

How to prevent and treat wounds caused by bad toilet routines in patients with Spinal Cord Injury (SCI) and Multiple Sclerosis (MS)

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INTRODUCTION: After a SCI or MS the body will encounter many problems and these are not limited to reduced sensation or paralysis. The worst that can happen is not to end up in a wheelchair, as so many people think.

Complications of urinary tract infection (UTI) and pressure ulcers (PU) was the leading cause of death for SCI patients in the mid-1950s, nowadays a golden standard is developed in order to prevent these complications. Still about 80% suffer from constipation and 95-99% has bladder problems. 95% gets PU in category 3-4 due to paralysis, muscle atrophy, bone decalcification and sensory loss. 80% of all MS patients experience bowel and bladder problems, that usually gets worse in connection with relapses.

Personal adapted toilet routines and incontinence pads are crucial to prevent complications. Incontinence or "just in case diapers" is a great risk of develop PU, Incontinence Associated Dermatitis - IAD or Moisture Associated Skin Damage - MASD. A big challenge is also to teach nurses to distinguish and classify different types of wounds.

IMPLEMENTATION: Skin integrity and toilet issues are a problematic subject filled with many taboos and prejudices. Therefore, I have made customized courses, films, books and folders for staff and patients with SCI, Spina bifida and MS.

Through a holistic team effort, together with individualized adapt routines, can we prevent and heal PU and MASD.

We educate and train our patients in order to create toilet routines with good transfer technique with/without technical aids. You need to engage and educate the patient in self-care and risks due to the diagnosis.

It's necessary to find the root of the problem, not only deal with the symptoms. Skin barrier can prevent swollen and sensitive skin, which can be helpful in the prevention and treatment of MASD, PU and skin tears. But then they also need to be available for selfcare outside the hospital care.

RESULTS: Skin problem usually involves toilet routines that include everything from transfers to leaks or constipation. After establish routines and utilize technical equipment in the correct way, the patient regains more control over bodily functions. This is a basic requirement for prevention and rebuilding confidence and leading an active social life with work/studies and family.

DISCUSSION: The classification would be facilitated if a perineal crack and kissing ulcers caused by moisture and intestinal flora in the diaper area, was classified as IAD even if the person doesn't leak urine/feces.

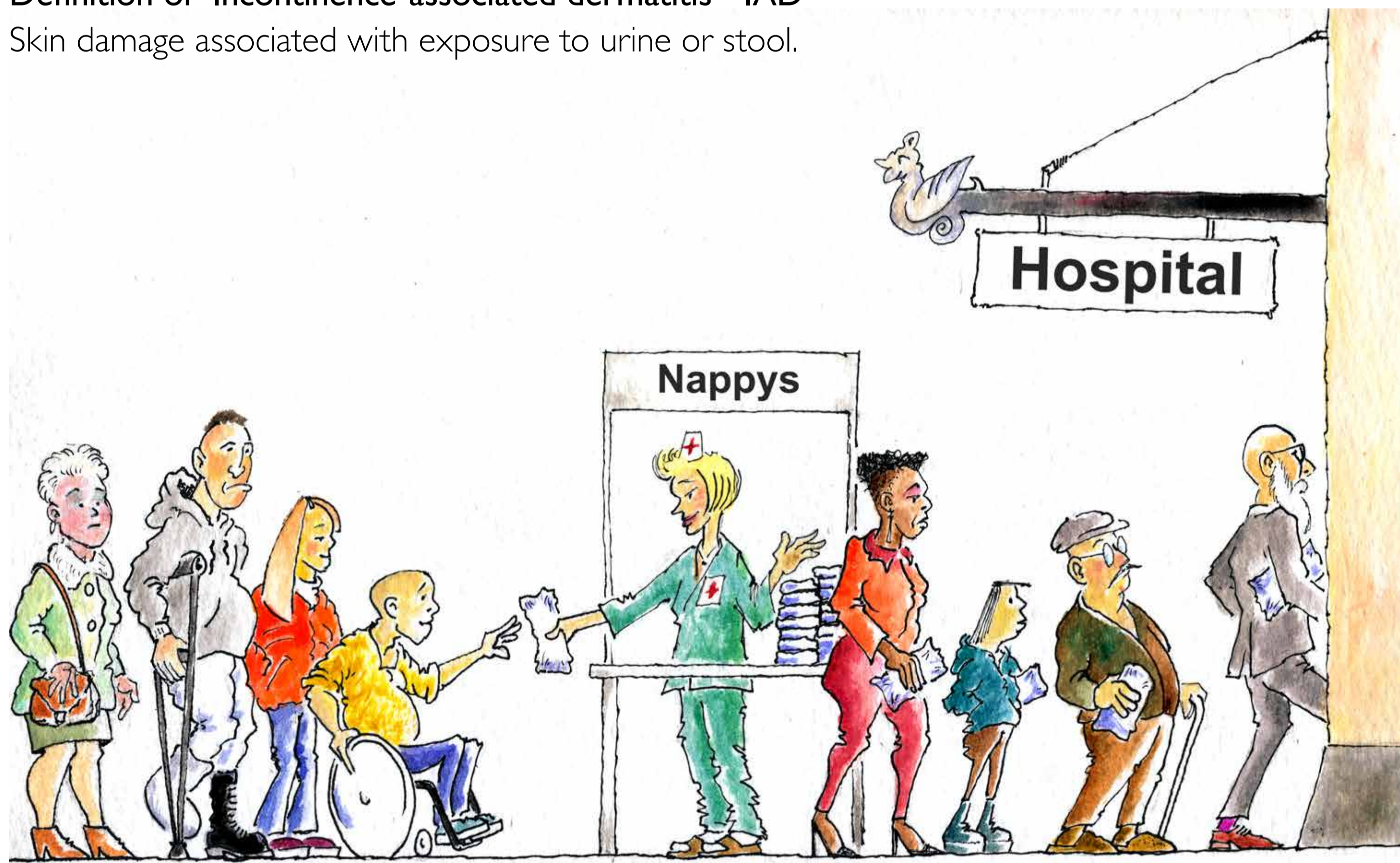
The difference of definitions of incontinence is confusing for staff that should be able to classify if the wound in the "diaper area" is a IAD or MASD.

Definition of incontinence

The definition of incontinence differs between urinary incontinence, which is an involuntary urinary leakage and fecal incontinence where even difficulty in emptying the bowel is included in the definition of incontinence.

Definition of Incontinence-associated dermatitis - IAD

Skin damage associated with exposure to urine or stool.



It is common that patients in emergency, neurologic- and elderly care gets a diaper as an admission ticket within the hospital/elderly care. This leads to that they have to urinate and defecate in their absorbent pads even if they are continent.

A lot of paralyzed persons use a "just in case diaper" because of their transfer difficulties, and not wanting to ask for help. Or the fear of not get to the toilet in time. This can lead to UTI and skin damage - PU, IAD, MASD, Skin tear, and not least of all, the loss of personal esteem which affects there social life. It's important to always get to the root of the problem.

Going to the toilet is a basic human right!

IAD/MASD/ SkinTear/ PU

MASD/IAD wounds should be treated with aeration, but in wheelchair users this wouldn't work because the wound will get stuck in the clothes / sheets and torn up. Treatment with barrier cream/ continence care wipes alternatively a high endurance elastomeric skin protectant as Cavilon Advanced as well as an absorbent surgical dressing/polyurethane foam dressing is recommended together with action to deal with the cause of the wound.



Perianal crack widened when the seating/lying position was adjusted in showerchair/bed.



Skin tear from toilet seat.



Constant constipation due to neurogenic bowel can lead to haemorrhoids and/or diarrhea from faecal impaction. This can results in increased time on the toilet and soiling which may be the beginning of developing a wound. Pain usually shows as increased spasticity in paralyzed patients. The skin will then be exposed to friction and pressure together with moist, so the skin become really fragile.

Sometimes technical aids can prevent wounds to occur!



A side guard that folds down when loaded



A sliding mat over the tire



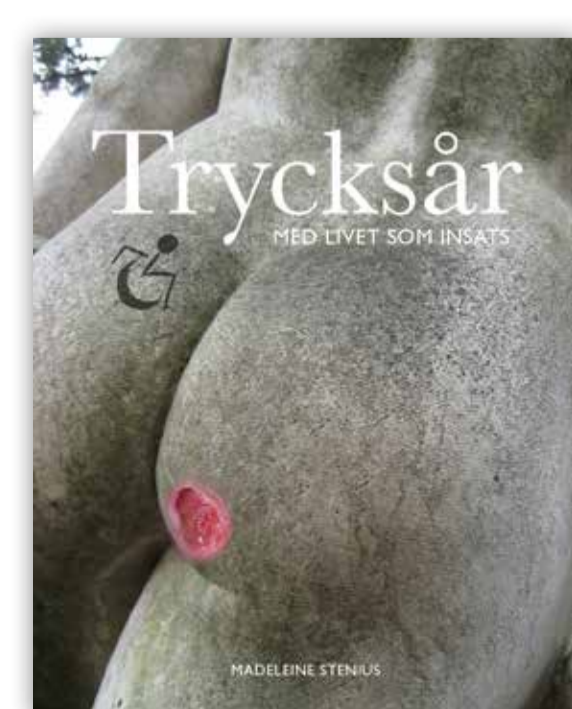
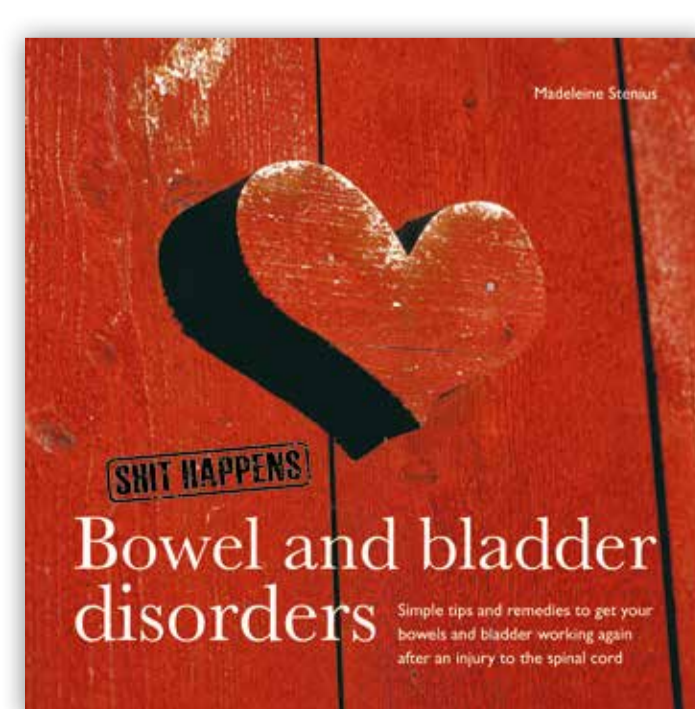
A soft toilet seat

Poor transfer between toilet/mobile hygiene chair and wheelchair with naked buttocks can result in wounds due to friction of the tire. They also can get skin tears from the toilet seat, while leaning towards the lid to maintain the balance on their muscle fainted buttocks. People with neurogenic bowels spend hours on the toilet due to constipation, that can lead to pressure ulcers especially if the skin is fragile due to moist.

These books is a part of our educational programs for patients and participants in our other education programs.

The book *Shit Happens* is also available in Swedish – Skitenkelt.

The book *Pressure Ulcer – With life at stake* is only available in Swedish.



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