of which the individual is not normally aware. Developing awareness of perceptible information allows the client to gain voluntary control over urination. Biofeedback is widely used to manage urinary incontinence.

**NURSING CARE**

**Health Promotion**

Although urinary incontinence rarely causes serious physical effects, it frequently has significant psychosocial effects, and can lead to lowered self-esteem, social isolation, and even institutionalization (Lauver et al., 2004). Get the word out—inform all clients that UI is not a normal consequence of aging and that treatments are available. To reduce the incidence of UI, teach all women to perform pelvic floor muscle (Kegel) exercises (Box 28–3) to improve perineal muscle tone. Advise women to seek advice from their women’s healthcare or primary care practitioner about using topical or systemic hormone therapy during menopause to maintain perineal tissue integrity. Advise older men to have routine prostate examinations to prevent urethral obstruction and overflow incontinence. Pelvic floor muscle exercises also may benefit men who experience UI following prostatectomy, but evidence supporting this is limited (Moore & Gray, 2004).

**Evidence-Based Practice: Urinary Incontinence**

While an accurate diagnosis of stress urinary incontinence often is made based on clinical data, motor urge incontinence has been more difficult to accurately diagnose without urodynamic testing. This presents difficulty for nurses and nurse practitioners planning care for incontinent clients when urologic testing is not feasible or readily available. A model developed by Gray et al. (2001) may be useful to address this problem in cognitively intact adults. By comparing client data with urodynamic testing results, this team of researchers identified factors predictive of motor urge incontinence. These factors included age, gender, and three key symptoms: diurnal frequency (urinating more often than every 2 hours while awake), nocturia (awakening with urge to urinate more than once per night if under age 65, twice per night if over age 65), and urge incontinence (urine loss associated with a strong desire to urinate). The presence of all three symptoms was more than 92% predictive of motor urge incontinence in study participants of all ages (range 18 to 89; median 61) and both genders.

**IMPLICATIONS FOR NURSING**

Asking specific questions about urinary tract symptoms can facilitate accurate identification of the nursing diagnosis Incontinence. Accurate diagnosis is vital to planning and implementing appropriate care measures, and achieving the desired outcome of continence. Successful treatment promotes self-esteem and provides positive reinforcement for continuing planned strategies.

**CRITICAL THINKING IN CLIENT CARE**

1. What nursing care measures and client teaching will you provide for the client with stress incontinence that may not be appropriate or necessary for the client with urge incontinence? For the client with urge incontinence but not stress incontinence?

2. Identify circumstances in which it may not be possible or feasible to have the client undergo urodynamic testing to differentiate stress, urge, or mixed (stress and urge) incontinence.

3. The clients in this study lived independently in the community and were cognitively intact. Can the data in this study be generalized to clients residing in a long-term care facility? Can the results be applied to all types of incontinence? Why or why not?

**NURSING CARE OF THE CLIENT HAVING A Bladder Neck Suspension**

**PREOPERATIVE CARE**

- Provide routine preoperative care and teaching as outlined in Chapter 4.
- Discuss the need to avoid straining and the Valsalva maneuver postoperatively. Suggest measures such as increasing fluid and fiber intake and using a stool softener to prevent postoperative constipation. Straining and increased abdominal pressure during the Valsalva maneuver may place excessive stress on suture lines and interfere with healing.

**POSTOPERATIVE CARE**

- Provide routine postoperative care as outlined in Chapter 4.
- Monitor urine output, including quantity, color, and clarity. Expect urine to be pink initially, gradually clearing. Bright red urine, excessive vaginal drainage, or incisional bleeding may indicate hemorrhage. Instrumentation of the urinary tract increases the potential for UTI; cloudy urine may be an early sign.
- Maintain stability and patency of suprapubic and/or urethral catheters. Secure catheters in position. Maintaining bladder decompression eliminates pressure on suture lines. Preventing movement or pulling on catheters reduces the risk for resultant pressure on surgical incisions.
- Carefully monitor urine output after catheter removal. Difficulty voiding is common following catheter removal. Early intervention to prevent bladder distention is important to prevent pressure on suture lines.
- If the urethral or suprapubic catheter will remain in place on discharge, teach proper care to the client and family members as needed. Appropriate self-care and early recognition of problems reduce the risk for significant complications.