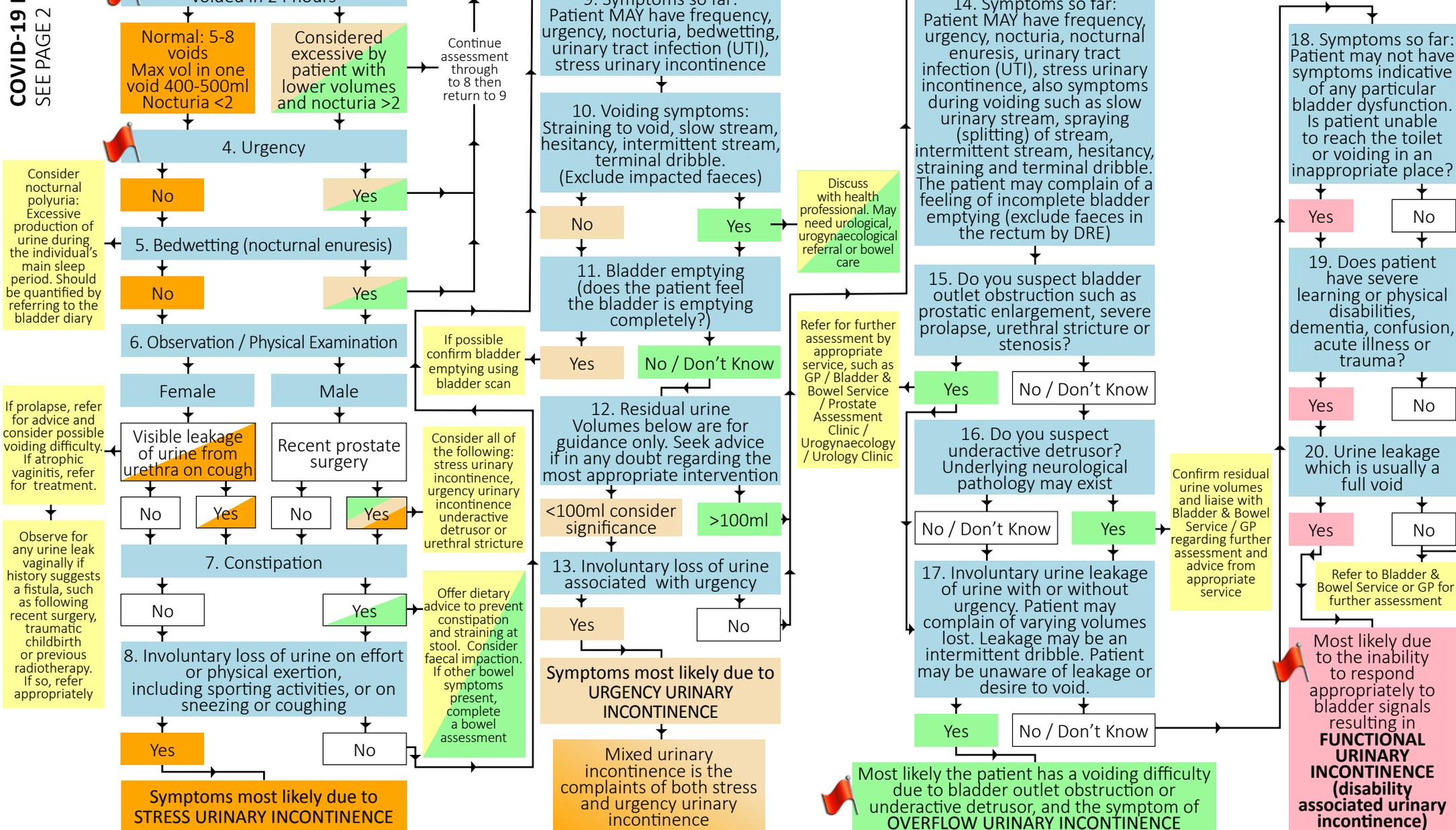


COVID-19 PRECAUTIONS:
SEE PAGE 2

THE COLLEY MODEL

SUPPORTING THE ASSESSMENT OF
BLADDER SYMPTOMS IN ADULTS

The main assessment considerations are in blue coloured boxes	Sand coloured boxes may indicate urgency urinary incontinence
Yellow coloured boxes suggest discussion, referral and treatment, when appropriate	Green coloured boxes may indicate overflow urinary incontinence
Orange coloured boxes may indicate stress urinary incontinence	Pink coloured boxes may indicate functional urinary incontinence (disability associated urinary incontinence)
White boxes not specific to any one cause of urinary incontinence	



RED FLAGS

URINALYSIS

- Haematuria in the absence of infection – investigate following national guidelines.
- An untreated urinary tract infection (UTI) can cause SEPSIS.
- For those with recurrent UTI ensure a bladder scan is carried out.

FREQUENCY AND/OR URGENCY

- Urinary frequency and/or urgency can occur in women as a symptom of ovarian cancer. If in any doubt, refer the patient to their GP for further investigation.

OVERFLOW URINARY INCONTINENCE

- Ensure men are screened to exclude prostate cancer
- Risk of ascending infection if the bladder is not fully emptying
- The sudden inability to pass urine, resulting in abdominal pain and distress is called acute urinary retention and is a medical emergency

FUNCTIONAL URINARY INCONTINENCE

- Identify treatable underlying symptoms
- New onset confusion could indicate SEPSIS. Ensure use of the NEWS2 scoring system.



COVID-19

Follow local safety procedures when carrying out this assessment and discuss any concerns with your local bladder and bowel service. Visit: www.rcn.org.uk/covid-19 for more information

STRESS URINARY INCONTINENCE (SUI)

Contributing factors may include:

- Pregnancy and childbirth however nulliparous women can suffer SUI
- Constipation
- Obesity
- Cough
- Menopause
- Side-effects of medication
- Surgery

TREATMENT FOR SUI

- Pelvic floor muscle training (PFMT), ideally following specialist nurse / physiotherapist assessment (for men and women)
- Use the 'Knack'
- Prevent / treat constipation
- Advice on weight loss if BMI >30kg/m²
- Smoking cessation advice if indicated
- Possible oestrogen for vaginal symptoms post- menopause
- Review current medication

MIXED URINARY INCONTINENCE

This is the complaints of both stress and urgency urinary incontinence in the same individual. Check the contributing factors for both SUI and UII and formulate a treatment plan with the patient.

URGENCY URINARY INCONTINENCE (UII)

Contributing factors may include:

- Urinary tract infection (UTI)
- Local bladder pathology
- Fluid intake and type
- Side-effects of medication
- Disease affecting the nervous system
- Menopause
- Reduced mobility and an unsympathetic environment for toileting
- Obesity
- Anxiety

TREATMENT FOR UII

- Exclude urinary tract infection (UTI)
- Modify low or high fluid intake and discuss effects of caffeine on the bladder
- Review current medication
- Refer if neurological symptoms
- Consider oestrogen replacement
- Improve mobility and environment
- Advice on weight loss if BMI >30kg/m²
- PFMT (men and women)
- Bladder training

OVERFLOW URINARY INCONTINENCE (OUI)

Contributing factors may include:

Obstruction to the bladder outlet:

- Enlarged prostate gland in men
 - Severe prolapse in women
 - Urethral stricture or stenosis
 - Pressure from faecal impaction
- Underactive detrusor:**
- Neurological conditions
 - Detrusor sphincter dyssynergia
 - Following: childbirth; removal of an indwelling catheter
 - Sudden immobility
 - Side effects of medication

TREATMENT FOR OUI

- Review current medication
- Obstruction to the bladder outlet:**
- Exclude faecal impaction as a factor
 - Enlarged prostate gland – men may be referred to the Urologist
 - Medication may be used to improve urine flow
 - Severe prolapse in women – refer to specialist for assessment
 - Urethral stricture or stenosis – refer to Urologist
- Underactive detrusor:**
- Investigate for underlying cause
 - Management may include intermittent self-catheterisation

FUNCTIONAL URINARY INCONTINENCE (FUI)

Contributing factors may include:

- Severe physical disability
- Impaired manual dexterity
- Communication problems
- Mental health problems
- Cognitive impairment
- Learning difficulties
- Acute confusion
- An environment unsympathetic to individual toileting needs

TREATMENT FOR FUI

- Assess and treat any underlying bladder dysfunction
- Improve underlying disabilities and improve the environment where possible. Involve the Occupational Therapist and/or Physiotherapist
- Plan a prompted, timed, individual toileting programme

THE COLLEY MODEL
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The model is for printing by individuals only. Any organisation or company wishing to reproduce the model should contact: info@continenceassessment.co.uk

MORE DETAILED INFORMATION CAN BE FOUND AT: WWW.CONTINENCEASSESSMENT.CO.UK