

Prevention and treatment of incontinence lesions. A fundamental step for preventing pressure ulcers

Introduction:

Incontinence is a problem intimately related to pressure ulcers (PUs). Epidemiological data indicate that incontinence, in terms of its effects upon the skin, affects a large proportion of the population. Nevertheless, it is poorly addressed by health care professionals and informal caregivers, and may have serious and expensive consequences in the form of PUs.

Paradoxically, the lesions resulting from skin exposed to incontinence are easy to prevent and treat with adequate products for cleaning and protecting the affected zones.

Aim:

To describe a protocol for the prevention and treatment of incontinence lesions, and describe its performance in a series of 20 hospitalized patients, residency care subjects and primary care patients at risk of developing lesions secondary to incontinence.

Method:

The protocol for the prevention and treatment of incontinence lesions in patients without open wounds includes the following measures:

- Cleaning of the zones exposed to incontinence with an antimicrobial cleansing lotion (Triple Care Cleanser, Smith & Nephew).
- Protection of the intact zones exposed to incontinence with a 10% zinc oxide barrier cream (Triple Care Cream, Smith & Nephew).
- Conditioning of the zones with dermatitis due to incontinence without open wounds, using a 30% zinc oxide cream (Triple Care EPC Cream, Smith & Nephew).

Results:

The results of applying the above mentioned protocol to a series of 20 patients at risk of developing incontinence lesions was very successful. The incidence of PUs is seen to decrease significantly in the zones exposed to incontinence.

All this patients solved their incontinence skin disorders without developing pressure ulcers in an average time of 4 +/- 3 (SD) days.

The antimicrobial cleansing lotion is seen to clean the affected zones, minimizing the risk factors for skin deterioration (continuous exposure to soapy solutions, friction in cleaning and drying, and risk of spilling water in bedding). The barrier creams are seen to protect the skin in zones exposed to incontinence.

The protocol proved simple to follow at both institutional level and in the home, with great acceptance on the part of the auxiliary nursing personnel and informal caregivers. The use of the cleansing protocol allowed us to reduce 40% of time for cleansing the patients.

The mean cost of materials used by patient is 9 €.

Skin Erythema Grading Scale (SEGS) [1-2]	Proposed skin care interventions according with SEGS
0: Clear, no redness 1: Slight redness 2: Moderated redness 3: Strong redness 4: non-intact (denudement/erosion) with redness	(0) Non rise clanser Triple Care Cleanser (1-2) Non rise clanser Triple Care Cleanser + protective cream Triple Care Cream (10% Zinc Oxide) (3-4) Non rise clanser Triple Care Cleanser + extra protective cream Triple Care EPC (30% Zinc Oxide)
Perineal Assessment Tool (PAT) [3]	Proposed skin care interventions according with PAT
Intensity of irritant (Type and intensity of irritant) (1) Formed stool and/or urine (2) Soft stool with or without urine (3) Liquid stool with or without urine	(1) Non rise clanser Triple Care Cleanser (2) Non rise clanser Triple Care Cleanser + protective cream Triple Care Cream (10% Zinc Oxide) (3) Non rise clanser Triple Care Cleanser + extra protective cream Triple Care EPC (30% Zinc Oxide)
Duration of irritant (Amount of time that skin is exposed to irritant) (1) Linnen/Pad changes at least every 8 hours or less (2) Linnen/Pad changes at least every 4 hours (3) Linnen/Pad changes at least every 4 hours	(1) Non rise clanser Triple Care Cleanser + protective cream Triple Care Cream (10% Zinc Oxide) (2) Non rise clanser Triple Care Cleanser + extra protective cream Triple Care EPC (30% Zinc Oxide) (3) Non rise clanser Triple Care Cleanser + extra protective cream Triple Care EPC (30% Zinc Oxide)
Perineal Skin Condition (Skin integrity) (1) Clear and intact (2) Erythema /dermatitis with or without candidiasis (3) Denuded/eroded with or without dermatitis	(1) Non rise clanser Triple Care Cleanser (2) Non rise clanser Triple Care Cleanser + protective cream Triple Care Cream (Zinc Oxide) (3) Non rise clanser Triple Care Cleanser + extra protective cream Triple Care EPC (30% Zinc Oxide)
Contributing factors (Low albumin, antibiotics, Tube feeding, Clostridium difficile, others)	

