

Common Causes of Incontinence

SUPERIOR HEALTH

Quality Alliance

Urinary Incontinence (UI)

Physical Disorders

Urologic and Gynecologic Disorders

- Weakness and laxity of pelvic floor musculature leading to hyper mobility of the bladder base.
- Urethral sphincter weakness (surgery or trauma related)
- Cystitis
- Urethritis
- Tumors
- Stones
- Diverticula

Neurologic Disorders

- Stroke
- Dementia
- Parkinsonism
- Spinal cord injury or disease

Diabetes Mellitus

• Acontractile bladder

Functional Impairments

- Lack of mental awareness.
- Physical inability to properly toilet themselves.
- Failure of understaffed nursing homes to provide residents with frequent assistance in toileting (prompted voiding).
- Tendency by staff to rely heavily on special undergarments and absorbent pads.

Fecal Incontinence (FI)

Physical Disorders

Gastrointestinal Disorders

- Impaired anorectal sensation.
- Lower sphincter squeeze pressures.
- Reduced integrity of sphincter and/or pelvic floor muscles.
- Diverticula.

Neurologic Disorders

- Stroke
- Dementia
- Parkinsonism
- Spinal cord injury or disease

Constipation Associated FI Development

- Constipating medications.
- Poor dietary fiber intake.
- Poor fluid intake and dehydration.

Functional Impairments

- Lack of mental awareness.
- Physical inability to properly toilet themselves.
- Failure of understaffed nursing homes to provide residents with frequent assistance in toileting (prompted voiding).
- Tendency by staff to rely heavily on special undergarments and absorbent pads.

Reference:

Leung FW, Schnelle JF. <u>Urinary and fecal incontinence in nursing home residents</u>. *Gastroenterol Clin North Am.* 2008;37(3):697-x. doi:10.1016/j.gtc.2008.06.005

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