Minimising Skin Care Problems

Irritated skin is common with urinary and, particularly, faecal incontinence. It can damage skin, putting it at risk of further irritation such as redness, rashes, infections or ulcers.

Some people are particularly at risk of developing skin problems; they include those with naturally sensitive skin or when skin is thinner as in older people. Those who are having radiation therapy to the perineum (the area between the buttocks from coccyx (tailbone) to pubic bone at the front) can also be more open to skin problems.

Keeping perineal skin in good condition can sometimes be a bit of a battle – this area is warm and moist and perhaps more difficult to clean. Skin is therefore more vulnerable to damage. People who have frequent leakage episodes can also be more likely to develop a yeast infection. The skin can feel sore or itchy and perhaps there’s a pimply rash. It’s important to seek professional help early – skin damage can be distressing, painful and slow to heal.

Here are some tips to minimise skin problems associated with incontinence:

• Change continence pads when needed, to avoid prolonged contact of skin with urine or faeces. This "burns" the skin or makes it "soggy" and prone to damage.
• Ensure that pants containing pads fit comfortably and snugly. This will avoid chafing and minimises leakage escaping and coming into contact with the skin.
• Wash skin regularly and gently after episodes of incontinence, preferably with a soap-free cleanser, or a soap alternative.
• Frequent washing can cause dryness and irritation. Moisturising creams help to keep the skin moist. Products that contain alcohol (which can cause further irritation) should be avoided.
• Always clean the skin gently and pat dry – avoid brisk rubbing or rough handling that will further irritate it.
• Generally, avoid talcum powder or barrier cream as these can interfere with pad absorbency. Sometimes a sealant cream applied sparingly to clean dry skin is a good strategy to protect it. Also available are foams, non-aerosol sprays and wet disposable wipes and some of these do not need rinsing off. However, you must still clean the skin after each incontinence episode. After drying the skin gently, cream or ointment can be re-applied before putting on a fresh product.
• If a standard daily fluid intake (1.5 to 2 litres) is appropriate for the person (check with the doctor), be aware that hotter weather and higher exercise levels can vary this general recommendation. Don’t be tempted to cut down on fluids to avoid leakages. Concentrated urine can be even more irritating to the skin, as well as possibly destabilising to the inside of the bladder. This can lead to toilet urgency and/or frequency and worsen the incontinence.

If skin irritation becomes a problem, don’t hesitate to seek expert help from a doctor or a Continence Nurse Advisor.

A thorough continence assessment by a clinician is important to have in place. An assessment aims to minimise incontinence by forming a basis for good management and treatment, including choice of the correct continence product (or mix of products). A good continence assessment for someone with medium to more severe levels of incontinence also takes into account present skin condition, its ongoing care and regular review.

We thank the Continence Foundation of Australia for assisting in producing this article. The Foundation manages the National Continence Helpline 1800 33 00 66 for the Australian Government. This free and confidential service is staffed by continence nurse advisors who answer enquiries about many aspects of bladder and bowel function.