Continence
Current Awareness Bulletin
October 2019

A number of other bulletins are also available – please contact the Academy Library for further details

If you would like to receive these bulletins on a regular basis please contact the library.

If you would like any of the full references we will source them for you.

Contact us: Academy Library 824897/98
Email: ruh-tr.library@nhs.net
Title: Nocturia and its clinical implications in older women.

Citation: Archives of Gerontology & Geriatrics; Nov 2019; vol. 85
Author(s): Dutoglu, Ekrem; Soysal, Pinar; Smith, Lee; Arik, Ferhat; Kalan, Ugur; Kazancioglu, Rumeyza Turan; Isik, Ahmet Turan

Abstract: The aim of this study is to demonstrate the relationship between nocturia and geriatric syndromes, and comprehensive geriatric assessment parameters (CGA) in older women. 858 older outpatient women were included in this cross-sectional study. For the nocturia variable, the question, "Generally, during the past 30 days, how many times did you usually urinate after you have gone to sleep at night until the time you got up in the morning?" was used. The relationships between nocturia status and common geriatric syndromes, and CGA parameters were determined. The mean age of patients was 74.1 ± 8.0 years. The prevalence of patients who reported average of 0, ≥1, ≥2, ≥3, and ≥4 nocturnal episodes was 14.7%, 85.3%, 66.3%, 42.13%, and 24.1%, respectively. When all the covariates including age, education, Charlson Comorbidities Index score, glomerular filtration rate, antimuscarinic drugs and alpha-blockers use, diabetes mellitus, chronic obstructive pulmonary disease, and incontinence were adjusted, there were higher rates of insomnia, recurrent falls and higher scores of Timed Up-Go test in older women with ≥2 nocturia episodes (p < 0.05). There was a significant correlation between ≥3 nocturia episodes and lower Instrumental Activities of Daily Living scores and a significant correlation between ≥4 nocturnal episodes and frailty and polypharmacy (p < 0.05). Nocturia is quite common and associated with insomnia, frailty, polypharmacy, incontinence, falls, lower gait speed, and functionality in older women. Therefore, nocturia is very important for geriatric practice and ≥2 nocturia episodes can be a marker of poor health status in older women.

Title: Development and Validation of the Bladder and Bowel Incontinence Phobia Severity Scale.

Citation: Journal of Cognitive Psychotherapy; Oct 2019; vol. 33 (no. 4); p. 271-285
Author(s): Kuoch, Kenley L. J.; Meyer, Denny; Austin, David W.; Knowles, Simon R.

Abstract: The current research investigates the development and validation of the Bladder and Bowel Incontinence Phobia Severity Scale (BBIPSS). Over two studies, two independent samples consisting of university students and respondents from the general public were used to validate the scale (study 1 n = 226; study 2 n = 377). A 15-item, two-factor model was confirmed in study 2 where strong construct (convergent and divergent) validity was demonstrated. The BBIPSS did not display significant correlations with openness and gender (divergent validity) and displayed significant correlations with depression, anxiety, and stress scores (DASS), alongside paruresis and parcopresis scores (Shy Bladder and Bowel Scale [SBBS]; convergent validity) and the Bowel and Bladder-Control Anxiety Scale [BoBCAtS]. The BBIPSS also demonstrated strong test–retest reliability (bladder r = 0.89; bowel r = 0.86) in a small sample of adults (n = 13). Overall, this scale provides researchers and clinicians with a reliable and psychometrically valid assessment tool to measure bladder and bowel incontinence phobia severity.

Title: Evidence-Based Treatment for Mixed Urinary Incontinence.

Citation: JAMA: Journal of the American Medical Association; Sep 2019; vol. 322 (no. 11); p. 1049-1051
Author(s): Nygaard, Ingrid E.

Abstract: The article discusses the Effects of Surgical Treatment Enhanced With Exercise for Mixed Urinary Incontinence (ESTEEM) randomized clinical trial which evaluated whether perioperative behavioral therapy provides relief to women with mixed incontinence undergoing stress incontinence surgery. Topics covered stress and urgency urinary incontinence, treatment for mixed incontinence and difficulty of diagnosing mixed urinary incontinence.


Citation: Age & Ageing; Sep 2019; vol. 48
Author(s): Claffey, Paul; Sullivan, Rachel; Kenny, Rose Anne; McNicholas, Triona; Briggs, Robert

Background: Urinary incontinence (UI) is one of the 'giants' of gerontological care, associated with early mortality, depression and falls in later life. It is often amenable to treatment, yet clinical experience suggests that older people with urinary incontinence often go undiagnosed and therefore untreated. The aim of this study therefore was to ascertain the prevalence of UI in a large population representative sample of Irish adults ≥50 years; to examine how often participants report UI to healthcare professionals; to profile factors associated with UI and its impact on quality of life (QOL).

Methods: This study was embedded within the Irish Longitudinal Study on Ageing. Participants were a population-representative sample of almost 7,000 Irish adults aged ≥50 years. UI was defined as any involuntary loss of urine from the bladder within the last 12 months, based on the International Continence Society Definition. QOL was measured using the Control, Autonomy, Self-realisaton and Pleasure-19 Scale (CASP-19).

Results: Fifteen % (1,061/6,996) of participants had UI within the last 12 months; 9% (269/3,162) of males and 21% (792/3,834) of females. Almost half (486/1,061) of participants with UI had not reported it to a healthcare professional, with one fifth (240/1,061) reporting UI limited everyday activities. Logistic regression modelling demonstrated UI was associated with advancing age, female sex, alcohol excess, polypharmacy, chronic disease and depression. Linear regression models showed that UI was associated with significantly lower self-rated QOL, as measured by CASP-19 (β =-1.13 (95% CI: -1.69 - -0.57), p <0.001).

Conclusion: UI affects 1 in 7 people aged ≥50 years. It is closely associated with other geriatric syndromes such as polypharmacy, depression and multimorbidity and impacts significantly on QOL. Despite this, almost half of those with UI do not report symptoms to a healthcare professional, highlighting the need for structured assessment of UI as part of comprehensive age-attuned care.

Title: 133 Prospective Audit of Adherence to Current Guidelines for Urinary Catheterisation on a Dedicated Geriatric ward in a Tertiary Hospital...67th Annual & Scientific Meeting of the Irish Gerontological Society, Innovation, Advances and Excellence in Ageing, 26—28 September 2019, Cork, Ireland.

Citation: Age & Ageing; Sep 2019; vol. 48
Author(s): Comber, Ruth
Background: A review of current practice in urinary catheterisation of geriatric patients on admission to hospital in respect of current HSE guidelines; looking at adherence to prescribed indications.

Methods: A consecutive sample of inpatients (age >65 years) were included from a geriatric ward in a tertiary hospital. Medical notes and admission pro-forma were reviewed. Relevant demographic and clinical information was extrapolated and analysed descriptively using the Statistical Package for the Social Sciences software.

Results: Data from thirty-one patients was included. Mean age of the cohort was 81.58 years (SD=6.67) and 51.6% (n=16) were female (SD=6.67). The primary reasons for admission were increased care needs (n=6, 19.4%), and collapse/weakness (n=6, 19.4%), thereafter stroke (n=4, 12.9%). Urinary catheters were inserted in 45.2% (n=14); for output monitoring (n=4, 28.57%), diuresis (n=4, 28.57%) and management of acute urinary retention (n=3, 21.42%). The insertion was warranted as per guidelines in only 42.85% (n=6); for urinary retention (n=3, 21.42%), sepsis/ICU (n=2, 14.28%) and at patient's request for comfort (n=1, 7.14%). Urinary incontinence was present in 25.8% (n=8). This was found to be poorly documented in medical admission notes (n=2, 6.5%). Mean hospital admissions in the previous twelve months was 1.61 (SD=2.20) and mean urinary tract infection in the same timeframe was 1.00 (SD=1.57). Trial without catheter was unsuccessful in 3.2% (n=1). Healthcare associated infection was recorded in 6.5% of cases (n=2).

Conclusion: Although this audit represents a small cohort, the results demonstrate a high rate of urinary catheter insertion without adequate indication. This audit should be repeated using a larger sample size. Appropriate education at ward level and with admitting NCHDs about: appropriate catheterisation practice should be performed with a view to re-auditing subsequently. Update of current guidelines is warranted.

Title: 147 Assessing Assessment: An Audit of Continence Assessment and Documentation in a City Centre Teaching Hospital...67th Annual & Scientific Meeting of the Irish Gerontological Society, Innovation, Advances and Excellence in Ageing, 26–28 September 2019, Cork, Ireland.

Citation: Age & Ageing; Sep 2019; vol. 48

Author(s): Randles, Mary; Hayes, Mary; Cotter, Susanne; Saramago, Ines; McGrath, Kith; O’Caoimh, Rónán; O’Connor, Kieran; O’Hea, Anne; Hannon, Evelyn

Background: Urinary incontinence (UI) is defined by the International Continence Society as "any involuntary leakage of urine." UI can negatively impact patients’ physical and mental wellbeing and quality of life. Since older adults constitute a growing hospital population, evaluation and improvement of this patient group's quality of care is recognized as a priority in the study hospital. A continence assessment helps to determine what the problem is and what management is required. This audit aims to determine whether appropriate assessments of continence in older adults presenting to the hospital setting were completed and documented.

Methods: An audit tool was adapted from the Royal College of Physicians National Continence Audit tool and the hospital's own elimination documentation pathway. On a chosen day a general medical ward and a specialist geriatric medicine ward were assessed. Medical charts, nursing notes, emergency department proforma, frailty intervention team proforma and skin integrity proforma were reviewed. Documentation of continence status, symptoms, type, investigations, continence wear, catheterisation and management were assessed. Continence care plans and evidence of communication/discussion with patients were also assessed.
Results: Thirty-one sets of documentation were reviewed. Twenty-four patients were aged over 65. Of these patients 12 were male and 12 were female. Four patients had no continence status documented. Forty-two percent of those reviewed over 65 had documented incontinence and of these only 40% had the elimination section of their nursing proforma fully completed. Six of the patients with documented incontinence had their symptoms/type of incontinence documented. Two Patients had urinary catheters, the indications for these catheters were documented

Conclusion: This audit found that overall the assessment and documentation of continence in older adults was sub-optimal. Based on this audit an assessment tool and education program will be introduced to the specialist geriatric medicine ward with the goal of improving assessment of continence and optimal management.

Title: Exploring Incontinence-Associated Dermatitis in a Single Center Intensive Care Unit: A Longitudinal Point Prevalence Survey.

Citation: Journal of Wound, Ostomy & Continence Nursing; Sep 2019; vol. 46 (no. 5); p. 401-407

Author(s): Campbell, Jill; Cook, Jane-Louise; Doubrovsky, Anna; Vann, Amanda; McNamara, Greg; Coyer, Fiona

Purpose: The purpose of this study was to provide longitudinal prevalence rates of incontinence-associated dermatitis (IAD) in patients in an intensive care unit (ICU) and to identify patient characteristics associated with IAD development. DESIGN: Prospective observational.

Subjects and Setting: The sample comprised 351 patients aged 18 years and older in a major metropolitan public hospital ICU in Queensland, Australia.

Methods: All consenting, eligible participants at risk of developing IAD underwent weekly skin inspections to determine the presence of IAD. Data were collected weekly for 52 consecutive weeks. Descriptive statistics described the study sample and logistic regression analysis was used to identify patient characteristics associated with development of IAD.

Results: The weekly IAD prevalence ranged between 0% and 70%, with IAD developing in 17% (n = 59/351) of ICU patients. The odds of IAD developing increased statistically significantly with increasing age (odds ratio [OR]: 1.029, 95% confidence interval [CI]: 1.005-1.054, P =.016), time in the ICU (OR = 1.104; 95% CI: 1.063-1.147, P <.001), and Bristol Stool chart score (OR = 4.363, 95% CI: 2.091-9.106, P <.001). Patients with respiratory (OR = 3.657, 95% CI: 1.399-9.563, P =.008) and sepsis (OR = 3.230, 95% CI: 1.281-8.146, P =.013) diagnoses had increased odds of developing IAD.

Conclusions: These data show the high variability of IAD prevalence over a 1-year period. Characteristics associated with the development of IAD in patients in the ICU included older age, longer lengths of ICU stay, incontinent of liquid feces, and having respiratory or sepsis diagnoses.

Title: Toileting Disability in Older People Residing in Long-term Care or Assisted Living Facilities: A Scoping Review of the Literature.

Citation: Journal of Wound, Ostomy & Continence Nursing; Sep 2019; vol. 46 (no. 5); p. 424-433

Author(s): Yeung, Jasper; Jones, Allyson; Jhangri, Gian S.; Gibson, William; Hunter, Kathleen F.; Wagg, Adrian
Abstract: Supplemental Digital Content is Available in the Text. The CE test for this article is available online only at the journal website, jwocnonline.com, and the test can be taken online at NursingCenter.com/CE/JWOCN. For purposes of this review, we defined toileting disability as a result of practices, procedures, or conditions that result in an individual requiring assistance using the bathroom. This scoping review synthesizes existing knowledge of extrinsic and/or intrinsic factors that might lead to or be associated with toileting disability and identified knowledge gaps related to toileting disability in older adults residing in long-term care or assisted living facilities. A search of 9 electronic databases and the gray literature identified 3613 articles. After exclusions and screening of the full text of 71 articles, 7 remaining eligible articles mapped research activity and identified knowledge gaps in this area. Only 1 study used toileting disability as the primary outcome; it was present in 15% of older adults without dementia living in long term-care facilities (a subgroup that comprised 34% of all residents). The other 6 articles examined factors and treatment of overall activities of daily living (ADL) performance as their primary outcome; in these, toileting disability was added to other difficulties, yielding a summary ADL outcome score. No study reported the incidence, distribution, or factors that affect toileting disability in long-term care; findings of this scoping review suggest a rich research agenda for future investigation.


Citation: Medicine; Aug 2019; vol. 98 (no. 33)

Author(s): Smiles, Flavia Blaseck; Mazzei, Lauren Giustti; Lopes, Luciane Cruz; Barberato-Filho, Silvio; Castro, Juliana; Castro, Analaura; Marengo, Livia Luize; Bergamaschi, Cristiane Cássia

Background: Urinary incontinence is a common complaint in all parts of the world, cause of distress, as well as significant costs for both individuals and society. The aim of this study will be to evaluate the rigor of the development of clinical practice guidelines and to identify the recommendations of interventions for urinary incontinence in adult women.

Methods: In this systematic review, clinical practice guidelines will be identified using a prospective protocol through a systematic search of: MEDLINE (via Ovid); EMBASE (Excerpt Medical Database, via Ovid); Web of Science and Virtual Health Library. Specific databases of guidelines for clinical practice will also be searched (National Institute for Health and Care Excellence, American Urological Association, and others). Reviewers, independently and in duplicate, will assess the quality of the guidelines using the Appraisal of Guidelines Research and Evaluation (AGREE II). The results will be checked for discrepancies. Differences between the scores equal to or greater than 2 will be considered as discrepant and the final result will be decided by consensus. A comparison of the recommendations of interventions and information about the level of evidence, the degree of recommendation, the level of agreement and the level of acceptance will be described. This step will also be done independently and in duplicate, and the result will be decided by consensus. The results will be presented in tables and the descriptive statistics will be calculated for all domains of the AGREE II instrument as mean (standard deviation) and median (interquartile range).

Results: The results derived from this study will increase the knowledge about the development of recommendations guidelines for urinary incontinence of high methodological rigor. This study may also identify key areas for future research.

Conclusion: This study may guide health professionals, policy makers, and health policy managers in choosing the guidelines for recommendation in clinical practice.
Title: The Preoperative pad test as a predictor of urinary incontinence and quality of life after robot-assisted radical prostatectomy: a prospective, observational, clinical study.

Citation: International urology and nephrology; Oct 2019

Author(s): Kurimura, Yoshimasa; Haga, Nobuhiro; Yanagida, Tomohiko; Tanji, Ryo; Onagi, Akifumi; Honda, Ruriko; Matsuoka, Kanako; Hoshi, Seiji; Hata, Junya; Onoda, Mitsutaka; Sato, Yuichi; Akaihata, Hidenori; Kataoka, Masao; Ogawa, Soichiro; Ishibashi, Kei; Matsubara, Akio; Kojima, Yoshiyuki

Purpose: To assess whether the preoperative 1-h pad test could predict postoperative urinary incontinence and quality of life after robot-assisted radical prostatectomy.

Methods: A total of 329 patients who underwent robot-assisted radical prostatectomy between 2013 and 2016 were prospectively enrolled in this study. These patients were divided into the preoperative urinary continence group and the preoperative urinary incontinence group according to the 1-h pad test. The time to achieve urinary continence, lower urinary tract function evaluated by uroflowmetry and post-voided residual urine volume, and quality of life evaluated by King's Health Questionnaire and International Consultation on Incontinence Questionnaire-Short Form were compared between these two groups.

Results: There were 190 patients (58%) in the preoperative urinary continence group (1-h pad test ≤ 2 g) and 139 patients (42%) in the preoperative urinary incontinence group (1-h pad test > 2 g). In the preoperative urinary continence/incontinence groups, 83%/76% of patients achieved continence within 12 months, respectively, and urinary incontinence remained significantly longer in the preoperative incontinence group than in the preoperative continence group (P = 0.042). Although there were no significant differences in all quality of life items between the two groups before surgery, several items were significantly higher in the preoperative urinary continence group.

Conclusion: Achievement of urinary continence and improvement of urinary quality of life are delayed in patients with preoperative urinary incontinence assessed by the 1-h pad test. The preoperative 1-h pad test could be a useful predictor of prolonged urinary incontinence and poor quality of life after robot-assisted radical prostatectomy.

Title: Registered nurse's experiences of continence care for older people: A qualitative descriptive study.

Citation: International journal of older people nursing; Oct 2019 ; p. e12275

Author(s): Borglin, Gunilla; Hew Thach, Emelie; Jeppsson, Maria; Sjögren Forss, Katarina

Aim: This study aimed to illuminate nurses' experience of continence care for older people receiving home care, either in their own home or in an assisted living facility.

Background: Registered Nurses (RNs) have a major role to play in identifying and establishing appropriate actions regarding continence care for older people. However, the crucial nursing care pathway for continence care is commonly described as poor.

Methods: Interviews were conducted with 11 RNs providing home care, and the transcribed texts were analysed using inductive content analysis.

Result: The impressions of RNs were categorised according to four themes: perceptions of continence care, an open approach to continence care, the need for personalised aid fittings and the importance of teamwork in continence care. Key findings were the importance of
teamwork; the need for nurses to embrace leadership at the point of care and be more visible in terms of the provision of direct care; substantiation that evidence-based interventions, such as scheduled toileting and prompted voiding, should constitute the norm in continence care within the context of home care; and the need for nurses to support the right of older persons to receive an assessment of their continence problems, deemed to be the minimum standard of quality care.

**Conclusion:** The provision of continence care that is based on key nursing standards, such as evidence-based and person-centred care, as well as individualised continence care that is based on evidenced-based guidelines, would ensure an improvement in the continence care that is presently on offer to older people.

**Implications for Practice:** Nurses need to embrace leadership at the point of care and to be more visible with the provision of direct care in order to improve continence care for older people receiving home care.

---

**Title:** The effect of childbirth on urinary incontinence: a matched cohort study in women aged 40-64 years.

**Citation:** American journal of obstetrics and gynecology; Oct 2019; vol. 221 (no. 4); p. 322

**Author(s):** Gyhagen, Maria; Åkervall, Sigvard; Molin, Mattias; Milsom, Ian

**Background:** The relative impact of age, pregnancy and vaginal delivery on urinary incontinence is still an unresolved issue that involves the controversial question about the protective effect of cesarean delivery.

**Objective:** The purpose of this study was to estimate and compare the effect size of 1 pregnancy, 1 vaginal delivery, and the derived protective effect of cesarean delivery for different aspects of urinary incontinence in women 40-64 years old, all 20 years after birth.

**Study Design:** This Swedish nationwide matched cohort study involved 14,335 women. Data from 3 restricted, randomly selected, source cohorts of (1) nulliparous women who were unexposed to childbirth (n=9136), (2) primiparous women who had experienced cesarean delivery and who had been exposed to 1 pregnancy (n=1412), and (3) primiparous women who had been exposed to 1 pregnancy followed by vaginal delivery (n=3787) were retrieved from The Swedish Medical Birth Register and Statistics Sweden and surveyed in 2008 and 2014, respectively. Parous women were all assessed 20 years postnatally. One-to-one matching with an interval for pairing of 3 years and 3 body mass index units was used in women 40-64 years old with information about body mass index (kilograms/square meters) and urinary incontinence. The procedure succeeded in 2630 of 2635 women (99.8%) and resulted in an adequate distribution of age and body mass index between groups. The surveys used a postal- and an internet-based questionnaire with validated questions for various aspects of urinary incontinence. Fisher’s exact test and the Mann-Whitney U test were used for comparisons between matched groups; trend was analyzed with Mantel-Haenszel statistics. Predicted, age-related values of different aspects of urinary incontinence were obtained by logistic regression analysis.

**Results:** Pregnancy increased the prevalence of urinary incontinence from 20.1-30.1% (odds ratio, 1.71; 95% confidence interval, 1.43-2.05; P<.0001). Urinary incontinence increased further after vaginal delivery to 43.0% (odds ratio, 1.75; 95% confidence interval, 1.49-2.05; P<.0001); "moderate" and "severe" urinary incontinence increased from 12.7-19.5% (odds ratio, 1.67; 95% confidence interval, 1.35-2.07; P <.0001). There was a parallel increase in urinary incontinence from 40-65 years of age in nulliparous and vaginally and cesarean delivered women. Cesarean delivery, compared with vaginal delivery, was associated with a 30.0% reduction of urinary incontinence (P<.0001) and a 35-52%
reduction of more severe grades of urinary incontinence (P<.0001) and was unaffected by age.

**Conclusion:** Both pregnancy and vaginal delivery incurred an increased risk of urinary incontinence in the long term. The age-related gap for urinary incontinence between nulliparous and primiparous women who were delivered by vaginal delivery or cesarean delivery was constant between parallel trajectories that spanned ages from 40-64 years. The calculated protective effect of cesarean delivery was unaltered and significant during the same age interval.

**Title:** Efficacy and safety of acupuncture therapy for urinary incontinence in women: A systematic review and meta-analysis.

**Citation:** Medicine; Oct 2019; vol. 98 (no. 40); p. e17320

**Author(s):** Zhong, Dan; Tang, Wenjun; Geng, Dan; He, Chengshi

**Background:** Urinary incontinence (UI), affects women more frequently than men, with a prevalence to 30-40% of perimenopausal women and almost 50% among women aged over 70 years. caused severe psychological burden and bringing negatively impact to the quality of life, increased caregiver burden and economic cost. Acupuncture is often used to treat them. We aim to conduct a systematic review to evaluate the efficacy of acupuncture for women experiencing UI.

**Methods:** The following electronic databases will be searched from inception to Jan. 2020: Cochrane Central Register of Controlled Trials (CENTRAL), PubMed, Web of Science, EMBASE, China National Knowledge Infrastructure (CNKI), Traditional Chinese Medicine, Chinese Biomedical Literature Database (CBM), Wan-Fang Database and Chinese Scientific Journal Database (VIP database).All published randomized controlled trials in English or Chinese related to acupuncture for urinary incontinence in women will be included. The primary outcome will be the change from baseline in the amount of urine leakage measured by the 1-hour pad test. Adverse events will be the secondary outcome. Study selection, data extraction, and assessment of study quality will be performed independently by two reviewers. RevMan V.5.3.5 software will be used for the assessment of risk of bias and data synthesis.

**Results:** This study will provide a high-quality synthesis of current evidence of acupuncture for UI from the 1-hour pad test.

**Conclusion:** The conclusion of our study will provide an evidence to judge whether acupuncture is an effective intervention for patients suffered from UI.

**Prospero Registration Number:** CRD42019133195.

**Title:** The complex relationship between urinary and defecatory disorders in young and adolescent girls.

**Citation:** Current opinion in obstetrics & gynecology; Oct 2019; vol. 31 (no. 5); p. 317-324

**Author(s):** Vash-Margita, Alla; Guess, Marsha K

**Purpose Of Review:** Scientific advancements have led to enhanced clarity about the interrelationship between urinary tract pathology and functional bowel disturbances. The present article will review the current literature regarding the cause, pathophysiology, diagnosis, and treatment of lower urinary tract dysfunction and abnormal bowel habits in young and adolescent girls.
Recent Findings: Complex neurological, physiological mechanisms and functional behaviors exist that contribute to the development of coexisting urinary symptoms and defecatory disorders in young and adolescent girls. Bladder bowel dysfunction (BBD) in childhood and adolescence is carried into adulthood creating a lifetime health burden.

Summary: Practitioners should be aware and actively screen for conditions mimicking BBD with time-efficient and effective history-taking and physical exams that reduce anxiety and fear. The present review provides guide to comprehensive treatment strategies for managing complex pelvic floor disorders including urinary incontinence, defecatory disorders, pelvic and perineal pain, and constipation. More research is needed to elucidate pathophysiology and optimal treatment strategies of the BBD.

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

Disclaimer:

The results of your literature search are based on the request that you made, and consist of a list of references, some with abstracts. Royal United Hospital Bath Healthcare Library will endeavour to use the best, most appropriate and most recent sources available to it, but accepts no liability for the information retrieved, which is subject to the content and accuracy of databases, and the limitations of the search process. The library assumes no liability for the interpretation or application of these results, which are not intended to provide advice or recommendations on patient care.