

Incontinence Associated Dermatitis

Incontinence Associated Dermatitis (IAD) describes the skin damage associated with exposure to urine or faeces. It can cause considerable discomfort for the care recipient & is time consuming & expensive to treat.¹

The skin can look red, be patchy or can be continuous over large areas, can feel warm and can have lesions. Care recipients can feel uncomfortable, have pain and burning sensations, itchy and tingling. Often sleep is disturbed and their activities for the day can become disrupted affecting their quality of life.

What Causes IAD?

The outer layer of the skin the stratum corneum has 15-20 layers of flattened skin cells called corneocytes. This layer of skin is constantly renewed and as the upper layer of the corneocytes are shed, a new layer develops to maintain the skin barrier. The corneocyte layers are embedded in lipids which gives it the look of bricks and mortar. Each corneocyte is joined to another by a protein called a desmosome. This desmosome adds stability to the stratum corneum matrix. The whole structure is important in the regulation of water movement in and out of the stratum corneum thus ensuring good hydration but preventing over hydration.

When someone is incontinent, water from urine or faeces is pulled into and held in the corneocytes. This over hydration causes the corneocytes to swell and changes the structure of the stratum corneum and visible changes can be seen (eg maceration). Now because the stratum corneum has been compromised, irritants can easily penetrate and cause further damage. The over hydrated skin also is more prone to friction injury from clothing, ill fitted continence aids and bed linen.

Healthy skin has a pH of 4 to 6 which is essential as a barrier (acid mantle) regulating resident bacteria on the skin (microbiome). This acidity also has a function of ensuring the stratum corneum cohesion and barrier function. Exposure to urine and faeces causes the skin to become more alkaline which allows the microbiome to thrive increasing the risk of infection.

Prevention & Management of IAD

Poor management of incontinence such as prolonged exposure to urine and faeces on the skin with limited cleansing, plastic backed continence aids, frequent cleansing with soap or aggressive cleansing technique can contribute to IAD.

IAD causes pain, discomfort, sleep disturbance and a loss of independence all changing a person's quality of life.

By firstly managing the incontinence and then implementing a structured, consistent skin care regime to cleanse, restore and protect the at risk skin prevents and effectively treats IAD.

TENA TIP

Recognising and diagnosing IAD is best left to the medical professionals in order to receive the proper care & treatment when IAD is present.



Incontinence Associated Dermatitis

Wounds International, Recommend Two Key Interventions for Prevention & Management of IAD

Manage Incontinence

Managing incontinence under the guidance of the clinical team involves a thorough assessment to identify the cause of the incontinence and then establish a care plan. Treatment to reverse causes can involve fluid, diet and toileting regimes.

Modern incontinent products wick the urine away from the skin locking it into the pad keeping skin dry and reducing the over hydration of the stratum corneum.

Implement a structured skin care regime

Cleanse

- Cleanse daily and after each episode of faecal incontinence.
- The technique for cleansing should be gentle. Avoid rubbing/scrubbing of the skin
- Avoid traditional soap and water with a regular washcloth to clean the skin. Soap is alkaline and changes the pH of the skin damaging the corneocytes.

The rough texture of the regular washcloths can cause friction damage.

- Using skin cleansers with a similar pH to skin is preferred to normal soap. Many perineal skin cleansers are no rinse which mean they remain on the skin after application, are quick drying thus eliminating friction caused by manual drying. Using soft disposable wipes reduce friction

Restore

Ensure use of "leave on" skin care products and moisturisers that contain ingredients similar to the natural lipids in the stratum corneum to reduce dryness and restore the lipid matrix.

Protect

Skin protectants are used to protect the stratum corneum from urine and faeces by forming a barrier. Ensure the skin protectant is compatible with other skin products used.

Visit tenaprofessional.com.au to read more about TENA Skin care and download these skin care product guidelines.

BODY

TENA Shampoo & Shower

Method as a shampoo Massage into hair and rinse.

Method as a body wash Massage gently over whole body and rinse off.

Benefit Conditioning and anti-static properties plus Provitamin B5 leaves hair manageable and easy to comb. pH balanced, dermatologically tested, and mild for fragile, delicate skin.

TENA Skin Lotion

Method Gently massage a thin layer over dry skin to the entire body post-shower.

Benefits Restores natural moisture balance of dry and sensitive skin. Leaves skin with a protective layer. Includes Vitamin E which protects fragile skin. Proven to reduce skin tears.²



PERINEUM

TENA Wet Wipes

Method Remove any excess faeces with toilet paper, wipe areas gently to clean.

Benefit Mild and soap-free. A convenient alternative to soap.

TENA Barrier Cream

Method Apply a thin layer to 'at risk' skin (reddened or unbroken skin folds). Do not apply heavily. Apply every 2-3 hours in cases of diarrhoea.³

Benefit Includes Vitamin E which protects fragile skin from irritants, urine, faeces and sweat. Use on pressure points and bony prominences to prevent skin breakdown

TENA Wash Cream & Soft Wipe

Method Apply to skin with a disposable TENA Soft Wipe. No need to rinse.

Benefit Mild, pH balanced and soap free. Has a protecting effect and maintains skin integrity better than soap and water.⁴

References: 1. Beekman D et al. Proceedings of the Global IAD Expert Panel. Incontinence associated dermatitis: moving prevention forward. Wounds International 2015. Available to download from www.woundsinternational.com. 2. Keryn Carville¹, 2, Gavin Leslie, Rebecca Osseiran-Moisson, Nelly Newall & Gill Lewin. The effectiveness of a twice-daily skin moisturising regimen for reducing the incidence of skin tears International Wound Journal ISSN 1742-4801; 2014; DOI: 10.1111/iwj.12326. 3. Best Practice Principles. Moving prevention forward. Proceedings from the Global IAD Expert panel. Wounds International 2015. 4. P.A. Begg et al. Non-rinse skin cleansers: the way forward in preventing incontinence related moisture lesions? Journal of Wound Care Vol 25. No 5, May 2016, France & Germany.

TENA information and education sessions provide general advice around efficient and effective continence management incorporating TENA product and the TENA systems that support it. Please ensure you follow your own facility policy and procedure guidelines and consult the appropriate medical professional where required.