



integrated working



**West Suffolk**  
Clinical Commissioning Group

# Continence Appliance Training

**Denise Hutchinson- Appliance Nurse  
Medicines Management Team WSCCG  
and IESCCG**

# Purpose

- Increase awareness of the various continence appliances being prescribed
- Improve understanding of the expected patterns of use and requests

# Formularies.....

- ▶ Formularies.... East and West CCG have the same continence formulary. This can be obtained via the website.
- ▶ NEECCG is slightly different but similar wherever possible.
- ▶ Reviewed yearly using a panel of experts, groups and other providers.
- ▶ Order forms to request wound care products and catheter appliances for Suffolk.
- ▶ Care homes equally can follow the formulary when requesting prescriptions wherever possible.

# Appliance nurse role

- ▶ Me and Danielle... we work both East and West.
- ▶ We attend multi disciplinary meetings to help form and cascade new updates/information
- ▶ We run training events
- ▶ Support care homes with best practice
- ▶ Liaise with the community
- ▶ Support GP surgeries with cost effective prescribing.
- ▶ We have individual project areas
- ▶ My project area in which I lead in is continence.

# Body Worn Appliances





# Pubic Pressure Urinals



- Reusable
- Replace when necessary i.e. worn  
Usually last 6 months (2 so you can clean one)
- Can require additional items i.e. sheaths

**\*\*Requires assessment  
by Urology / Conveen  
Nurse\*\***

**Referral via CCC  
03001232425 OR Urology  
WSH**

# Penile Pouches



Can be used every:  
24 – 48 hours

# Conveen - Sheaths



measuring should be done prior to prescribing

- Use: 1 every 24 hours  
\*some patients use slightly more if recommended\*
- 1 x Pack size: 30 pieces

Some patients need foam straps. One can last 3 days. Come in box of 10.

- Accessories:  
1 pack of **Barrier Wipes** / 1 can of **Adhesive remover spray** per month. However soap and water is best practice as it encourages cleaning!





# Sheath referral process currently

A patient needs an assessment for an external continence sheath. This includes a review if current treatment is not suitable

**Nursing homes:** Please contact Traci Franks directly, a referral form will need to be completed.

Traci Franks RGN

Mobile: 07920 100742

Email: [Traci.franks1@nhs.net](mailto:Traci.franks1@nhs.net)

**Housebound patients living at home/care home:** Contact Suffolk CCC and request an assessment for sheaths via the **Bladder and bowel service** on **03001232425**

All patients are then activated on the system to ensure monitoring. Please note GP's and community nurses can complete the electronic referral form on system

Referrals are passed to the nurse specialist working alongside the Bladder and Bowel Service for triaging.

[Sgpfed.bodywornsupplies@nhs.net](mailto:Sgpfed.bodywornsupplies@nhs.net)

# Intermittent Catheters - ISC



- ▶ **Use:** up to 5 single use intermittent catheters per day  
\*Can be 2/3 more for spinal patients\*
- ▶ **1 pack size:** between 25 – 30 single use ISC

**Can use up to 5 packs per month**

***If using more – see pathway***

# Compact Intermittent Catheters



- ▶ Use: when mobile / out and about so more specialist and less frequent
- ▶ May have 2 types of products on repeat not just compact

Something for when the patient is at home as well.

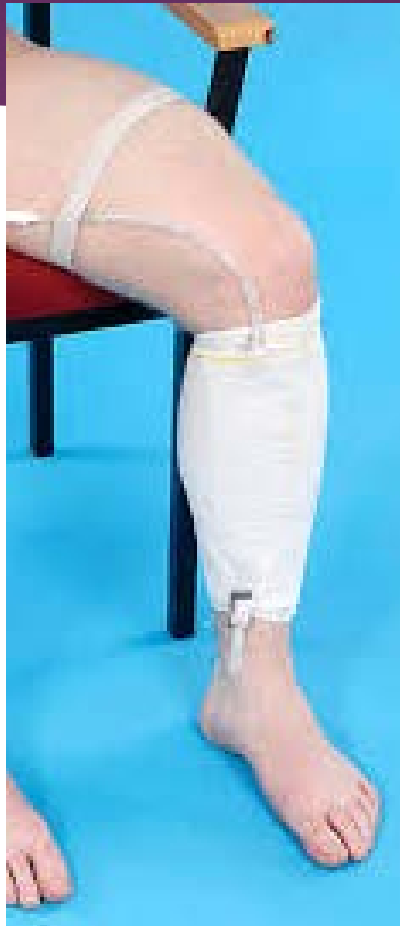
# Long Term Catheters



- ▶ **Urinary Catheter Use:**  
1 every 4-12 weeks
- ▶ **Suprapubic Catheter Use:** May be more regular. **Varied guidance**
- ▶ Issue Max 3 per request to prevent waste.
- ▶ Encourage Fluid intake



# Catheter accessories



- ▶ Bladder Wash outs  
Not repeat – unless clinically indicated\*
- ▶ Lubricating Gel  
Max x 3 per request – for use at catheter change only
- ▶ Sleeves / G-Straps  
Washable and reusable  
**Must have a G strap!**



## Catheter Management Pathway for clinicians only

### Catheter presents as Blocked or Bypassing –

Gain consent and document: Best practice is to refer to the **catheter passport** which is recommended by NHS England. Gather information on reason for catheterisation, type, size, when is the next planned catheter change and any long term conditions/contra-indications.

#### Catheter in situ- Blocked/Bypassing

#### Blocked

#### Bypassing

Leakage can occur between the urethra and the catheter causing urine to overflow around the tube

#### General information:

Consider bypassing advice initially:

#### Additional advice and tips:

- Wash around the entry site daily with water.
- Do not use oil based creams or Talc
- Reduce bladder irritants such as caffeine or sweeteners.
- Consider possible cause of the blockage e.g.: constipation, enlarged prostate, position of the catheter bags, blood and encrustation.
- Is it re-occurring? What pattern is there to the blockage? How long does the catheter last, does it need changing earlier?
- Investigate the blockage: Is there a biofilm, encrustation, deposits?
- Check if the patient has a urine infection
- Test the acidity of the urine to ensure its not alkaline
- Fit a thigh strap as per formulary

- **Is the catheter newly fitted?** Leakage can occur after changing for the first 24-48 hours. Review after this period if clinically appropriate e.g. minimal leakage/no pain .
- **Check** the tubing isn't kinked or twisted
- **Check** the leg and night bag are below the level of the bladder. But raise for the short term to see if this assists with flow.
- **Encourage** fluid intake (4 pints/24 hours)
- **Ensure** the bag doesn't need emptying.
- **Mobilise** if the patient can as this can dislodge blockages and re-position
- **When** did the patient last open their bowels? Constipation must be managed effectively.
- Fit a thigh strap

### Next Steps

#### Catheter maintenance solutions

Bladder irrigation, instillation and washouts **DO NOT** prevent catheter-associated infection. Regular use can lead to an increased risk if the sterile closed drainage system is repeatedly broken. This can lead to infection.

When considering the use of washouts/ maintenance solutions, there must be evidence of an individualised assessment and the clinical indication for use must be documented.

Small volumes are more effective than large.

A plan can be put in place to assess what kind of washout is needed and what regime. This must be documented.

Catheter maintenance solutions are not bladder washouts; they clean out the catheter, not the bladder

It is sensible to start with a regime once a week and to adapt this on the basis of its effectiveness for the patient. Urology must review after 3 months if problems persist.

#### - Fit a thigh strap



### Next Steps

#### **Reduce the size of the balloon**

If the balloon is too large then it can exert force. Some catheters come with smaller balloon sizes.

Adjusting the catheter balloon position may also assist, by moving the patient.

The balloon must not be over or under filled.

#### **Reduce the size of the Gauge**

If the catheter gauge is too large it can stretch the sensitive areas around the base of the bladder.

Adjusting the straps by using thigh ones can anchor the catheter and ensure it doesn't move as well.

#### **Change the material of the catheter**

Biofilms tend to form less easily on silicone catheters and encrustation can occur less. This also assists with managing latex allergies. The lumen tends to be larger.



### Final steps: Referral to Urology

- Medication for bladder spasms
- Botox injections under guidance from urology specialist nurses
- Is the catheter needed? Why was it inserted?\_

# Drainage Bags



- ▶ Drainable Leg Bags Use: up to 7 days

- ▶ Night Bags Use:

Single Use Bags: 1 bag per 24 hours

**(1 pack of 30 per month)**

Drainable: 1 every 5-7 days

**(1 pack of 10 every 2 months)**

- ▶ Can be used for sheaths and catheters
- ▶ **Care homes must use single use bags only for infection control**

# Points to consider



- ▶ Various tube lengths / bag size

Various levers (T tap and lever Tap)

Straps come with the bags.

Catheter Valves need weekly change.

- ▶ Stands come via DNs / DAC or complimentary not prescribed.

# Manual Bowel Irrigation Set



Use: Irrigate bowel every 1-2 days. **High cost item**

► Unit pack: 1 pump and tube set

**1 set every 3-6 month dep on use**

► Accessory pack: 15 rectal catheters and bag

**1-2 pack per month**



# Anal Irrigation

- ▶ Products are reviewed yearly and must only be initiated by an appropriate clinician.
- ▶ Finn clinic in East Suffolk or West Suffolk Stoma nurses.
- ▶ Highly specialist treatment
- ▶ Patient pathway within the formulary which was completed alongside acute trusts to ensure patients are not commenced on the systems without assessment.
- ▶ <https://www.nice.org.uk/guidance/cg49>
- ▶ <https://www.prescqiipp.info/umbraco/surface/authorisedmedia/surface/index?url=%2fmedia%2f1624%2fb171-rectal-irrigation-20.pdf>

# Dispensing Appliance Contractors

- ▶ Patients to be aware of all supply methods
- ▶ To encourage patients to request via the practice – practice to then send to the DAC
- ▶ DAC must consult with patient prior to reordering
- ▶ Any additional items must be following review by specialist – not just added. They need to consult with the GP.
- ▶ Patients have the right to choose where to send their prescription for Appliances.

# Skin care

- ▶ Skin care is an important part of our role... we educate and encourage care homes/GP's to prescribe as per best practice and review.
- ▶ Current updates.....incontinence and prescribing.

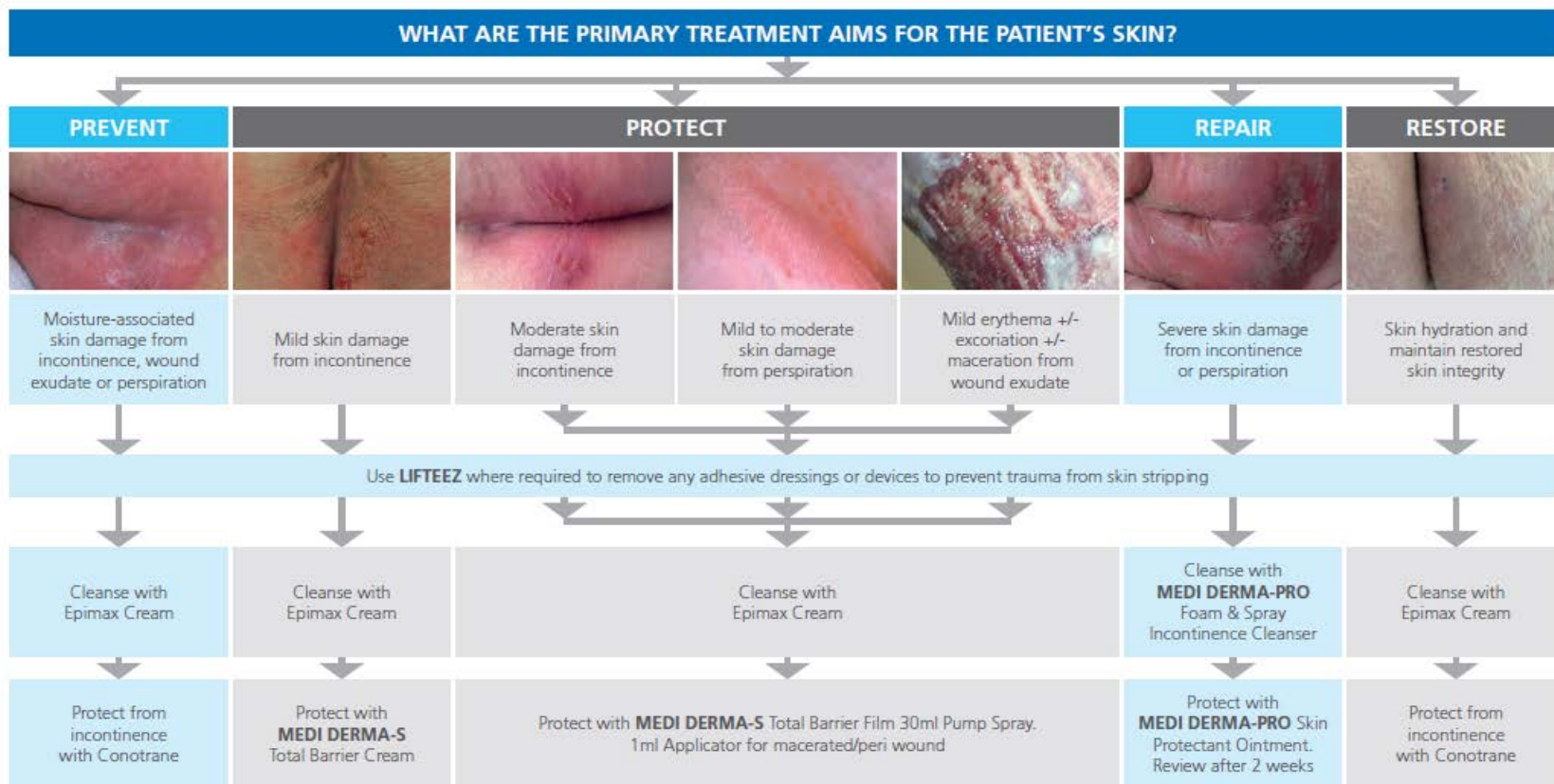
**Medi Derma S:** broken skin

**Medi Derma Pro:** badly broken skin

**Conotrane:** intact skin long term

Skin care algorithms available to guide best practice

# Skin Care Algorithm



## Guidance on the use of Tubs in Care Homes

### Introduction

All health and social care organisations are accountable for ensuring the safe management of emollients. This guidance is intended to encourage good practice in the management of products like creams and ointments, to ensure they are used appropriately. Residents should always have these medicines applied correctly, stored correctly, their application recorded and used within expiry dates.

Tubes or pump dispensers are always the preferred product in care homes, as there is less risk of contamination. However, when there is **no other alternative** and a tub must be used then this guidance **must** be followed. **It is vital to adhere to the following steps to reduce the risk of infection.**

- Wash hands before and after applying cream.
- Ensure clean disposable gloves are worn when administering creams or ointments.
- Check to ensure product is used by the expiry date.
- Always use a clean spatula for removing the cream or ointment. Do not place this back into the tub after use. Each Spatula is one use only and then must be discarded.
- Do not return any unused cream to the tub as this will contaminate the rest of the product.
- Once the seal is broken and the lid is removed for application, please replace immediately after the ointment or cream has been applied. Document the opening date on the tub.
- If further application is required, then wash hands and change gloves.
- Always apply to dry and clean skin.
- Once open discard after **one month** if using spatulas for removal.
- If more than one cream or ointment is applied you should wait 15 minutes between each application.



## **Storage**

Always store in areas which are secure and there is no risk of products being shared from resident to resident. Each tub must be specific to each patient and clearly labelled with their name. Application must be documented in the resident's notes or MARS so it is clear which part of the body needs treatment and how often. Body Maps are best practice where possible to ensure application is recorded. Store at an appropriate temperature which does not exceed manufacturer's guidance. Do not place near windows.

## **Application Guide**

Area of the Body	Weekly application (if used twice daily)	Monthly application (if used twice daily)
Hands	25-50g	100-200g
Both Arms	100-200g	400-800g
Both Legs		
Face	15-30g	60-120g
Trunk	400g	1600g
Scalp	50-100g	200g-400g

Going back into the pot ("double dipping") and not washing hands in between were identified as some of the issues that led to outbreaks of infection in some areas. If another application is needed, ensure gloves are changed, hands are washed, and a fresh spatula is chosen.

## **Useful Resources**

<https://www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-3-fire-risk-use-emollient-creams>

<https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions#tell-your-healthcare-professional>

<https://www.nhs.uk/conditions/emollients/>

# Skin Care Formualry

- ▶ Covers many areas including
- ▶ Soap substitutes and emollients
- ▶ Bath and shower preparations
- ▶ Barrier preparations
- ▶ Cavilon advanced
- ▶ Pressure Ulcer prevention Pads
- ▶ Steriod preparations
- ▶ Silk garments
- ▶ Use of tubs in care homes

# Bath and shower preparations

## 4. Emollient bath and shower preparations

**IESCCG, WSCCG and NEECCG do not support the prescribing of bath and shower preparations for any indication due to the lack of robust evidence of clinical effectiveness (NHS England).**

Bath and shower preparations are listed in the NHS England 'Items which should not routinely be prescribed in primary care'.

Soap avoidance and 'leave-on' emollient preparations can still be used for treating eczema and psoriasis. These emollients can also be used as a soap substitute. An example of this is EPIMAX® Original cream.

### Recommendations:

Do not initiate the prescribing of bath and/or shower preparations

Identify patients prescribed bath and/or shower preparations and stop all prescribing.

Switch patients with a diagnosed dry skin condition to the formulary choice of leave-on emollient, to be used as soap substitute

# Silk Garments

## Do Not Prescribe: Therapeutic Clothing or Silk Garments

**IESCCG, WSCCG and NEECCG do not support the prescribing of therapeutic clothing for any indications.**

The prescribing of therapeutic clothing is not supported due to the lack of robust evidence of clinical effectiveness (NHS England) and not recommended on the NHS.

Silk garments are listed in the NHS England 'Items which should not routinely be prescribed in primary care'.

### **Rationale**

The CLOTHEs trial funded by the National Institute for Health Research in the UK concluded 'wearing specialist silk garments did not reduce eczema severity, nor did it reduce the amount of creams and ointments used, or the number of skin infections experienced'. The overall trial concluded that using silk garments for the management of eczema is unlikely to be cost-effective for the NHS.

A variety of silk and cotton therapeutic garments are now listed in the drug tariff for the management of a variety of conditions including eczema, psoriasis, thrush and lichen sclerosis. Brands currently include DermaSilk®, DreamSkin® and Skinnies®, however this policy would also include other brands as they become available.

All CCGs have a duty to ensure limited resources are used on non-evidence-based treatments and therefore prescribing of these items cannot currently be supported until further information is available concerning benefit and place in treatment.

### **Recommendations**

- **Do not** initiate silk garments
- Identify patients prescribed silk garments and **stop all prescribing**. Recommend self-care should patients wish to continue.

# Relevant Contacts and Information

## ► Suffolk Community Services Website

<http://www.suffolkcommunityhealthcare.co.uk/> 0300 123 24 25

- Bowel and Bladder Service

## ► West Suffolk Hospital

<https://www.wsh.nhs.uk/Home.aspx> 01284 713000

- Urology Service



# Links

- ▶ <https://ipswichandeastuffolkccg.nhs.uk/GPpracticememberarea/Clinicalarea/Medicinesmanagement/CCGFormularies/Appliances.aspx>
- ▶ <https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/dressings-and-stoma/>
- ▶ MEDSMANTEAM (NHS WEST SUFFOLK CCG)  
[wscg.medsmanteam@nhs.net](mailto:wscg.medsmanteam@nhs.net)
- ▶ MEDICINESMANAGEMENT (NHS IPSWICH AND EAST SUFFOLK CCG)  
[iesccg.medsmanagement@nhs.net](mailto:iesccg.medsmanagement@nhs.net)