

WEBINAR SERIES

# Complete Care for Aged Care

## Best practice for the management of Incontinence Associated Dermatitis



**Kerry Poole**

Nurse Continence Specialist



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**Thanks for joining us tonight.  
The webinar will start at 7pm.**

You will be muted throughout the webinar and your camera is off.

While you wait, feel free to introduce yourself in the chat box by saying where you are joining from, or place any questions in the Q&A section for answering at the end of the webinar.

# **INCONTINENCE ASSOCIATED DERMATITIS ONLINE EDUCATION**

PRESENTED BY KERRY POOLE, NURSE CONTINENCE SPECIALIST & EDUCATION OFFICER



# DISCUSSION POINTS

- Background
- Identify the function and structure of skin
- Describe how incontinence affects the skin
- Difference between pressure injuries and IAD
- Management of IAD

[HTTPS://WWW.VICNISS.ORG.AU/MEDIA/2089/IAD\\_LANDSCAPE-OCTOBER-2019.PDF](https://www.vicniss.org.au/media/2089/IAD_LANDSCAPE-OCTOBER-2019.PDF)



**GLOBIAD**  
Ghent Global IAD Categorisation Tool

**THE GHENT GLOBAL IAD  
CATEGORISATION TOOL**

Version 1.0 June 2017



 **BEST PRACTICE PRINCIPLES**

**INCONTINENCE-ASSOCIATED DERMATITIS:  
MOVING PREVENTION FORWARD**

**Addressing evidence gaps  
for best practice**

Identifying causes and risk factors for IAD

IAD and pressure ulceration

IAD assessment and severity-based categorisation

IAD prevention and management strategies

Proceedings from the Global IAD Expert Panel



# BACKGROUND

- One in four Australians aged 15 years or over are incontinent
- Almost 129,000 Residential Aged Care (RAC) residents (70.9 %) have urinary or faecal incontinence (or both).
- Economic impact of incontinence in Australia for residential aged care facilities is 7.1 billion (2011)

*Deloitte Access Economics report-The economic impact of incontinence in Australia 2011*



# Moisture-Associated Skin Damage (MASD)

- Erosion or inflammation of skin
- R/T prolonged exposure to moisture
- Other likely contributing factors: friction, chemical irritants and microorganisms
- Several types: periwound, peristomal, intertriginous and **incontinence associated dermatitis**

# INCONTINENCE ASSOCIATED DERMATITIS

- Damage to the skin due to exposure from urine and/or faeces





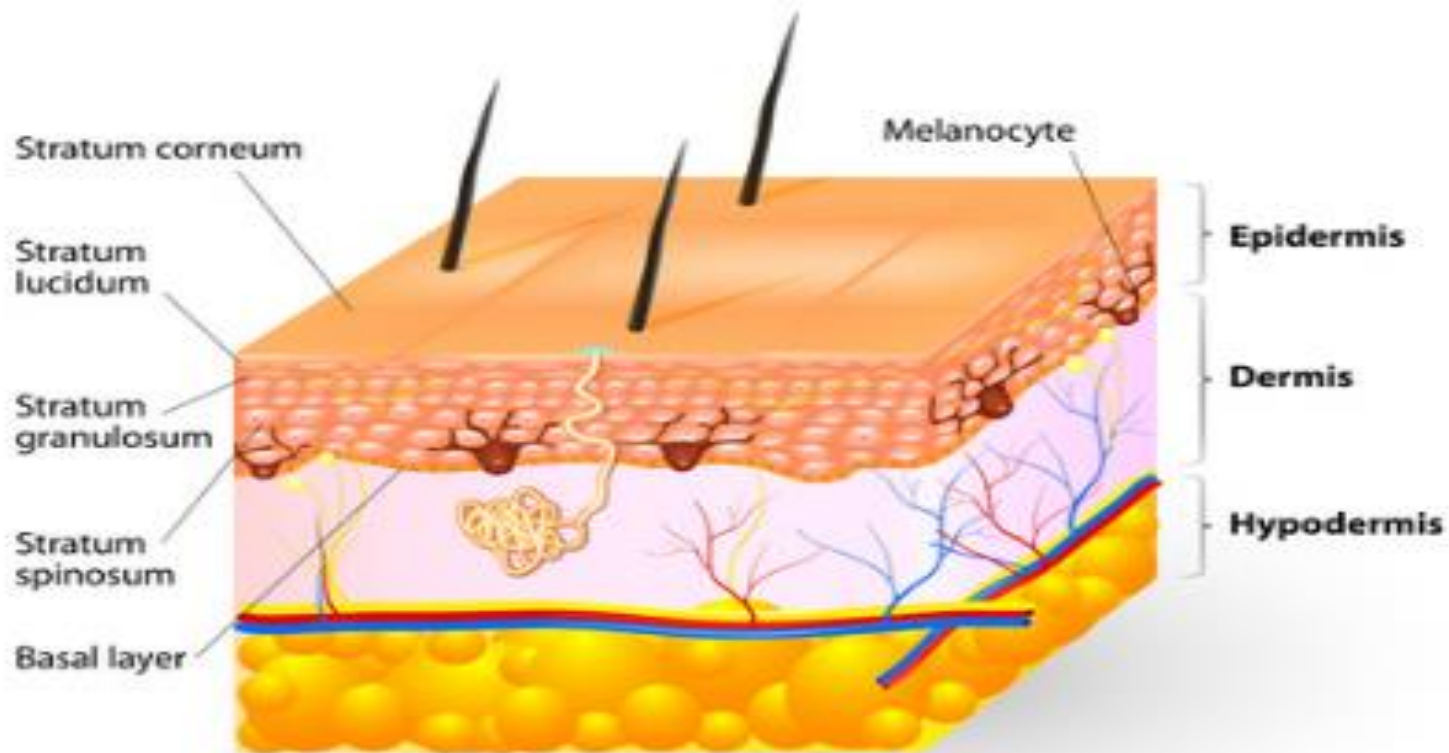
# SKIN FUNCTIONS



- Physical barrier (intact) against physical injury and chemical substances
- Hydration regulation
- Temperature regulation
- Sensation detection e.g. touch
- Can absorb substances such as medication e.g. analgesic patch



# STRUCTURE OF THE SKIN

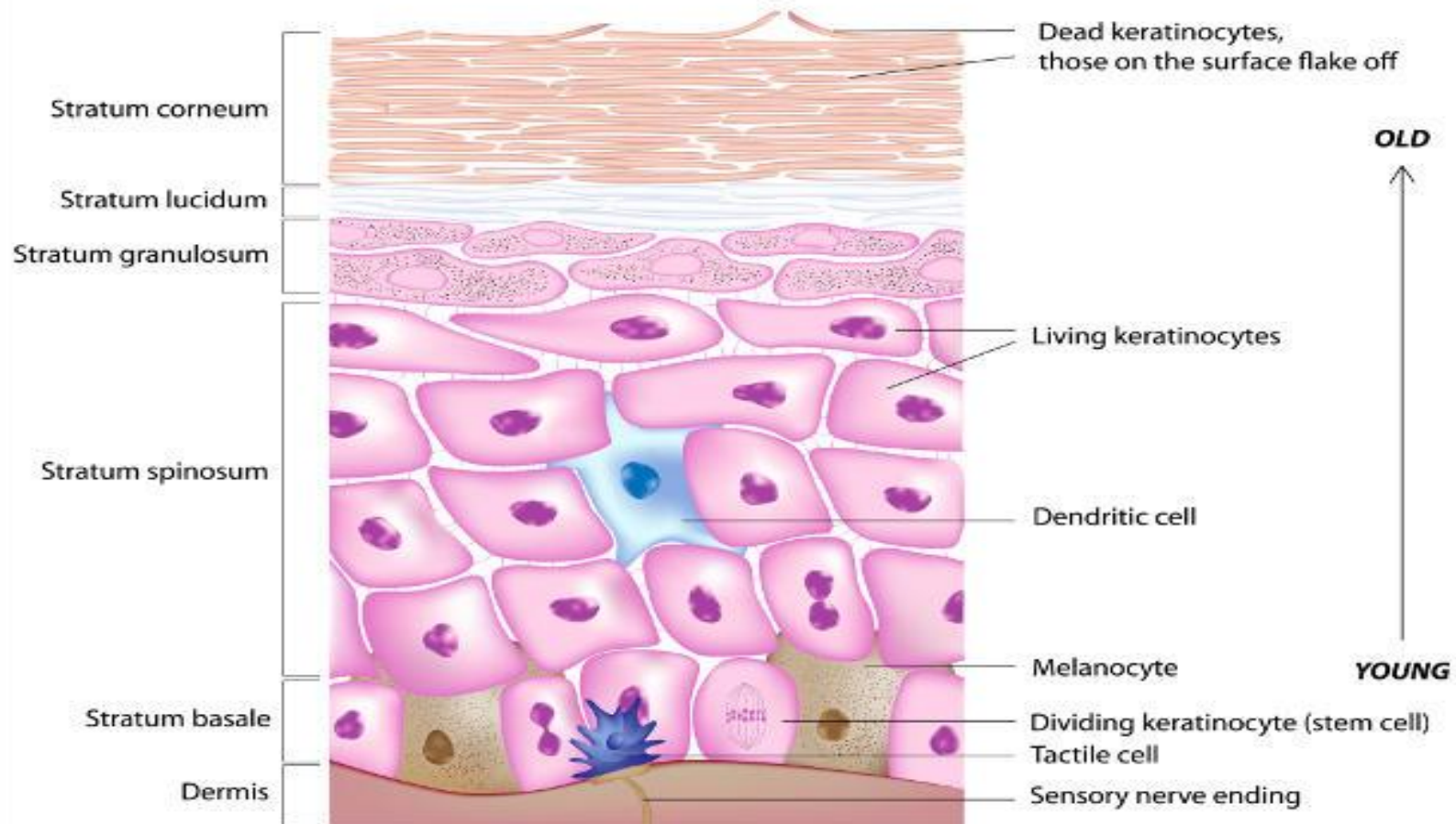


# SKIN FACTS WITH AGEING

- ↓ turnover and replacement of epidermal skin cells
- ↓ production of protective oils
- 20 % ↓ in dermal thickness in elderly people
- Thinning subcutaneous fat layer



# Structure of the Epidermis



# IAD CATEGORIES

- **1A** - persistent redness without clinical signs of infection
- **1B** - persistent redness with clinical signs of infection
- **2A** - Skin loss without clinical signs of infection
- **2B** - Skin loss with clinical signs of infection

Marita Ticchi (RWV), Mary Smith (GRICG), Monika Samolyk (RWV), Assoc/Professor Noleen Bennett \* (VICNISS NCAS), Dr. Jill Campbell (QUT), Assoc/Professor Leon Worth (VICNISS), Sue Atkins (GRICG), Donna Nair (Barwon Health), Lesley Stewart (RWV),

\* corresponding author email address [vicniss@mh.org.au](mailto:vicniss@mh.org.au)

# CHARACTERISTICS: Pressure Injury Vs IAD

## PRESSURE INJURY



- Localised redness
- Well defined edges
- No Blanching
- Bottom up injury
- Painful



IAD

- Incontinent
- Poorly defined edges
- Can occur in skin folds
- May feel warmer/ firmer
- Top down injury
- Pain/burning/tingling/itching

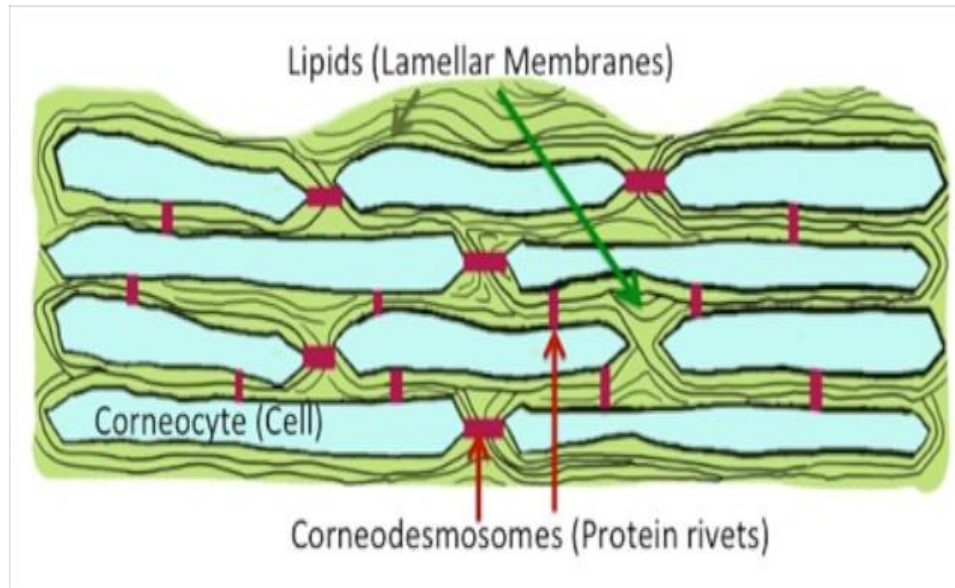
# INCONTINENCE ASSOCIATED DERMATITIS



Incontinence associated dermatitis in dark skin patients is difficult to identify, it has the appearance of deep dark discoloration.

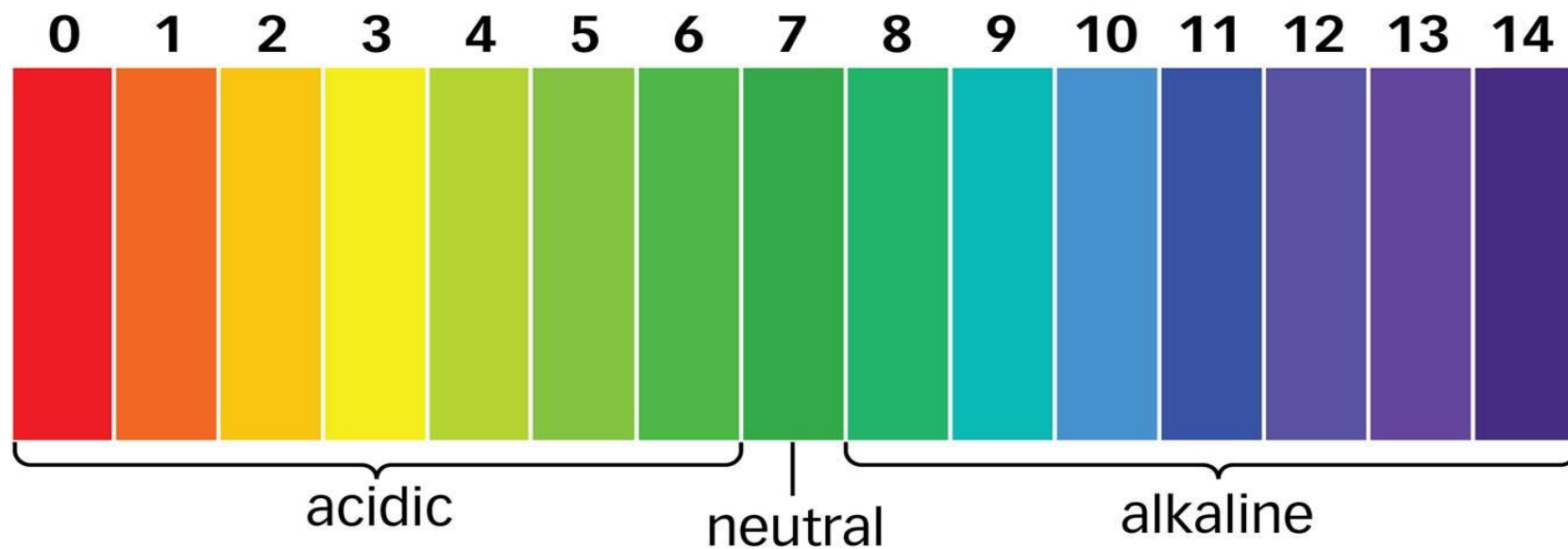


# STRATUM CORNEUM





# PH SCALE



# IAD PREVENTION



- Identify those with incontinence
- Nurse Continence Specialist assessment
- Identify contributing risk factors
- Good management of incontinence

# IAD MANAGEMENT

1. Cleanse

2. Protect

3. Restore



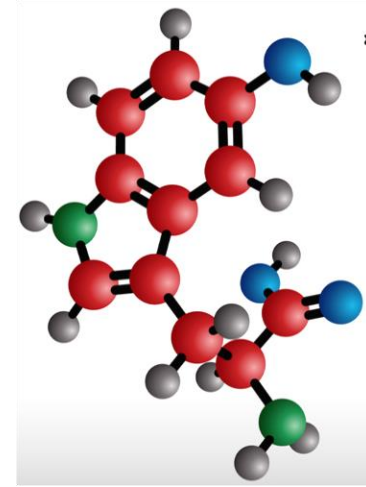
# IAD MANAGEMENT: **CLEANSERS** (1)

- Cleansers: many formulations e.g., foams, liquid, lotions, impregnated cloths
- Dual/ multi functions : i.e., cleanse and protect or moisturize



# IAD MANAGEMENT:

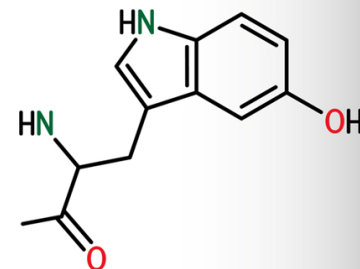
## CLEANSERS (1)



- **Non-ionic** surfactants: Polyethylene glycol (PEG), Alkyl-polyglycoside (APG), polysorbates, Octoxynols
- **Amphoteric** surfactants: Cocamido propyl betaine
- **Anionic** surfactants : Sodium lauryl sulfate (SLS), Sodium laureth sulfate, Sodium sulphosuccinate, Sodium stearate

## IAD MANAGEMENT: **PROTECTANTS** (2)

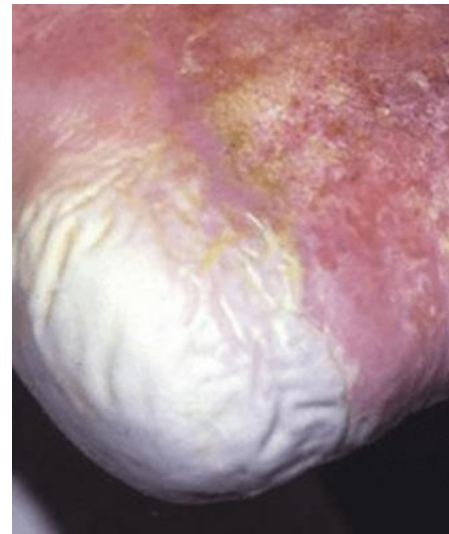
- Apply as per manufacturers instructions
- Ensure compatibility with other products being used
- Apply to all skin affected and potentially affected
- **Acrylate terpolymer** film e.g. Secura no sting spray, Cavilon No Sting barrier



# IAD MANAGEMENT: **RESTORE** (3)

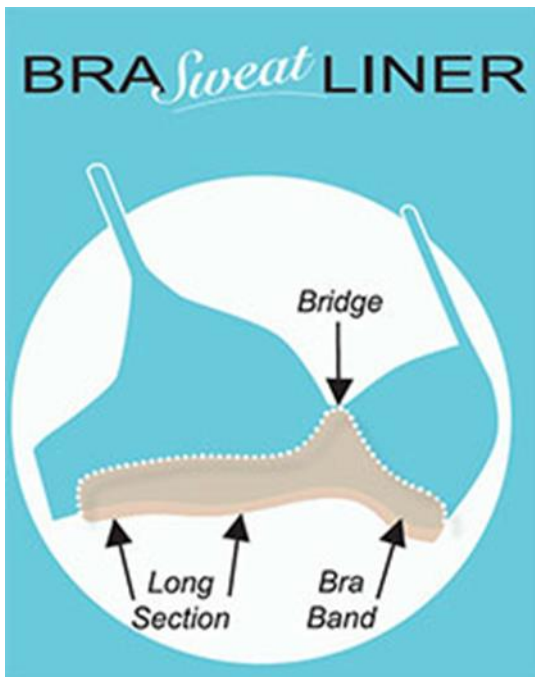
- Application of another product MAY be of benefit
- Often known as a moisturiser
- May contain many different ingredients including emollients and humectants

<https://www.woundsource.com/patientcondition/moisture-associated-skin-damage-masd>





# MASD



# RESOURCES & REFERENCES

- <https://www.woundsinternational.com/resources/details/incontinence-associated-dermatitis-moving-prevention-forward>
- <https://www1.racgp.org.au/ajgp/2018/january-february/management-of-faecal-incontinence>
- [https://images.skintghent.be/20184916028778\\_globiadenglish.pdf](https://images.skintghent.be/20184916028778_globiadenglish.pdf)
- Bliss DZ, Zehrer C, Savik K, Smith G, Hedblom E. An economic evaluation of four skin damage prevention regimens in nursing home residents with incontinence: Economics of skin damage prevention. J Wound Ostomy Continence Nurse 2007;34(2):143–52.
- <https://www.continence.org.au/>
- <https://www.woundsource.com/patientcondition/moisture-associated-skin-damage-masd> (2019)
- Marita Ticchi (RWV), Mary Smith (GRICG), Monika Samolyk (RWV), Assoc/Professor Noleen Bennett \* (VICNISS, NCAS), Dr. Jill Campbell (QUT), Assoc/Professor Leon Worth (VICNISS), Sue Atkins (GRICG), Donna Nair (Barwon Health), Lesley Stewart (RWV), (2019)

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