

Health and social essay sample

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1) Explain how difficulties with continence can affect an individual's self-esteem, health and their day to day activities. Difficulties with continence can affect an individual's self-esteem, health and their day to day activities. Incontinence sufferers have been known to lose self-esteem and confidence and even withdraw from their usual circle of friends and family. The fear of being found out can make an individual feel ashamed of their condition. These feelings as a whole can impact negatively on an individual's life. If the incontinence is due to a urinary infection, this could cause intimacy issues, leading to fear of rejection from a spouse. Family outings or sports activities may be affected due to fear of leakage or concerns about incontinence products being noticed by others. 2) List common causes of difficulties with continence.

Some common causes of difficulties with continence are

- * hysterectomy
- * painful bladder syndrome
- * pregnancy and childbirth
- * aging
- * enlarged prostate
- * prostatitis
- * bladder cancer
- * bladder stones

3) Explain how an individual's personal beliefs and values may affect the management of continence. An individual's personal beliefs and values may affect the management of continence. It may be that an individual's values and beliefs will lead them to request clinical procedures which others may

feel are not in their best interests. It may also be the case that they will refuse treatment which will greatly benefit them. Modesty is greatly valued in some religions and cultures which must be taken into consideration when caring for any individual. 4) Describe ways to protect an individual's privacy whilst managing continence. Active participation is a way of working that recognises an individual's right to choose. This will help when working towards maintaining privacy and dignity. Giving an individual the right to participate and become an active partner in their own care will enable them to maintain their own privacy. There are several points that must be taken into consideration when putting together a care plan for continence.

Keep service users covered up whenever possible; avoid entering a room while other staffs are carrying out intimate and personal care. If it is unavoidable, knock and wait. Ensure that items others may need to access are not stored in rooms where intimate and personal care is provided.

Consider developing a system that prevents other service users and staff from entering a room while intimate and personal care is being carried out, such as catches that stop doors from being pushed open easily but can be opened in an emergency.

Make time when intimate issues, such as continence care, can be discussed with other staff in private. A good example would be at staff handover, which could be held in an office. If you must discuss these issues within the earshot of others, be sensitive about language used, and your tone and volume of voice. . Avoid drawing attention to a person's incontinence, and refrain from speaking about it unnecessarily or in front of people who do not need to know. Enable service users to wear clothing that is easy to take off and put

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on, and therefore promotes their independence. . Allow time for service users to use the toilet to urinate and defecate in private, provide seating in the bathroom so service users do not have to sit on the toilet to be shaved or have teeth cleaned and adhere to toileting guidelines and respond promptly to incidents of incontinence.

Consider developing systems to enable service users to take control of their intimate and personal care. A service user who is non-verbal may be able to ring a bell or press a buzzer next to their bed to alert staff when they need help. Allow service users to make choices as much as possible, and be aware that non-verbal behaviour may be meaningful communication and indicate preferences and wishes. Outcome 2

3) Explain how and when to access additional guidance about support for continence. If you have incontinence, then there is no need to be embarrassed about getting medical help. The symptoms can be improved, and sometimes cured, with simple methods. Almost half (45%) of all people with incontinence wait at least five years before they get help, according to Karen Logan, a continence nurse at Gwent Healthcare NHS Trust. “ There’s a huge stigma around incontinence despite it being so common,” she says. “ I would urge anyone with symptoms to come forward as it’s more than likely that we can sort out the problem and really improve their quality of life.” Get help if you’ve had incontinence problems for more than a few weeks to rule out conditions such as diabetes.

Here's where you can go for expert help:- GP

Continence clinic

Hospital specialist

Your GP and incontinence

Your GP can assess whether you have incontinence, decide which type of incontinence you have, give general advice on controlling symptoms of incontinence, provide information on pelvic floor exercises and bladder retraining, and give treatment for incontinence with prescribed medicines. If lifestyle changes and treatments don't solve the problem, your GP can refer you to a continence adviser or specialist.

Continence clinics

In the UK, there are over 360 NHS continence clinics, with specialist teams providing support and medical advice for people with bowel or bladder incontinence. But if you prefer not to see your GP, these are an excellent alternative first stop for diagnosis and treatment. They can significantly improve life for 75-80% of the people who come to us with incontinence problems. Continence clinics can be based in a hospital or in the community, often attached to a health centre. You don't need to be referred by your GP and you can phone them directly to make an appointment. On your first visit, a continence adviser, usually a nurse, who specialises in bowel and bladder problems, will assess you and explain your incontinence treatment options. Continence advisers, and the incontinence physiotherapists who work alongside them, are particularly good at teaching pelvic floor exercises to women with stress incontinence (sudden leaks) and bladder training to women with urge incontinence (regular urges to use the toilet). They can

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also issue pelvic-floor-strengthening devices, such as vaginal cones, and continence pads and products, as well as explaining how to use them. To find details of your local NHS continence clinic:

Call the Bladder and Bowel Foundation (B&BF) confidential helpline on 0845 345 0165, or use the continence clinic directory on the B&BF website (you have to register to use this online facility). Call your local hospital for details of your nearest clinic.

The hospital incontinence specialist

If the help offered by your GP or local continence clinic doesn't work, you can be referred to a hospital urologist or urogynaecologist for tests and possible incontinence surgery. If you have bowel incontinence you may be referred to a colorectal surgeon or gastroenterologist. According to Karen Logan, only 10-15% of patients who attend continence clinics have to be referred for surgery. If you decide to have surgery, it's important that your surgeon has the necessary skills and training. Check that they're trained in surgery for incontinence and have done these operations often enough to keep their skills up to date. Now, read tips for living with incontinence.

Outcome 4

1) Identify risks that may arise while supporting continence. Incontinence is a common health problem that afflicts over two million Australians at any point in time and of all ages and backgrounds. Continence is defined as the ability to control bowel and bladder function. For various reasons, people can lose this ability and need help to either regain continence or manage their incontinence. The problem is of particular concern to people that are bed

bound, elderly, and disabled. It can also cause major issues for young and otherwise fit and active individuals. Risk factors

For the purposes of this report, incontinence risk factors is the term given to a range of health related behaviours that can impact on the continence of an individual. The high risk factors for bladder and bowel control problems are:

- Peri-natal and post-natal women
- Younger women who have had children
- People who are overweight & obese
- Urinary tract infections
- Presentation of dementia type behaviours
- People with a range of chronic diseases such as diabetes, stroke, heart conditions, neurological disorders, respiratory conditions
- Recent surgery
- Prostate problems

Incontinence risk factors appear to be cumulative, with the risk of incontinence increasing as these risk factors advance in severity and/or duration. Correlation between continence, chronic disease and falls. There appears to be some correlation between incontinence, chronic disease and falls. Within the incontinence high risk groups, it is common that these individuals also experience chronic disease. Many of these cohorts are also at high risk of falls. Therefore it is reasonable to expect considerable overlap in the approaches utilised for chronic disease management, falls prevention, and continence management. Incontinence needs to be assessed and

treated as part of the raft of services provided for chronic disease management. A component of effective chronic disease care is the management of the disease conditions; and their interplay with overall health status, functional status and quality of life issues.

It is this interplay of elements with chronic disease conditions, that requires health care professionals to engage with Continence Nurse Advisors and other practitioners, to develop collaborative service pathways and management plans. Several Australian research studies have shown a link between falls and incontinence. In general, the findings of research suggest that urinary incontinence is a powerful measure that can be used to identify people with the greatest risk of falls. The impact of incontinence and its correlation to other significant health issues goes without sufficient recognition. More work needs to be undertaken to ensure incontinence has appropriate recognition across the health sector and the community.