

Continence and skin integrity in adults

Overview and assessment essentials

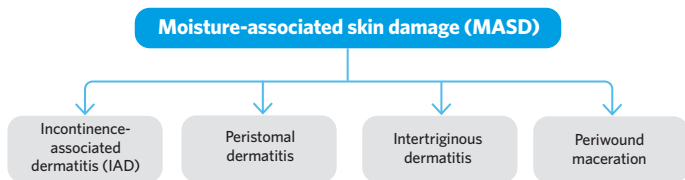
Understanding continence

Maintaining continence and healthy skin is vital to preserving dignity, wellbeing and quality of life. Incontinence is a symptom rather than a disease and should always be assessed alongside skin health. All healthcare professionals share responsibility for its prevention, assessment and management. Continence and skin integrity are closely linked, changes or challenges in one area can influence the other. Moisture-Associated Skin Damage (MASD) includes conditions such as Incontinence-Associated Dermatitis (IAD), which is painful but largely preventable with effective management.¹ Early, comprehensive assessment of both continence and skin condition supports proactive, person-centred care and helps maintain comfort, confidence and overall wellbeing.²

Assessment essentials

- Take a full bladder/bowel history and encourage use of diaries to monitor frequency, volume and leakage
- Conduct baseline and daily skin inspections, increasing frequency for those incontinent of urine or faeces
- Look for erythema, pain, or maceration (note that redness may appear purple or darker in black and brown skin tones)
- Document findings clearly and reassess regularly
- Ask open-ended “trigger” questions rather than yes/no prompts: “How often do you need to rush to the toilet?” or “Have you ever had small leaks or accidents?”

Continence and skin integrity should be assessed together. Early assessment by a trained professional enables person-centred and cost-effective care.



Management principles

Shared responsibility

All members of the multidisciplinary team share accountability for continence care. Coordination between nurses, AHPs and medical staff promotes continuity and dignity.

Cleansing and protection

- Gently cleanse after every episode of incontinence using pH-balanced, low-irritant cleansers³
- Avoid soap, antiseptics and baby wipes; use wipes formulated for incontinence
- Dry skin carefully, no vigorous rubbing
- Apply a barrier product (spray, cream or wipe) sparingly to protect at-risk areas⁴
- Avoid talcum powder and excessive use of zinc products that can trap moisture.

MYTH

Incontinence wipes are the same as baby wipes.

TRUTH

Incontinence wipes are not the same as baby wipes. They are specially designed to meet the needs of adult skin, typically offering larger dimensions, stronger materials, and formulations that help minimise skin irritation while addressing bacteria commonly linked to incontinence.

Preventing and managing IAD





Incontinence-Associated Dermatitis arises from prolonged exposure of skin to urine and/or faeces. Anyone who is incontinent is at risk, but risk is higher with double incontinence, diarrhoea and frequent episodes of urinary incontinence.

Recognising IAD

- Erythema (may appear purple-black on dark skin)
- Maceration and oedema
- Pain, itching or burning
- In chronic stages: thickening, scaling or hyperpigmentation

Assessment tool

Use the Ghent Global IAD Categorisation Tool (GLOBIAD) to assess and document severity consistently.⁵

Category 1: Persistent redness	Category 2: Skin loss
1A - Persistent redness without clinical signs of infection  <p>Critical criteria</p> <ul style="list-style-type: none">• Persistent redness A variety of tones of redness may be present. Patients with darker skin tones, the skin may be paler or darker than normal, or purple in colour. <p>Additional criteria</p> <ul style="list-style-type: none">• Marked areas or discolouration from a previous (healed) skin defect• Shiny appearance of the skin• Macerated skin• Intact vesicles and/or bullae• Skin may feel tense or swollen at palpation• Burning, tingling, itching or pain 1A	2A - Skin loss without clinical signs of infection  <p>Critical criteria</p> <ul style="list-style-type: none">• Skin loss Skin loss may present as skin erosion (may result from damaged/eroded vesicles or bullae), denudation or excoriation. The skin damage pattern may be diffuse. <p>Additional criteria</p> <ul style="list-style-type: none">• Persistent redness A variety of tones of redness may be present. Patients with darker skin tones, the skin may be paler or darker than normal, or purple in colour.• Marked areas or discolouration from a previous (healed) skin defect• Shiny appearance of the skin• Macerated skin• Intact vesicles and/or bullae• Skin may feel tense or swollen at palpation• Burning, tingling, itching or pain 2A
1B - Persistent redness with clinical signs of infection  <p>Critical criteria</p> <ul style="list-style-type: none">• Persistent redness A variety of tones of redness may be present. Patients with darker skin tones, the skin may be paler or darker than normal, or purple in colour.• Signs of infection Such as white scaling of the skin (suggesting a fungal infection) or satellite lesions (pustules surrounding the lesion, suggesting a <i>Candida albicans</i> fungal infection). <p>Additional criteria</p> <ul style="list-style-type: none">• Marked areas or discolouration from a previous (healed) skin defect• Shiny appearance of the skin• Macerated skin• Intact vesicles and/or bullae• The skin may feel tense or swollen at palpation• Burning, tingling, itching or pain 1B	2B - Skin loss with clinical signs of infection  <p>Critical criteria</p> <ul style="list-style-type: none">• Skin loss Skin loss may present as skin erosion (may result from damaged/eroded vesicles or bullae), denudation or excoriation. The skin damage pattern may be diffuse.• Signs of infection Such as white scaling of the skin (suggesting a fungal infection) or satellite lesions (pustules surrounding the lesion, suggesting a <i>Candida albicans</i> fungal infection), slough visible in the wound bed (yellow/brown/greyish), green appearance within the wound bed (suggesting a bacterial infection with <i>Pseudomonas aeruginosa</i>), excessive exudate levels, purulent exudate (pus) or a shiny appearance of the wound bed. <p>Additional criteria</p> <ul style="list-style-type: none">• Persistent redness A variety of tones of redness may be present. Patients with darker skin tones, the skin may be paler or darker than normal, or purple in colour.• Marked areas or discolouration from a previous (healed) skin defect• Shiny appearance of the skin• Macerated skin• Intact vesicles and/or bullae• Skin may feel tense or swollen at palpation• Burning, tingling, itching or pain 2B

Risk factors

Poor mobility, occlusive pads, cognitive impairment, poor nutrition, fever, antibiotics, diabetes or obesity.

The severity of IAD should be evaluated using a validated tool such as GLOBIAD at every review.

Continence aids and sustainability

Product choice must be based on individual assessment one size does not fit all.

- Continence pads are designed for rapid urine flow; menstrual or procedure pads are unsuitable
- Avoid over-reliance on pads to prevent dependency and skin damage
- Support alternatives: toileting programmes, pelvic-floor exercises, bladder training.

MYTH

Sanitary pads and maternity pads are suitable for managing incontinence issues.

TRUTH

Sanitary pads and maternity pads are unsuitable for managing incontinence because they are not designed to handle the rapid and sometimes large volumes of urine associated with bladder leaks or handling of faecal matter.

Types of absorbent products

There are several types of absorbent products available, each offering secure, comfortable protection with different fixation methods. These include examples such as male products worn with close-fitting underwear, and pull-on, wrap-around, or belted designs that combine the absorbent core, waterproof backing, and fixation system into a single product secured by elastic fits, side tabs, or an adjustable belt.

Sustainability considerations

- Correct product selection reduces waste and cost
- Consider reusable or washable products where appropriate
- Dispose of used products responsibly according to local policy.⁶

Select the least invasive, most sustainable containment method appropriate to the individual's needs.

Practical advice for practitioners

Communication and education

- Approach continence sensitively and without judgement
- Ensure privacy and adequate time for discussion
- Encourage openness, normalise the conversation to reduce stigma.

Person-centred care

- Integrate continence and skin assessments, they should not be separate processes
- Record all MASD and IAD within existing pressure-ulcer and skin-integrity frameworks
- Provide regular staff training; competence in continence care should be mandatory
- Promote mobility, hydration and balanced nutrition.

Education in continence and skin care should be a core competency for all healthcare professionals.⁷

Maintaining continence and skin integrity demands coordinated, compassionate and evidence-based care. Integration of both domains will improve outcomes, preserve dignity and enhance quality of life for adults across all care settings.



Scan the QR code to view TENA Professionals' continence care resources.

References ¹Beeckman D, Campbell J, Campbell K et al. (2015) Proceedings of the Global IAD Expert Panel: Incontinence-associated dermatitis – moving prevention forward. Wounds International. ²Beeckman D, Van den Bussche K, Alves P et al. (2018) Towards an international language for incontinence-associated dermatitis (IAD): Design and evaluation of psychometric properties of the Ghent Global IAD Categorisation Tool (GLOBIAD). Br J Dermatol 178(6): 1331–40. ³Carville K, Ousey K. (2025) Incontinence-associated dermatitis (IAD): Optimising skin barrier function – a three-step approach Made Easy. Wounds International. ⁴Graham T, Beeckman D, Kottner J et al. (2025) Skin cleansers and leave-on product interventions for preventing incontinence-associated dermatitis in adults. Cochrane Database Syst Rev 7(7): CD011627. ⁵Bladder and Bowel UK. (2024) Considering sustainability when selecting incontinence products. Available at: <https://www.bbuk.org.uk> ⁶NHS England. (2018) Excellence in Continence Care: Practical guidance for commissioners and leaders in health and social care. Available at: <https://www.england.nhs.uk> ⁷Woodward S, Williams M, Fletcher J et al. (2025) Best Practice Statement: Continence and Skin Integrity in Adults. London: Wounds UK.