 Lubrication

A water based lubricant is used for a range of situations such as undertaking rectal examination, insertion of enemas and suppositories

Product	Code	Comment
<b>Optilube</b> Optimum Medical 5g sachet	1120	Box of 150 sachets

## 15 Advice on Faecal Incontinence

(From NICE Guidelines on Faecal Incontinence [www.nice.org.uk](http://www.nice.org.uk) CG49 issued June 2007)

Assess the patient to establish the cause of faecal incontinence / diarrhoea. Anti-diarrhoeal medication should only be offered to patients with loose stools and associated faecal incontinence, after assessment when other causes of loose stools have been excluded.

Loperamide is the anti-diarrhoeal of first choice and can be used long term in doses from 0.5-16mg daily, or as required. Patients who are unable to tolerate loperamide may be offered codeine phosphate or co-phenotrope. Loperamide *should not be used* in the following circumstances:

- Hard or infrequent stools
- Acute diarrhoea without diagnosed cause
- An acute flare up of ulcerative colitis

When used it should be:

- Introduced at a very low dose and the dose titrated as tolerated and until desired stool consistency is achieved.
- Taken as required by the patient with faecal incontinence
- Advised that patients can adjust the dose in response to stool consistency and lifestyle
- If a finer modification of doses is required, Loperamide syrup could be considered.

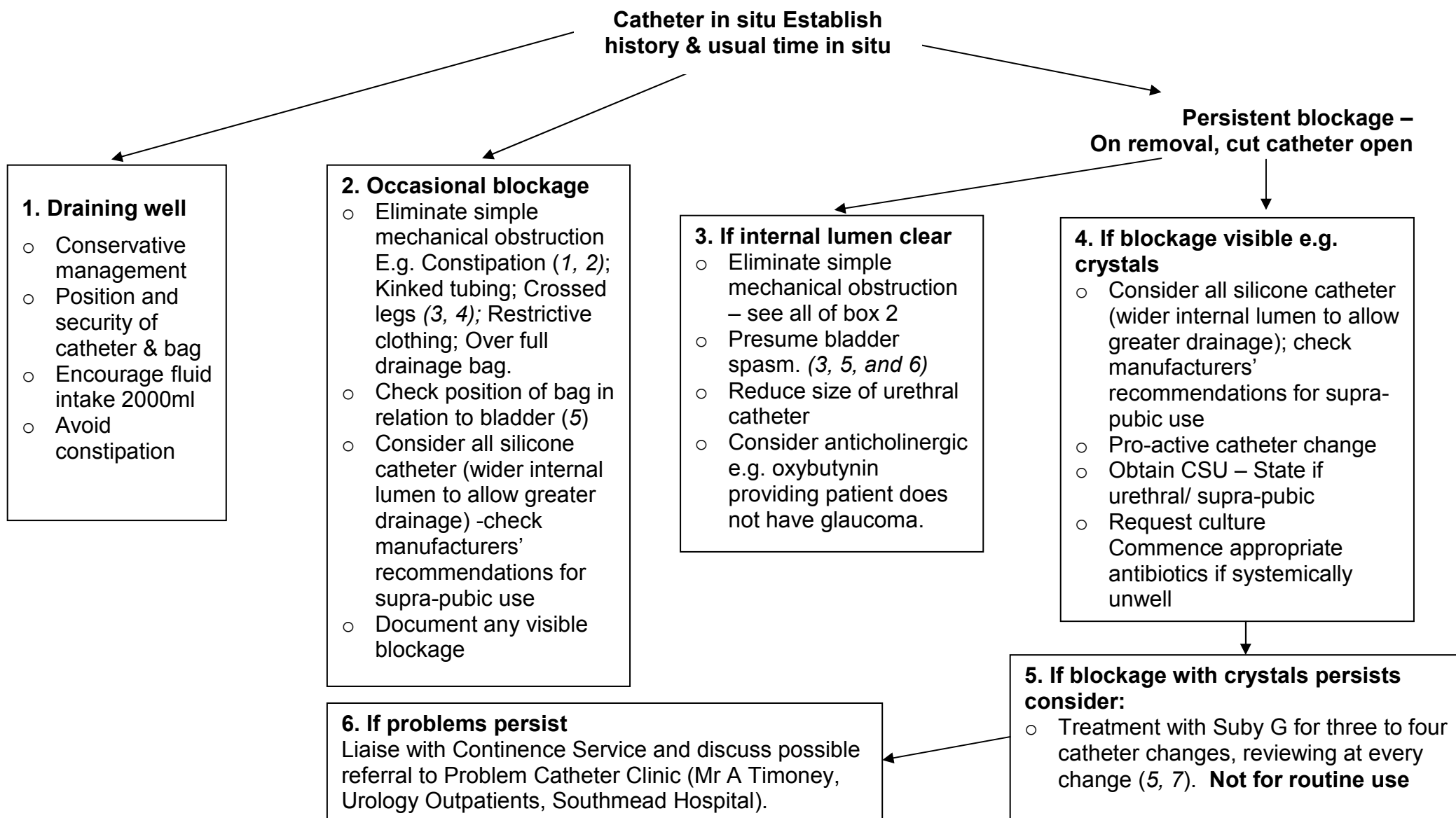
## 16 Disposable Containment Products

The Continence Service manages the product contract. Hartmann UK Ltd currently supplies products to BNSSG patients. The criteria for issuing products may be found in Appendix 3. All patients must have a continence assessment and the appropriate treatment pathway commenced and reviewed. Where this fails or is inappropriate, products MAY be supplied. The only exception to this is patients within their final weeks of life who require products.

Products are supplied on a named patient basis; therefore patients will need to supply their own products whilst awaiting assessment, appropriate care pathway treatment, review and delivery.

Patients who are housebound should be referred to the Community Nursing service for assessment.

## 17 Appendix 1a - Catheter Blockage Management



## 18 Appendix 1b - Catheter Blockage Management

Catheter management makes up a significant part of a community nursing caseload, particularly emergency callouts. In order to solve the problem an understanding of the cause is necessary. The flow chart is designed to provide a brief overview of the likely causes and suggested ways to manage the catheter which persistently blocks. The flow chart is not exhaustive, and further reading is recommended.

1. Wells M. (1996) the development of urinary continence and management of incontinence. In Norton C ed Nursing for Continence 2<sup>nd</sup> edn Beaconsfield
2. Rigby D. (1998) Long term catheter care. *Professional Nurse Study Supplement* Feb **13**(5) s14-15
3. Lowthian P (1998) The dangers of long term catheter drainage. *Br J Nurs* 7(7) 366-79
4. Bard Ltd (no date) *A guide for Nurses Management and Care of Catheters and Collection Systems* Bard Ltd Crawley
5. Williams C, Tonkin S (2003) Blocked urinary catheters: solutions are not the only solution. *Br J Com Nurs* **8**(7) 321-326
6. Pomfret I (2000) Catheter care in the community. *Nurs Stand* **14**(27) 46-51
7. Morris NS, Stickler DJ (1998) Encrustation of indwelling urethral catheters by *Proteus mirabilis* biofilms growing in human urine. *J Hosp Infect* **39**(3) 227-234

**For further help or advice please contact the Continence Service 0117 3737 118.**

## 19 Appendix 2a - Recommendations for recurrent CAUTI'S

Is the Catheter still necessary?

**YES**

Address each of the following sections and ensure patient has relevant catheter information booklet

**NO**

Offer TWOC

### 1. Drainage Systems

Ensure:

- leg bag is emptied into a clean container (1)
- contact between the drainage tap and sides of container is avoided (1)
- the catheter valve is changed correctly (2)
- that if the patient has appropriate cognitive ability/awareness/ dexterity, promote use of catheter valve (2)
- the closed drainage system is maintained except for weekly catheter bag/ valve changes and washouts if required as treatment (3)

### 2. Night Bag

Ensure:

- the night bag is connected using a closed system (4)
- that if external agencies are delivering care a single use night bag is applied (5)
- the night bag is hanging on a stand that prevents contact with the floor (6)

### 3. Hygiene

- Promote hand washing (3,6)
- Ensure the patient has BCH hand hygiene leaflet
- Ensure the patient/ carer is performing daily hygiene of the meatal area/ catheter tubing (1,6)

### 4. Fluids

Ensure:

- the patient is having the correct type of fluid intake (6)
- the patient has one non-citric drink at night
- that if patient **not on** Warfarin consider 1-2 glasses of cranberry juice (6,7)

### 5. Catheterisation

- Ensure the clinician is using ANTT when catheterisation is being undertaken (8)
- Promote a supra-pubic catheter for long term catheters (9)
- Ensure the clinician performs catheterisation correctly (8)
- For urethral catheterisation, the smallest gauge catheter must be used (10)

6. If problem persists:

- Consider bladder stones ?referral for cystoscopy
- Consider prophylactic antibiotics on discussion with GP and review (11)

## 20 Appendix 2b - References for Recurrent CAUTI's

1. Godfrey, H & Fraczyk, L (2005) Preventing and Managing Catheter- Associated Urinary Tract Infections **British Journal of Community Nursing** 10 pp205-206 &208-212
2. Van de Eijkel, E. Griffiths P (2006) Catheter Valves for Indwelling Urinary Catheters: A Systematic Review. **British Journal of Community Nursing** 11(3) pp111-114
3. Mangnall, J & Watteson, L (2006) Principles of Aseptic Technique in Urinary Catheterisation. **Nursing Standard** 21 (8) pp49-55
4. National Institute for Clinical Excellence (2003) **Infection Control, Prevention of Healthcare Associated Infection I Primary and Community Care Clinical Guidance 2** London NICE
5. Royal College of Nursing (2008) Catheter Care: pp1-52 London RCN
6. Madeo, M & Roodhouse, A. J (2009) Reducing the risk associated with urinary catheters **Nursing Standard** 23 (29) pp 47-55
7. Morris, NS & Stickler, DJ (2001) Does Drinking Cranberry Juice Produce Urine Inhibitory to the Development of Crystalline, Catheter Blocking Proteins Mirabilis Biofilms? **BJU International** 88 pp 192-197
8. Bristol Community Health (2013) **Adult Urethral Catheterisation (Male and Female) and Supra Pubic Re-Catheterisation Policy** Version 4 pp 1-20
9. Dixon, I. Dolan, LM. Brown, K & Hilton, P (2010) RCT of Urethral Versus Supra Pubic Catheterisation. **British Journal of Nursing** 19 (18) pp 56-514
10. Booth, F & Clarkson, M (2012) Principles of Urinary Catheterisation. **British Journal of Nursing** 26 (3) pp37-41
11. Grist, H (2009) Infection Control and UTI's **Journal of Community Nursing** 23 (8) pp 4-8



## 21 Appendix 3 - Criteria for issuing Disposable Continence Products

### Guidance for Provision of Continence Products- Clients living at home and in Residential Care and Nursing Care

Clients in Care Homes with Nursing are assessed by nursing home staff, with support from the Continence Service. Care Home clients are assessed by the Continence Service. Housebound clients in their own homes are assessed by Community Nursing Services. Clients able to reach a clinic are seen by the Continence Advisors.

All patients must have an assessment, commenced on the appropriate care pathway treatment and reviewed prior to pad provision. Pads should only be provided at the appropriate time as indicated in the care pathway and all patients must purchase their own products during the assessment, treatment and review process.

For all adults the provision is a maximum **of 3 products in 24 hrs.**

#### 21.1 Eligibility Criteria for Pad Supply

Pads are provided only after assessment by healthcare staff and commencement of treatment and management on an appropriate care pathway and reviewed.

There is a maximum limit of products:

- Adults – own homes, care homes and care homes with nursing – **maximum 3 pads per 24 hrs**
- Children (>4yrs old) – **maximum 4 pads per 24 hrs**

Pads will not be supplied for:

- Post-surgery, unless stated by their consultant that no further improvement is likely. This is usually 6 months post-op
- Stress incontinence, unless compounded by other problems i.e. inoperable prolapse.
- Rectal or vaginal bleeding
- Anyone leaking less than 150mls per day

Patients who do not fit the criteria are expected to buy their own pads. Advice can be given by health care staff on treatments and management options and on where to buy containment products/appliances.

**22 Appendix 4 - Appliance Company Contact Details**

<p><b>Astra Tech Ltd</b>                  Brunel Way,                  Stonehouse,                  Gloucestershire, GL10 3SX                  Tel: 01453 791763                  Email: <a href="mailto:Info.uk@astratech.com">Info.uk@astratech.com</a></p>	<p><b>Bard Limited</b>                  Forest House, Brighton Road                  Crawley, West Sussex, RH11 9BP                  Customer Care Direct: 01293 529555:                  Fax: 01293 606598  <a href="mailto:customer.services@crbard.com">customer.services@crbard.com</a> <a href="http://www.barduk.com">www.barduk.com</a></p>
<p><b>B.Braun Medical</b>                  Brookdale Rd                  Thorncliffe Park Estate                  Sheffield, SouthYorkshire                  S35 2PW                  Telephone 0114 2259000                  Fax 0114 2259111                  Email <a href="mailto:info.bbmun@bbraun.com">info.bbmun@bbraun.com</a>,</p>	<p><b>Beambridge Medical</b>                  46 Merrow Lane                  Guildford                  Surrey                  GU4 7QL                  01483 571928  <a href="http://www.beambridgemedical.com">www.beambridgemedical.com</a></p>
<p><b>CliniMed Ltd</b>                  Cavell House                  Knaves Beech Way                  Loudwater, High Wycombe                  Buckinghamshire HP10 9QY  <a href="tel:01628535250">Tel:01628535250</a> Fax:01628 527312                  Email: <a href="mailto:enquiries@clinimed.co.uk">enquiries@clinimed.co.uk</a>  <a href="http://www.clinimed.co.uk">www.clinimed.co.uk</a></p>	<p><b>Coloplast Ltd</b>                  Peterborough Business Park                  Peterborough                  Cambridgeshire                  PE2 6FX                  01733 392000  <a href="http://www.coloplast.com">www.coloplast.com</a></p>
<p><b>ConvaTec Ltd.</b>                  Unit 3, Brooklands                  Moons Moat Drive                  Redditch                  Worcestershire, B98 9DW                  Office: +44 (0)1527 583600                  Fax: +44 (0)1527 591198  <a href="http://www.convatec.com">www.convatec.com</a></p>	<p><b>Great Bear Healthcare Ltd</b>                  Cardiff Business Park                  Llanishen                  Cardiff                  CF145GF                  0800 055 6270  <a href="http://www.greatbearhealthcare.co.uk">www.greatbearhealthcare.co.uk</a>                  Email <a href="mailto:mail@hbhl.co.uk">mail@hbhl.co.uk</a></p>
<p><b>Manfred Sauer UK Ltd</b>                  Unit 3, io Centre                  Barn Way                  Lodge Farm                  Northampton                  NN5 7UW                  01604 595696  <a href="http://www.manfred-sauer.co.uk">www.manfred-sauer.co.uk</a></p>	<p><b>Rochester Medical Ltd,</b>                  10 Commerce Way,                  Lancing,                  West Sussex,                  BN15 8TA.                  Tel: 01903 875055.                  Web site: <a href="http://www.rochestermedical.co.uk">www.rochestermedical.co.uk</a>                  Script Easy Home Delivery: 0800 0121699</p>
<p><b>Teleflex Medical</b>                  Stirling Rd                  Cressex Business Park                  High Wycombe                  Buckinghamshire                  HP12 3ST                  01494 532761  <a href="http://www.teleflexmedical.com">www.teleflexmedical.com</a></p>	

## 23 References

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<https://web.nhs.net/owa/redir.aspx?C=085da481819f4dab9653869ca881f592&URL=http%3a%2f%2fwww.hse.gov.uk%2flatex%2fabout.htm> (Viewed 23.5.10)

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