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# A CLINICAL TOOL FOR CONTINENCE ASSESSMENT: THE COLLEY MODEL

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### Presented by



# LIVE G&A

### Comments

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# **Learning objectives**

- **1. Continence assessment**
- 2. Why the Colley Model was developed
- **3.** The aim of the Colley Model
- 4. How to use the model
- **5. Two examples of patient assessment**
- 6. Where to find free access to this resource
- 7. Implementation of the Colley Model





### **Continence** assessment

### What we know:

- Incontinence continues to be a prevalent condition
- Beliefs and attitudes towards incontinence continue to be varied
- Assessing bladder signs and symptoms is fundamental for health gain, dignity and quality of life





### **Continence** assessment

### **Evidence**:

- According to National Institute for Health and Care Excellence guidance (NICE, 2015), women first presenting with urinary incontinence should have a physical examination, recording of the type and duration of symptoms, and categorisation of the urinary incontinence (Okeahialam et al, 2022)
- 37.1% prevalence in older women (Batmani et al, 2021; Milsom and Gyhagen, 2019)
- Nurses feel prepared but lack knowledge (McCann et al, 2021)
- Skilled nursing care is required (Ostaszkiewicz, 2017)



### Why The Colley Model was developed







## Aim of The Colley Model

'The overall aim of the model is to assist those assessing an adult with urinary leakage to identify the underlying cause or causes of the symptoms; recognise any contributing factors and implement positive treatment or referral.'

The model has been developed as a support to those working in any care setting when carrying out an initial assessment of bladder symptoms in adults.





## Colour-coded pathway

- 2. Red flags; contributing factors and treatment
- 3. Available online plus printable A4
- 4. Further information and resources online
- **5.** Assessment form to download





# **Colour coding**

What the colours mean	Coloured box
The main assessment considerations	Blue
Suggests discussion, referral and treatment	Yellow
May indicate stress urinary incontinence	Orange
May indicate urgency urinary incontinence	Sand-coloured
May indicate overflow urinary incontinence	Green
May indicate functional urinary incontinence	Pink
Responses not specific to any one cause of incontinence	White









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

### **RED FLAGS**

### URINALYSIS

- · Haematuria in the absence of infection investigate following national guidelines.
- An untreated urinary tract infection (UTI) can cause SEPSIS.

Contributing factors may include:

Urinary tract infection (UTI)

Local bladder pathology

Side-effects of medication

Reduced mobility and an

unsympathetic environment for

Exclude urinary tract infection (UTI)

Modify low or high fluid intake and

discuss effects of caffeine on the

Refer if neurological symptoms

Consider oestrogen replacement

Improve mobility and environment

Advice on weight loss if BMI >30kg/m2

Review current medication

PEMT (men and women)

Bladder training

Disease affecting the nervous system

Fluid intake and type

Menopause

toileting

Obesity

Anxiety

bladder

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.

- · 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 your local bladder and bowel service. Visit: 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

### INCONTINENCE

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

Contributing factors may include:

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

Review current medication

- 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
- Investigate for underlying cause
- Management may include intermittent
- self-catheterisation

### discuss any concerns with www.rcn.org.uk/covid-19

### 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

- 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

OCTOBER 2020 @ WENDY COLLEY OBE, 2020

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









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Consider all of the following: stress urinary incontinence, urgency urinary incontinence underactive detrusor or urethral stricture









Symptoms most likely due to STRESS URINARY INCONTINENCE



Stress Urinary Incontinence Contributing Factors

Stress Urinary Incontinence Treatment





# Patient example: Margaret





Photograph: Monkey Business Images/Shutterstock

No

9. Symptoms so far: Patient MAY have frequency, urgency, nocturia, bedwetting, urinary tract infection (UTI), stress urinary incontinence

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10. Voiding symptoms: Straining to void, slow stream, hesitancy, intermittent stream, terminal dribble. (Exclude impacted faeces)

Yes

Discuss with health professional. May need urological, urogynaecological referral or bowel care











Mixed urinary incontinence is the complaints of both stress and urgency urinary incontinence Symptoms most likely due to URGENCY URINARY INCONTINENCE

Urgency Urinary Incontinence Contributing Factors

Urgency Urinary Incontinence Treatment

14. Symptoms so far: Patient MAY have frequency, urgency, nocturia, nocturnal, enuresis, urinary tract infection (UTI), stress urinary incontinence, also symptoms during voiding such as slow urinary stream, spraying (splitting) of stream, intermittent stream, hesitancy, straining and terminal dribble. The patient may complain of a feeling of incomplete bladder emptying (exclude faeces in the rectum by DRE)





17. Involuntary urine leakage of urine with or without urgency. Patient may complain of varying volumes lost. Leakage may be an intermittent dribble. Patient may be unaware of leakage or desire to void.







Most likely the patient has a voiding difficulty due to bladder outlet obstruction or underactive detrusor, and the symptom of OVERFLOW URINARY INCONTINENCE

Overflow Urinary Incontinence Contributing Factors

Overflow Urinary Incontinence Treatment









19. Does patient have severe learning or physical disabilities, dementia, confusion, acute illness or trauma?











Most likely due to the inability to respond appropriately to bladder signals resulting in FUNCTIONAL URINARY INCONTINENCE (disability associated urinary incontinence)



Functional Urinary Incontinence (disability associated urinary incontinence) Contributing Factors

Functional Urinary Incontinence (disability associated urinary incontinence) Treatment





# **Implementation of The Colley Model**

- Consider how to complement locally existing guidance and systems
- Speak with IT
- Launch a communication and educational programme to embed
- Be mindful of current climate





# Where to find The Colley Model

### www.continenceassessment.co.uk

- About
- Who we are
- The Colley Model
- Explanatory notes
- Resource downloads
- Useful links
- Assessment form







Batmani S, Jalali R, Mohammadi M, et al (2021) Prevalence and factors related to urinary incontinence in older adult women worldwide: a comprehensive systematic review and metaanalysis of observational studies. BMC Geriatr 21: 212 https://doi.org/10.1186/s12877-021-02135-8

McCann M, Kelly A-M, Eustace-Cook J, Howlin C, Daly L (2021) Community nurses' attitudes, knowledge and educational needs in relation to urinary continence, continence assessment and management: A systematic review. J Clin Nurs 00: 1–20. https://doi.org/10.1111/jocn.15969

Milson I, Gyhagen M (2019) The prevalence of urinary incontinence. Climacteric 22(3): 217–22

Okeahialam NA, Dworzynski K, Jacklin P, McClurg D (2022). Prevention and non-surgical management of pelvic floor dysfunction: summary of NICE guidance. BMJ 376: n3049

Ostaszkiewicz J (2017) Reframing continence care in care-dependence. Geriatric Nurs 38(6):520–6









# www.ucct-live.co.uk/certificate



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