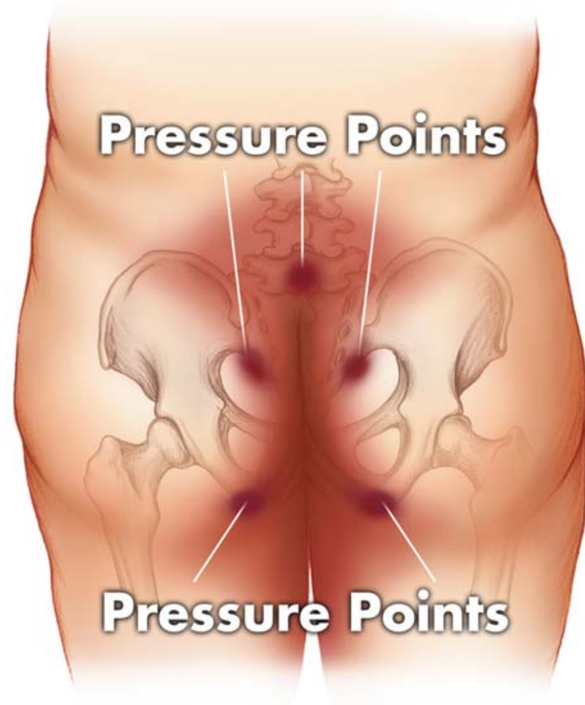

What the Experts Say

Incontinence Care and the Prevention of Pressure Ulcers

"Holding all other risk factors constant, patients with fecal incontinence were 22 times more likely to have pressure ulcers than patients without fecal incontinence."

Maklebust J and Magnan MA, "Risk factors associated with having a pressure ulcer: A secondary data analysis," Advances in Wound Care. November 1994.

"This represents an 89% reduction in the average monthly incidence of sacral/buttock pressure ulcers when the skin protectant was applied to residents with incontinence. The results of this study demonstrate a direct association between the use of a skin protectant and a decrease in the incidence of superficial pressure ulcers."

Clever K, et al., "Evaluating the efficacy of a uniquely delivered skin protectant and its effect on the formation of sacral/buttock pressure ulcers," Ostomy/Wound Mgmt. Dec 2002;48(12):60-67.

"And although there is mounting evidence that incontinence, particularly fecal incontinence, is a primary risk factor for pressure ulcer development, most preventative efforts focus on pressure relief, repositioning, and nutrition, rather than incontinence care."

Jeter KF and Lutz JB, "Skin care in the frail, elderly, dependent, incontinent patient," Advances in Wound Care. Jan/Feb 1996.

"Because of the substantial increase in morbidity in patients with pressure ulcers and a potential association of the development of pressure ulcers with incontinence, the need to adequately treat incontinence is very important."

Newman DK, Wallace DW, and Wallace J, "Moisture control and incontinence management," Skin Care and Incontinence. Jan/Feb 2002;24-27,32. [excerpted and adapted from Chronic Wound Care: A Clinical Source Book for Healthcare Professionals, Third Edition, DL Krasner, GT Rodeheaver, Sibbald RG (Editors), HMP Communications, Wayne, PA, 2001:653-659.]

"The cost of treatment and patient suffering as a result of incontinence dermatitis are too high to ignore. Clearly, from a financial aspect, investment in appropriately chosen, high quality skin care products for the prevention of skin breakdown would be advantageous."

Fiers SA, "Breaking the cycle: The etiology of incontinence dermatitis and evaluating and using skin care products," Ostomy/Wound Management. April 1996;42(3).

"…Caregivers are less likely to breech infection control measures when minimal supplies are required (eg, less traffic in and out of rooms to gather additional or forgotten supplies). Perineal cleansing also may be more consistent when regimens are simplified."

Warshaw E, et al., "Clinical and cost effectiveness of a cleanser protectant lotion for treatment of perineal skin breakdown in low-risk patients with incontinence," Ostomy/Wound Management. June 2002;48(6):44-51.

"Soap and a washcloth are fragile and/or damaged skin's worst enemies."

Fiers SA, "Breaking the cycle: The etiology of incontinence dermatitis and evaluating and using skin care products," Ostomy/Wound Management. April 1996;42(3).

"The Joint Commission for Accreditation of Health Care Organizations (JCAHO) recommends the use of the AHRQ clinical practice guidelines. Moreover, the Centers for Medicare and Medicaid Services are using the guidelines to create policy and reimbursement criteria and to direct the federal and state survey process of long-term care facilities."

Lyder CH, et al., "A comprehensive program to prevent pressure ulcers in long-term care: exploring costs and outcomes," Ostomy/Wound Management. April 2002;48(4):52-62.

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