

Incontinence associated dermatitis

Continence Service

Information for Patients

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Why have I been given this leaflet?

You have been treated for incontinence associated dermatitis (IAD) or you are at risk of developing it whilst in hospital. This leaflet explains this condition. It also gives you some guidance on how to treat and stop it occurring when you are at home. The aim is to stop incontinence associated dermatitis occurring.

What is incontinence associated dermatitis?

Incontinence associated dermatitis (IAD) is skin damage. It results from the prolonged exposure of the skin to moisture. This includes pee (urine) and poo (faeces).

Why does it occur?

The ammonia and enzymes in the pee and poo breakdown the skin's natural protective barrier. This causes damage to the skin that often resembles 'nappy rash'. It is often painful. It is essential to prevent incontinence to stop it getting worse. You can get IAD in your groins, genital areas and backside.

Causes include:

- Urinary incontinence. An uncontrolled passing of pee (urine). This means you pass pee when you do not mean to.
- Faecal incontinence. An uncontrolled passing of poo (faeces). This means you pass poo when you do not mean to.
- Urinary and faecal incontinence. This is often known as 'double incontinence'.

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- Not using continence products such as pads including 'double padding', barrier creams correctly.

Risks linked with incontinence associated dermatitis

- The skin will appear inflamed and irritated.
- There may be redness present.
- It may be hot to touch.
- There may be broken areas of skin.
- There could also be infected pus filled pimples present.

Different skin tones can present differently:

- Pale skin tones - appear red in colour.
- Darker skin tones - appear purple/bluish in colour.

Pain

These wounds can be painful as they are shallow and the nerve endings are exposed. They can be minor wounds. They can heal quickly (1 to 2 weeks) with the correct treatment.

Infection

Your skin protects you against bacteria. This can become weakened due to the pee and poo damaging the natural protective barrier of the skin. This damage increases the risk of infection.

Bacteria thrive in warm moist environments. It is important to make sure the skin is clean and dry to stop infection.

Pressure ulcers (Bed sores)

Incontinence associated dermatitis can raise the risk of pressure ulcers developing. These are also known as 'bed sores'.

How can I stop incontinence associated dermatitis?

It is important to find the cause of your incontinence. It is important to see a health care professional and have a full continence assessment. They can give you advice and treatment to manage incontinence. This will help you stop incontinence associated dermatitis developing.

Simple things you can do to help are:

- Decaffeinate drinks to stop urinary incontinence
- Treat constipation effectively.
- Go to the toilet regularly to stop incontinence.
- Make sure skin is cleaned thoroughly after using the toilet with a pH neutral cleanser. Pat skin dry gently. Do not rub.

- Avoid using fragranced wipes and talcum powder.
- Moisturise the skin to help it remain supple and hydrated.
- Barrier creams: Avoid using oil based creams if you wear a pad. They clog the pads and stop the urine absorbing. This will cause the skin to breakdown.
- Make sure you have a varied healthy diet to promote healthy skin.

Incontinence pads

If you choose to use pads follow this advice:

- Use the lowest absorbency pad to stop moisture from the skin being absorbed and then the skin breaking down due to it becoming dry.
- Do **not** 'double pad'. This will cause the pad to leak so urine is in contact with the skin. This puts you at risk of skin breakdown.
- Change the pad at once if a person is faecally incontinent. Pads cannot soak up 'poo'. It will sit next to the skin and raise the risk of skin breakdown.

Other products:

- Male urethral sheath. A health care professional can assess for these.

How can I treat incontinence associated dermatitis?

You can do some simple things to help yourself:

Manage the moisture

Managing the source of moisture is very important to allow the damaged skin to heal. If damaged skin is exposed to moisture such as pee all the time, then the damage is likely to get worse.

Good skin care

Follow the good skin care advice on the previous page.

- Cleanse
- Dry
- Moisturise
- Protect

Protect

Whilst you are in hospital we may use a barrier cream and/or a barrier film to protect your skin from too much moisture. This plan will be personal to your needs. You can buy non-oil based barrier products over the counter at a pharmacy or your GP can prescribe them.

Effective repositioning

It is important for you to move (reposition) yourself regularly as you will be more at risk of pressure ulcers (bed sores). This could be as simple as standing up for a few minutes every hour.

How will the incontinence associated dermatitis be treated in hospital?

The nursing staff will devise a care plan to treat the condition. This will include:

- Offering the toilet regularly to help your continence.
- They may think about using the correct continence products if you are having incontinence. This includes male urinary sheath, female external catheters and products to manage any faecal incontinence.
- Skin care: Skin cleansing with pH neutral wipes after using the toilet and barrier products may be used to protect your skin.
- Moving (repositioning): The nurses will start you on a repositioning plan so you are not in the same position too long. Repositioning will stop pressure sores. You may find it frustrating to be turned and stood on a regular basis, but this is to make sure of your safety whilst in hospital. You can talk about this plan with your health care professional.
- We may refer you to the Tissue Viability team and the Continence team for a more in depth assessment of your needs.
- When you are discharged from hospital if you need any more treatment, we will refer you to the Community Nurses. They will check on you and treat your condition.

More information

Speak to your health care professional, pharmacist or GP surgery if you have any questions, or need advice. They can refer you to the correct team who will be able to treat your condition.

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