

# Continence

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### March 2024

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## 1. Why we should promote continence in people living with dementia

**Publication Date:** 2024

**Journal:** Nursing Older People 36(1), pp. 5

**Abstract:** Ageism is widespread, including in institutions providing health and social care, and in workplaces, the media and elsewhere, according to the World Health Organization. Such ageism can convey a narrative that incontinence is a normal or inevitable part of ageing – and that nothing can be done to change the outcome either for those affected or across healthcare services.

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## 2. Identifying incontinence and promoting continence in people living with dementia

**Authors:** Aldridge, Zena;Elsegood, Laura;Murray, Sarah and Wileman, Alison

**Publication Date:** 2024

**Journal:** Nursing Older People 36(1), pp. 34-41

**Abstract:** Why you should read this article: • To understand the causes and risk factors for incontinence in people living with dementia • To learn about practical strategies that can support people living with dementia and their family carers to manage incontinence • To contribute towards revalidation as part of your 35 hours of CPD (UK readers) • To contribute towards your professional development and local registration renewal requirements (non-UK readers). Urinary and faecal incontinence are more prevalent among older people but, like dementia, incontinence is not a normal or inevitable part of ageing. The number of people living with dementia who experience continence issues is likely to be underestimated because many people avoid reporting them as a result of embarrassment and stigma, or because they think incontinence is an inevitable symptom of dementia and that nothing can be done about it. Increased awareness and understanding of the relationship between dementia and incontinence is needed so that nurses can persuade people living with dementia and their family carers to discuss continence issues, assess their needs and provide support. There are several practical strategies that can reduce the incidence of incontinence, counter its negative effects and promote continence in people living with dementia.

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## 3. The minimal important difference of patient-reported outcome measures related to female urinary incontinence: a systematic review

**Authors:** Barbosa-Silva, Jordana;Calixtre, Letícia Bojikian;Von Piekartz, Daniela;Driusso, Patricia and Armijo-Olivo, Susan

**Publication Date:** 2024

**Journal:** BMC Medical Research Methodology 24(1), pp. 60

**Abstract:** Background: The minimal important difference is a valuable metric in ascertaining the clinical relevance of a treatment, offering valuable guidance in patient management. There is a lack of available evidence concerning this metric in the context of outcomes related to female urinary incontinence, which might negatively impact clinical decision-making.; Objectives: To summarize the minimal important difference of patient-reported outcome measures associated with urinary incontinence, calculated according to both distribution- and anchor-based methods.; Methods: This is a systematic review conducted according to the PRISMA guidelines. The search strategy including the main terms for urinary incontinence and minimal important difference were used in five different databases (Medline, Embase, CINAHL, Web of Science, and Scopus) in 09 June 2021 and were updated in January 09, 2024 with no limits for date, language or publication status. Studies that provided minimal important difference (distribution- or anchor-based methods) for patient-reported outcome measures related to female urinary incontinence outcomes were included. The study selection and data extraction were performed independently by two different researchers. Only studies that

reported the minimal important difference according to anchor-based methods were assessed by credibility and certainty of the evidence. When possible, absolute minimal important differences were calculated for each study separately according to the mean change of the group of participants that slightly improved.; Results: Twelve studies were included. Thirteen questionnaires with their respective minimal important differences reported according to distribution (effect size, standard error of measurement, standardized response mean) and anchor-based methods were found. Most of the measures for anchor methods did not consider the smallest difference identified by the participants to calculate the minimal important difference. All reports related to anchor-based methods presented low credibility and very low certainty of the evidence. We pooled 20 different estimates of minimal important differences using data from primary studies, considering different anchors and questionnaires.; Conclusions: There is a high variability around the minimal important difference related to patient-reported outcome measures for urinary incontinence outcomes according to the method of analysis, questionnaires, and anchors used, however, the credibility and certainty of the evidence to support these is still limited. (© 2024. The Author(s).)

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#### **4. Accessibility of Pelvic Floor Physiotherapy for Treating Urinary Incontinence in Older Women in Quebec: An Online Survey**

**Authors:** Berre, Mélanie Le and Dumoulin, Chantale

**Publication Date:** 2024

**Journal:** Physiotherapy Canada.Physiotherapie Canada 76(1), pp. 86-94

**Abstract:** Purpose: This cross-sectional descriptive study describes available pelvic floor physiotherapy (PT) services for older women with urinary incontinence (UI) in Quebec, Canada, and identifies possible affordability barriers.; Methods: From September to December 2019, Quebec physiotherapists practising pelvic floor PT were invited to complete a survey on their clinical practice and perceptions of the affordability of UI treatment for older women.; Results: Eighty-four of the 225 registered pelvic floor physiotherapists (37.3%) filled out the online survey. They worked a median of 32 hours/week in PT, with 15 of those hours (46.9%) in pelvic floor PT and three hours (9.8%) treating UI in older women. Only 13.0% of them offered group treatment, while 84.3% were interested in it. Most of the physiotherapists (92.2%) had met older women in their practice who had reported financial barriers to completing their pelvic floor PT treatment.; Conclusions: The accessibility of UI care in Quebec appears hampered by the limited availability of pelvic floor PT treatments, mainly in public settings, and potential financial constraints. Providing pelvic floor PT to groups could constitute a promising avenue to tackle both issues. Future studies should look at ways of implementing this option.; Competing Interests: Competing Interests: The authors have no conflicts of interest to declare. (© Canadian Physiotherapy Association, 2024.)

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#### **5. Healthcare professionals' experiences and views of providing continence support and advice to people living at home with dementia: "That's a carer's job"**

**Authors:** Bradbury, Barbara;Chester, Helen;Santer, Miriam;Morrison, Leanne;Fader, Mandy;Ward, Jane;Manthorpe, Jill and Murphy, Catherine

**Publication Date:** 2024

**Journal:** BMC Geriatrics 24(1), pp. 1-9

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#### **6. Nursing management of patients dealing with spina bifida: from the prenatal diagnosis to adulthood / nursing intervention for the improvement of the impact of urinary and fecal incontinence on the quality of life of people dealing with spina bifida**

**Authors:** Calabrese, Fabiana;Poziello, Antonio;Spiezia, Gennaro;Rotunno, Tiziana;Chervino, Ciro and Iannicelli, Anna Maria

**Publication Date:** 2024

**Journal:** Italian Journal of Pediatrics 50(1), pp. 48

**Abstract:** Background: Urinary and fecal incontinence in people dealing with spina bifida, has inevitably an influence on the quality of life. In this analysis, the degree of education on how to manage incontinence and retention is studied, as well as the problems those might create and the consequential degree of autonomy and independence reached into the management of those. The main goal is to increase both nursing assistance and the education of the people dealing with spina bifida.; Methods: A multiple-choice questionnaire with open questions, concerning the bowel and bladder management was structured by all the authors and shared by the Google Docs platform among the members of the ASBI (Associazione Spina Bifida Italia) by the secretariat of the association itself. 125 patients affected by Spina Bifida voluntarily decided to participate and complete the questionnaire. The questionnaire didn't set any limits as regards the age. For minors, its completion was made under the observation of the caregivers who gave their consent. All the authors participated to administration of the questionnaire to minors.; Results: out of 125 participants, 80 were females and 25 males. The questions concerned the level of deambulation (the 35,2% was autonomous, the 30,4% were people who use wheelchairs while the 34,4% is aid-supported), urinary incontinence, with great concern to the self-catheterization technique (the 80,8% claimed to be autonomous in performing self-catheterization, unlike the remaining 19,2%) and the impact of the said incontinence on social life (the 59,2% claimed they do not feel restrained because of their bladder incontinence or retention, unlike the remaining 40,8%). Lastly, we focused on fecal constipation and incontinence (the 57,6% claimed to struggle with incontinence, the 12% claimed they don't and the 30,4% struggles with both conditions), on the ability of the people dealing with this to intervene to prevent unpleasant situations, in particular by using trans-anal irrigation (the 57,6% doesn't feel autonomous in performing it).; Conclusion: urinary and fecal incontinence have, of course, an impact on the quality of life of people dealing with spina bifida. Nevertheless, we can observe that it is possible to improve the quality of life of these people, letting them feel confident enough to take part in social activities, through education from an incredibly young age, from 0 up to 25 years old and over, supplied by the medical staff and mostly by the parents (previously educated by the medical staff as well). (© 2024. The Author(s).)

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## 7. Predominant incontinence After Internal Anal Sphincter Division Is Urge and Flatus Incontinence, and These Can Be Reversed by Kegel Exercises

**Authors:** Clemente, Nicola;Yagnik, Vipul D. and Garg, Pankaj

**Publication Date:** 2024

**Journal:** Diseases of the Colon and Rectum

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## 8. Predictors of urinary and faecal incontinence in pre-frail and frail older adults: a cross-sectional study of the FRAGSALUD project

**Authors:** Corral-Pérez, Juan;Ávila-Cabeza-de-Vaca, Laura;Valero-Cantero, Inmaculada;González-Mariscal, Andrea;Ponce-González, Jesús,G.;Vázquez-Sánchez, María Ángeles and Casals, Cristina

**Publication Date:** 2024

**Journal:** The Journals of Gerontology.Series A, Biological Sciences and Medical Sciences

**Abstract:** Background: Frailty is associated with urinary and faecal incontinence, which are common geriatric syndromes. This study aims to identify health factors associated with incontinence in pre-frail or frail older adults living in the community.; Methods: This multicentre cross-sectional study included 225 older adults (75.0±6.4 years) with pre-frailty or frailty based on the five-component Fried phenotype. Physical function was assessed using the Short Physical Performance Battery (SPPB). Physical activity, inactivity, and sleep were estimated using a wrist-worn accelerometer. Urinary or faecal incontinence was registered using the Barthel scale (urine and bowel items). Multivariable

logistic regression analyses, with age as a covariate, were conducted to identify associations of incontinence.; Results: In our participants, 27% presented urinary or faecal incontinence with no sex differences ( $P=0.266$ ). Our results showed that age, daily medication count, and number of falls in the previous year independently predicted incontinence in frail and pre-frail older adults ( $P<0.05$ ). Some Fried's criteria, including self-reported exhaustion, gait speed, and handgrip strength were associated with the presence of incontinence ( $P<0.05$ ), but not Fried's classification. The SPPB total score and its isolated variables were significantly associated with the urinary and faecal incontinence ( $P<0.05$ ). However, none of the accelerometer outcomes showed significant associations with incontinence status.; Conclusions: According to this study, age, number of medications, and falls (but not sex) are linked to urinary and faecal incontinence in frail or pre-frail older adults living in the community, recommending the assessment of physical function using the SPPB rather than estimating daily physical activity, inactivity, or sleep. (© The Author(s) 2024. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.)

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### **9. One-stage implant in sacral neuromodulation for faecal incontinence - short-term outcome from a prospective study**

**Authors:** Duelund-Jakobsen, Jakob;Buntzen, Steen;Lundby, Lilli;Laurberg, Søren;Sørensen, Michael and Rydningen, Mona

**Publication Date:** 2024

**Journal:** Colorectal Disease : The Official Journal of the Association of Coloproctology of Great Britain and Ireland

**Abstract:** Aim: Sacral neuromodulation (SNM) is approved for the treatment of faecal incontinence (FI) in a two-stage technique. With standardized implantation, approximately 90% of patients undergo successful Stage I operation and proceed to a permanent implant (Stage II). The aim of this work was to explore the feasibility of SNM as a one-stage procedure and report the 24-week efficacy.; Method: This study included patients diagnosed with idiopathic FI or FI due to an external anal sphincter defect  $\leq 160^\circ$  and one or more episodes of FI per week despite maximal conservative therapy. Patients were offered a one-stage procedure if a motor response of the external anal sphincter was achieved in three or more poles with at least one at  $\leq 1.5$  mA at lead placement. Patients were followed for 24 weeks. Their evaluation included the Wexner/St Mark's Incontinence Score, Faecal Incontinence Quality of Life score (FIQoL), a visual analogue scale (VAS) for assessing patient satisfaction and a bowel habit diary.; Results: Seventy-three patients with a median age of 60 years (interquartile range 50-69 years) completed this prospective study. Episodes of FI were significantly reduced at the 24-week follow-up, from 13 (8-23) at baseline to 2 (0-5) ( $p$ -value = 0002). A  $\geq 50\%$  reduction in the number of FI episodes was achieved in 92% of participants. The Wexner score improved significantly from 16 (14-17) at baseline to 9 (5-13) ( $p$ -value  $< 0.001$ ), and the St Mark's score improved significantly from 18 (16-20) to 11 (7-16) ( $p$ -value  $< 0.001$ ). All domains in the FIQoL score and VAS for patient satisfaction improved significantly following the one-stage procedure.; Conclusion: A one-stage implantation procedure is feasible in selected patients with FI, significantly improving continence, quality of life and patient satisfaction after 24 weeks of follow-up. (© 2024 The Authors. Colorectal Disease published by John Wiley & Sons Ltd on behalf of Association of Coloproctology of Great Britain and Ireland.)

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### **10. Assessment of health literacy and quality of life in women with urinary incontinence**

**Authors:** Erkan, Rabia and Özdemir, Funda

**Publication Date:** 2024

**Journal:** International Urology and Nephrology 56(4), pp. 1297-1305

**Abstract:** Purpose: In studies conducted with different groups, the effects of health literacy on quality of life are evident; however, there is no study examining the effect of health literacy on quality of life in

women with urinary incontinence. The research was carried out to determine the health literacy level of women with urinary incontinence complaints, evaluate their quality of life, and examine the relationship between the two.; Methods: The research was carried out as a descriptive study and conducted with 142 women with urinary incontinence complaints in an education and research hospital in Turkey between October 14 and December 30, 2020. The data were collected using the Introductory Information Form, Turkey Health Literacy Scale-32, Incontinence Quality of Life Scale.; Results: The THLS-32 total mean score was  $28.29 \pm 8.68$ , the IQOL total mean score was  $64.35 \pm 15.33$ . It was determined that 41.5% of the women had insufficient, 35.9% had problematic-limited, 12% had adequate and 10.6% had excellent health literacy. A positive, medium-sized statistically significant correlation was found between the TSOY-32 score and the IQOL score ( $r = 0.436$ ,  $p < 0.001$ ).; Conclusions: Urinary incontinence has significant effects on the quality of life. It is thought that the evaluation of health literacy may be beneficial in nursing approaches to improve the quality of life of women with urinary incontinence. (© 2023. The Author(s), under exclusive licence to Springer Nature B.V.)

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### **11. The relation between usage of an eHealth intervention for stress urinary incontinence and treatment outcomes: an observational study**

**Authors:** Firet, Lotte;Teunissen, Theodora Alberta Maria;Kool, Rudolf Bertijn;Akkermans, Reinier Peter;Lagro-Janssen, Antoinette;van der Vaart, Huub and Assendelft, Willem Jan Jozef

**Publication Date:** 2024

**Journal:** BMC Primary Care 25(1), pp. 89

**Abstract:** Background: Stress urinary incontinence (SUI), though a prevalent condition among women, is undertreated in primary care. EHealth with pelvic floor muscle training is an evidence-based alternative to care-as-usual. It is unknown, however, how eHealth usage is related to treatment outcome, and this knowledge is required for general practitioners to implement eHealth in their practice. This study examines the relation between usage of eHealth for SUI and treatment outcomes by examining log data. Baseline factors were also explored for associations with treatment success.; Method: In this pre-post study, women with SUI participated in "Baasoverjebblaas.nl", a web-based intervention translated from the Swedish internet intervention "Tät®-treatment of stress urinary incontinence". Usage was based on log data and divided into three user groups (low, intermediate and high). Online questionnaires were sent before, after treatment and at six-months follow-up. The relation between usage and the primary outcome - treatment success (PGI-) - was studied with a binomial logistic regression analysis. Changes in the secondary outcomes - symptom severity (ICIQ-UI SF) and quality of life (ICIQ-LUTSqol) - were studied per user group with linear mixed model analysis.; Results: Included were 515 users with a mean age of 50.5 years (12.0 SD). The majority were low users ( $n = 295$ , 57.3%). Treatment success (PGI-I) was reached by one in four women and was more likely in high and intermediate users than in low users (OR 13.2, 95% CI 6.1-28.5,  $p < 0.001$  and OR 2.92, 95% CI 1.35-6.34,  $p = 0.007$ , respectively). Symptom severity decreased and quality of life improved significantly over time, especially among high users. The women's expected ability to train their pelvic floor muscles and the frequency of pelvic floor muscle exercises at baseline were associated with treatment success.; Conclusion: This study shows that usage of eHealth for SUI is related to all treatment outcomes. High users are more likely to have treatment success. Treatment success is more likely in women with higher expectations and pelvic floor muscle training at baseline. These findings indicate that general practitioners can select patients that would be more likely to benefit from eHealth treatment, and they can enhance treatment effect by stimulating eHealth usage.; Trial Registration: Landelijk Trial Register NL6570; <https://onderzoekmetmensen.nl/nl/trial/25463> . (© 2024. The Author(s).)

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### **12. Analyze, design, develop, implement, and evaluate approach to develop a pelvic floor muscle training guidebook to treat stress urinary incontinence in women**

**Authors:** Hakim, Surahman;Santoso, Budi Iman;Rahardjo, Harrina Erlianti;Setiati, Siti;Kusumaningsih, Widjajalaksmi;Erwinanto;Prihartono, Joedo;Ibrahim, Nurhadi and Indriatmi, Wresti

**Publication Date:** 2024

**Journal:** Obstetrics & Gynecology Science

**Abstract:** Objective: Stress urinary incontinence (SUI) is a common problem that affects the quality of life of women worldwide. Pelvic floor muscle training (PFMT) is an effective conservative first-line treatment for SUI. However, low compliance with PFMT is one of the main reasons for therapeutic failure. Indirect supervision using a guidebook may improve PFMT outcomes. To develop a PFMT guidebook using the analyze, design, development, implementation, and evaluation (ADDIE) method.; Methods: A guidebook was developed from July 2020 to April 2021 using the ADDIE method. This prospective study used mixed methods, namely qualitative analysis, focus group discussions, and in-depth interviews, and involved various experts from urogynecology, urology, medical rehabilitation, and physiotherapy departments. A pilot study was conducted on patients with SUI to evaluate the effectiveness of the guidebook.; Results: The ADDIE method was successfully implemented to develop the PFMT guidebook. The formative evaluation of the ADDIE steps mainly focused on the PFMT technique, content clarity, illustration, design, and color choice of the book. After the pilot study, the guidebook significantly improved IIQ-7, 1-hour pad test, and perineometer scores. However, the pilot study showed no significant improvement in UDI-6 scores.; Conclusion: The PFMT guidebook developed using the ADDIE method improved outcomes in patients with SUI.

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### 13. Mixed treatment for same-severe mixed urinary incontinence: A novel method

**Authors:** Hamidi Alamdari, Daryoush; Douzandeh, Armina; Keshvari Shirvan, Maliheh; Narouie, Behzad and Radpour, Negar

**Publication Date:** 2024

**Journal:** Clinical Case Reports 12(3), pp. e8579

**Abstract:** Key Clinical Message: Innovative mixed treatment offers hope for persistent mixed urinary incontinence (MUI): PRP-Fibrin Glue-Stem Cell injection, Botox, and TVT in a single session. Successful case study reveals promising outcomes, emphasizing the need for further research.; Abstract: Mixed urinary incontinence is a complaint of stress and urge incontinence which affects patients' quality of life and dramatic changes in patients' physical, mental, and socioeconomic status. The treatment is challenging and depends on the dominance of one of the complaints to the other. The progress in the method of treatment is still under discussion. This study reports treatment of a MUI case in a 56-year-old, with a history of MUI of 7-year duration, which was persistent to pharmacological treatment, pelvic muscle training, biofeedback, and anti-incontinence surgery (Burch Colposuspension). PRP-Fibrin Glue-Stem Cell injection, Botox injection, and TVT were performed in a one surgery session. Patient was discharged with ability to urinate with acceptable amount of post void residue. After 3-month follow-up, patient was completely satisfied and happy. Further research is needed to substantiate the efficacy of these mixed treatments for MUI.; Competing Interests: The authors declare no competing interest regarding the publication of this article. All human subjects provided written informed consent with guarantees of confidentiality. The authors are employed at an academic or research institution where research or education is the primary function of the entity. (© 2024 The Authors. Clinical Case Reports published by John Wiley & Sons Ltd.)

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### 14. Do urinary and double incontinence predict changes in living arrangements and mobility in older women after hip fracture? – a 1-year prospective cohort study

**Item Type:** Journal Article

**Authors:** Hellman-Bronstein, Aino; Luukkaala, Tiina H.; Ala-Nissilä, Seija S. and Nuotio, Maria S.

**Publication Date:** 2024

**Journal:** BMC Geriatrics 24(1), pp. 1-10

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**15. Prevalence of urinary incontinence and associated factors in nursing homes: a multicentre cross-sectional study**

**Authors:** Jerez-Roig, Javier;Farrés-Godayol, Pau;Yildirim, Meltem;Escribà-Salvans, Anna;Moreno-Martin, Pau;Goutan-Roura, Ester;Rierola-Fochs, Sandra;Romero-Mas, Montse;Booth, Joanne;Skelton, Dawn A.;Giné-Garriga, Maria and Minobes-Molina, Eduard

**Publication Date:** 2024

**Journal:** BMC Geriatrics 24(1), pp. 1-12

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**16. Patients experience with the use of a penile clamp in post-prostatectomy incontinence - a prospective pilot study**

**Authors:** Jula, Alexandru;Andreasson, Anders;Logadottir, Yr and Olsen Ekerhult, Teresa

**Publication Date:** 2024

**Journal:** Scandinavian Journal of Urology 59, pp. 58-62

**Abstract:** Objectives: The aim of this study was to assess the efficacy of a penile clamp in managing urinary incontinence (UI) and its impact on perceived quality of life (QoL) amongst post-prostatectomy patients.; Material and Methods: A prospective pilot study was conducted including patients with post-prostatectomy UI treated with a penile clamp. Inclusion criteria consisted of UI after radical prostatectomy, good hand function, full cognitive function and a minimum penile length of 3 cm and a circumference of 5 cm. An appropriately sized penile clamp was selected during the first visit, and patients were given instructions on how to use it. The first follow-up was a scheduled phone call 1 week after the initial visit. Formal evaluations were performed prior to use of the penile clamp and again after 3 months of usage. These consisted of weighing pads during the daytime with evaluation of leakage, International Consultation on Incontinence Questionnaire-Short Form (ICIQ-SF), incontinence-QoL (I-QoL) and a questionnaire specific for the penile clamp.; Results: There were 22 patients included, and two were excluded due to reduced hand function and surgery before the study endpoint. The results showed a significant median reduction of urinary leakage of 57% at rest and 58% during physical activity. One complication was observed, as one patient developed a pinching ulcer, after extensive usage. ICIQ-SF showed an increase of 6% for the included patients (n = 20). Ten patients were satisfied with the clamp, and 15 would recommend the clamp to others.; Conclusion: The penile clamp shows promising results in reducing leakage with minimal risks of complications. It can be used as a treatment for patients awaiting surgery. However, patient selection is important regarding hand function, cognitive function and the penile anatomy.

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**17. Comparison of etiological and physiological characteristics of fecal incontinence in men and women**

**Authors:** Margalit-Yehuda, Reuma;Maradey-Romero, Carla;Davidov, Yana;Ram, Edward and Carter, Dan

**Publication Date:** 2024

**Journal:** American Journal of Physiology.Gastrointestinal and Liver Physiology 326(3), pp. G274-G278

**Abstract:** Fecal incontinence (FI) is often underreported and underestimated in men. Our aims were to clarify the causes and the physiological characteristics of FI in men and to underline the differences between etiological and physiological factors in men and women diagnosed with FI. The study cohort encompassed 200 men and 200 women who underwent anatomical and physiological evaluation for FI in a tertiary referral center specializing in pelvic floor disorders. All patients underwent endoanal



ultrasound and anorectal manometry. Evacuation proctography was performed in some patients. Demographic, medical, anatomical, and physiological parameters were compared between the two study groups. Urge incontinence was the most frequent type of FI in both genders. In men, anal fistula, history of anal surgeries, rectal tumors, and pelvic radiotherapy were common etiologic factors, whereas history of pelvic surgeries was more common in women. Associated urinary incontinence was reported more frequently by women. External anal sphincter defects, usually anterior, were more common in women (M: 1.5%, F: 24%,  $P < 0.0001$ ), whereas internal anal sphincter defect prevalence was similar in men and women (M: 6%, F: 12%,  $P = 0.19$ ). Decreased resting and squeeze pressures were less common in men (M: 29%, F: 46%,  $P < 0.0001$ ; M: 44%, F: 66%,  $P < 0.0001$ ). The incidence of rectal hyposensitivity was higher in men (M: 11.1%, F: 2.8%,  $P < 0.0001$ ), whereas rectal hypersensitivity was higher in women (M: 5.8%, F: 10.8%,  $P < 0.0001$ ). Anorectal dyssynergia was more common in men (M: 66%, F: 37%,  $P < 0.0001$ ). Significantly different etiological factors and physiological characteristics for FI were found in men. Acknowledging these differences is significant and may yield better treatment options. NEW & NOTEWORTHY Fecal incontinence (FI) in men has different etiological factors when compared with women. The prevalence of internal anal sphincter defect among men with FI was similar to women. Different manometric measurements were found among men with FI: decreased anal pressures were less common among men, whereas rectal hyposensitivity and anorectal dyssynergia were more common among men.

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## 18. Women's experiences of assessment for urinary incontinence: a qualitative study

**Authors:** Mjelde, Lotte Miriam Eri;Litherland, Anne Torine and Beisland, Elisabeth Grov

**Publication Date:** 2024

**Journal:** British Journal of Nursing 33(4), pp. 168-174

**Abstract:** Background: One in four women experience urinary incontinence. A woman's medical history, a physical examination and certain tests can guide specialists in diagnosing and offering treatment. Despite the high prevalence, little is known about women's experience of urinary incontinence assessment. Aim: To explore the experience of a group of women undergoing an assessment for urinary incontinence. Methods: Individual semi-structured interviews were conducted with 10 women who had been assessed for urinary incontinence. A thematic reflective analysis method was used. Findings: The women experienced a lot of shame and worry related to their urinary incontinence and the assessment. Having a safe relationship with the urotherapist was very important, and being given information about treatment options gave hope for a better life. Conclusion: Urinary incontinence and its assessment are associated with shame and anxiety. A good patient–urotherapist relationship is paramount and learning that treatments are available made women feel more optimistic about the future.

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## 19. Improved early continence following laparoscopic radical prostatectomy: the urethral hammock technique

**Authors:** Ortner, Gernot;Honis, Hanne-Rose;Böhm, Julia;Konschake, Marko;Tokas, Theodoros and Nagele, Udo

**Publication Date:** 2024

**Journal:** World Journal of Urology 42(1), pp. 168

**Abstract:** Purpose: To introduce and illustrate a novel urethral reconstruction technique-the 'urethral hammock-technique'-and to assess its impact on early postoperative continence following laparoscopic radical prostatectomy (LRP).; Methods: 119 patients who underwent LRP between January 2020 and May 2022 (hammock group:  $n = 43$ , control group:  $n = 76$ ) were included in the study. The primary outcome was continence (zero pads or max. one security pad) at 1, 3, and 6 months following surgery. Secondary outcomes were operative time, complications, and histological findings. Univariate and multivariate regression analyses were performed to reveal predictors for continence.  $p$  values  $0.05$ ).;

Conclusions: The hammock technique is a simple and reproducible technique to improve early postoperative continence for at least 3 months following surgery. However, these promising results warrant confirmation through a randomized controlled trial. (© 2024. The Author(s), under exclusive licence to Springer-Verlag GmbH Germany, part of Springer Nature.)

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## **20. The effectiveness of physiotherapy interventions on fecal incontinence and quality of life following colorectal surgery: a systematic review and meta-analysis of randomized controlled trials**

**Authors:** Pun, Ming Yan;Leung, Pak Ho;Chan, Tsz Ching;Pang, Chunn;Chan, Kin Hei and Kannan, Priya

**Publication Date:** 2024

**Journal:** Supportive Care in Cancer 32(2), pp. 1-19

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## **21. Management of stress urinary incontinence associated with perimenopause**

**Authors:** Storm, Susanne and MacVicar, Sonya

**Publication Date:** 2024

**Journal:** Journal of Prescribing Practice 6(2), pp. 68-74

**Abstract:** Pelvic health physiotherapy is recommended as first-line treatment for those with lower urinary tract symptoms and pelvic floor dysfunction. Pelvic health physiotherapists treat a number of genitourinary conditions conservatively, including stress urinary incontinence, overactive bladder, pelvic organ prolapse and vaginal atrophy. When physiotherapy management alone does not fully resolve symptoms, medication may be required. Independent prescribing enables the physiotherapist to maintain continuity of care, allowing a smoother, more effective patient journey. This offers quicker access to medicines and helps avoid delays in commencing appropriate treatment, reducing waiting times across other services. In this article, the role of the pelvic health physiotherapy independent prescriber is detailed in a case study of a patient referred with symptoms of stress urinary incontinence associated with impaired pelvic floor function and episodic constipation, in addition to perimenopausal vaginal dryness causing dyspareunia.

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## **22. Eye-tracking analysis for situation awareness of incontinence pad changing during older adult nursing training: An observational study**

**Authors:** Sugimoto, Masahiro;Kaneko, Naomi;Oyamada, Michiko;Tomita, Atsumi and Sato, Mitsue

**Publication Date:** 2024

**Journal:** Nurse Education in Practice 76, pp. 103935

**Abstract:** Aim: This study aims to investigate eye tracking in the practical training of incontinence pad change, which is commonly required in older adult nursing.; Background: Some competencies possessed by skilled and experienced personnel are difficult to verbalize into textbooks. However, this is crucial for education, especially nursing practice education. Eye-gaze analysis is one such tool that can aid the efficient transfer of knowledge to students. Therefore, eye-gaze analysis, a novel technology for visualizing situational awareness and decision-making, has recently gained traction in healthcare.; Design: An observation study METHODS: Ten nursing faculty members and 13 nursing students with prior incontinence pad change experience participated in this study using an older adult simulator. There were two groups of students - S1 with more recent experience in older adult care and incontinence pad changing and S2 with less. Areas of interest (AOIs) during incontinence pad preparation and fitting were determined based on gaze fixation and the time spent fixating on these areas was compared.; Results: Students took longer than nursing faculty members. When visualizing

the eye movements between the AOIs in the network, the faculty nurses and S1 alternated their gaze between the new incontinence pad and the buttocks and between other AOIs. Simultaneously, S2 tended to gaze or stare only at the new incontinence pad.; Conclusion: The presented data may help interpret visual-based situational awareness and establish effective nursing education, especially in acquiring skills that are difficult to verbalize.; Competing Interests: Declaration of Competing Interest none (Copyright © 2024 Elsevier Ltd. All rights reserved.)

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### **Sources Used**

The following databases are searched on a regular basis in the development of this bulletin:  
British Nursing Index, Cinahl, Medline, King's Fund & Health Foundation

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