

Continence & Catheter Care

Recent articles and reports

Sept 17 – Mar 18

Guidelines

The following new guidance has recently been published:

[Memokath-051 stent for ureteric obstruction.](#)

National Institute for Health and Care Excellence (NICE);2018.

<https://www.nice.org.uk/guidance/mtg35>

"5 Conclusion 5.1 The committee concluded that when inserted by trained clinicians and in appropriate patients, Memokath-051 is more effective and most likely to be cost neutral or cost saving compared with double-J stents."

Freely available online

Articles

The following journal articles are available from the Library and Knowledge Service electronically or in print.

[Advancing urological nursing.](#)

Sexton F. *British Journal of Nursing* 2017;26(20):S6-S6.

The article discusses the 25th anniversary of the "British Journal of Nursing" which launched in 1992, and it mentions various changes and advancements involving urological nursing over the years. Nursing specialties and the British Association of Urological Nurses (BAUN) are addressed, along with the British Urology Research Nurse Support (BURNS) group and the work being conducted by the Royal College of Nursing and the Health Education England organization.

[Are we bridging the gap? A review of cultural diversity within stoma care.](#)

Cooper-Gamson L. *British Journal of Nursing* 2017;26(17):S24-S28.

This article highlights how the aspects of religion, ethnic grouping, age, gender, and learning disabilities affect how stoma care is approached and supported. It tries to highlight the positive and negative approaches documented so far and how this has affected the quality of stoma care given. By following guidelines set out by the Nursing and Midwifery Council (NMC) (2015) and the Association of Stoma Care Nurses (ASCN) (2015) it aims to expand cultural awareness in stoma care nursing.

[Auscultation of bowel sounds in critical care: the role of the nurse.](#)

Jacob L. *British Journal of Nursing* 2017;26(17):962-963.

The article reviews the use of auscultation of the bowel by critical care nurses to determine if gastrointestinal motility functions properly. It comments on the subjective nature of listening to bowel sounds as well as the need for procedural standards and better training.

[Coping: teenagers undergoing stoma formation.](#)

Williams J. *British Journal of Nursing* 2017;26(17):S6-S11.

Stoma-forming surgery can raise a number of challenges for patients of any age, including psychosocial impact, altered body image and altered body function. Adolescents may experience additional challenges as they are already adapting to changes in body image and personal identity while striving for independence. This case study considers adolescents coping and adjusting to living with a stoma and the role of the Stoma Care Clinical Nurse Specialist.

[Desmopressin for treating nocturia in men.](#)

Han J. *Cochrane Database of Systematic Reviews* 2017;(10):CD012059.

Desmopressin may reduce the number of nocturnal voids in an appreciable number of participants compared to placebo in intermediate-term (three to 12 months) follow-up without increase in major adverse events. We found no evidence to compare its effects to behavior modification. The effect on the number of nocturnal voids is likely similar to that of alpha-blockers short-term with very infrequent major adverse events. *Freely available online*

[Do Intra-anal Bowel Management Devices Reduce Incontinence-Associated Dermatitis and/or Pressure Injuries?](#)

Beeson T. *Journal of Wound, Ostomy and Continence Nursing* 2017;44(6):583-588.

Evidence indicates intra-anal bowel management system (intra-anal bowel catheters and rectal trumpet) provides a viable option for fecal incontinence management and these devices reduce incontinence-associated dermatitis and/or pressure injuries.

[Electrical stimulation with non-implanted devices for stress urinary incontinence in women.](#)

Stewart F. *Cochrane Database of Systematic Reviews* 2017;(12):CD012390.

The current evidence base indicated that electrical stimulation is probably more effective than no active or sham treatment, but it is not possible to say whether ES is similar to pelvic floor muscle training or other active treatments in effectiveness or not. Overall, the quality of the evidence was too low to provide reliable results.

Freely available online

[Meta-analysis of immunonutrition in major abdominal surgery.](#)

Probst P. *British Journal of Surgery* 2017;104(12):1594-1608.

Immunonutrition after major abdominal surgery did not seem to alter mortality (GRADE: high quality of evidence). Immunonutrition reduced overall complications, infectious complications and shortened hospital stay (GRADE: low to moderate). The existence of bias lowers confidence in the evidence (GRADE approach).

[Pelvic floor muscle training for prevention and treatment of urinary and faecal incontinence in antenatal and postnatal women.](#)

Woodley SJ. *Cochrane Database of Systematic Reviews* 2017;(12):CD007471.

About one-third of women have urinary incontinence and up to one-tenth have faecal incontinence after childbirth. Pelvic floor muscle training (PFMT) is commonly recommended during pregnancy and after birth for both prevention and treatment of incontinence. This is an update of a review previously published in 2012.

Freely available online

[Preventing skin damage and incontinence-associated dermatitis in older people.](#)

Yates A. *British Journal of Nursing* 2018;27(2):76-77.

The article discusses the prevention of skin damage and dermatitis related to incontinence in older people. Topics include risk factors for urinary and bowel incontinence in older people, the multifaceted nature of

incontinence-associated dermatitis (IAD), and the use of barrier products to protect skin in older people suffering from incontinence.

[Prevention and management of incontinence-associated dermatitis.](#)

Voegeli D. *British Journal of Nursing* 2017;26(20):1128-1132.

The article discusses various aspects of the prevention and treatment of incontinence-associated dermatitis (IAD), and it mentions the differences between IAD and pressure ulcers. According to the article, IAD is a form of moisture-related skin damage which includes inflammation and in some cases swelling and blister formation. IAD complications such as itching and discomfort are examined, along with the management of urinary and faecal incontinence.

[Supporting patient care with appropriate accessories.](#)

Black P. *British Journal of Nursing* 2017;26(17):S20-S22.

The article discusses the use of appropriate supplies for enterostomy patients to prevent skin damage. It mentions the use of skin protections, their costs, and how nurses can help with assessing patient needs and training.

[Treating chronic constipation and faecal incontinence using transanal irrigation.](#)

Woodward S. *British Journal of Nursing* 2017;26(22):1220-1222.

The article presents an overview of transanal irrigation as an intervention and treatment for chronic constipation and faecal incontinence. Particular attention is given to its application to patients with neurogenic bowel dysfunction before the authors discuss how nurses can introduce patients to the treatment during bowel management programs.

[Urological issues following gender reassignment surgery.](#)

Middleton I. *British Journal of Nursing* 2017;26(18):S28-S33.

It has been estimated that 0.2% of the UK population identifies as transgender. A small but significant number of the transgender population will also elect to undergo gender-affirming genital surgery in order to achieve gender congruence. This article aims to help familiarise nurses with genital gender reassignment/affirming surgery and the resultant altered anatomy. It explores the urological issues trans-men and women may experience as a consequence of surgery.

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