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NHS Lothian
Bladder and Bowel Nursing Team

Guidance on use of BASICS

Best Practice Guidelines

NHS Lothian policy for assessment of bladder dysfunction is based on the following clinical guidelines:

- NICE (2010) Lower urinary tract symptoms in men: management
- NICE (2012) Urinary incontinence in neurological disease: assessment and management
- NICE (2013) Urinary incontinence in women: management

All patients with a new or worsening bladder dysfunction should have a full assessment completed with diagnosis of type of dysfunction made and conservative treatment commenced..

The BASICS are the fundamentals of assessment.

A full assessment should include:

Ruling out red flags for urological cancer:

- **Frank or microscopic haematuria**
- **Microscopic haematuria with persistent lower urinary tract symptoms**
- **Bladder pain**
- **Recurrent UTIs**
- **Voiding dysfunction**
- **Retention**

Urgent referral to secondary care should be made if patient has red flag symptoms.

And consideration of:

- **Impact on quality of life**
- **Impact on discharge planning**
- **Functional needs**
- **Medication review**
- **Cognitive/emotional factors**
- **Toilet access/carer availability**
- **Communication difficulties**
- **Skin condition**
- **Relevant lifestyle factors impacting on bladder health such as obesity and smoking**

The aim of assessment is to:

- **Diagnose type of dysfunction**
- **Establish cause**
- **Commence treatment/management plan**

Bladder Diary

Patients/carers should complete a 3 day bladder diary.

Look at:

- **Fluid intake and type – is the individual drinking adequate fluids?**
  What type of fluids are they drinking?
  Does it appear to be affecting their bladder function? **Advise recommended fluid intake and reduction in bladder irritants such as caffeinated drinks, fizzy drinks, etc.**
- **Number of voids per day – too many or not frequent enough?**
- **Number of voids per night – is nocturia present?**
- **Volumes voided**
  Largest amount voided – what is the maximum bladder capacity?
  Smallest amount voided – is the individual going "just in case"?
- **Fluid balance – reason for any imbalance?**
- **Incontinent episodes – small or large amounts?**
  How often does it occur?
  Is there a pattern, e.g. in the morning after taking diuretic medication?

A Physical Examination

Medical staff should undertake a general physical examination that includes an external genitalia examination and a vaginal or rectal examination, if clinically indicated, in all patients with bladder dysfunction.

Females should be checked for atrophy and prolapse. Atrophy can contribute to urgency and frequency. Prolapse could be a cause of retention and voiding difficulties.

Males should have a prostate examination. An enlarged prostate can cause urgency, frequency, retention and overflow incontinence. Medication should be prescribed as per Lothian Joint Formulary.

Symptom Profile

Diagnosis of type of dysfunction is vital and can easily be done by asking patients the questions in the symptom profile within the assessment tool. The cause should be worked out and a treatment plan implemented for the type of bladder dysfunction identified – see bladder dysfunction guidelines. If patient is not suitable for a treatment plan, or the treatment plan fails then a management plan must be commenced. Management plan may be toileting schedule, use of incontinence aids, etc.

Diagnose:
Incontinence – stress, urge, functional or overflow
Dysfunction – overactive bladder (frequency and urgency), incomplete bladder emptying/voiding difficulties

Infection

Rule it out.

Urinary tract infection can cause bladder dysfunction including incontinence, urgency, frequency and retention. If urine dipstick test is positive for leucocytes and nitrites, sending a midstream urine (MSU) is the preferred choice, but a clean catch urine (CCU) is a suitable alternative.

NB In patients over 65 years with bladder dysfunction a MSU/CCU should always be sent. Infection should not be diagnosed based on urine dipstick results in over 65 year olds (SIGN 2012).

Ensure correct sampling technique (see NHS Lothian Procedures for collecting MSU/CCU) and follow up results. Mixed organisms means that the sample was contaminated – send another sample.

Constipation

Rule it out and treat if present. Constipation can cause urinary urgency, frequency, voiding difficulties, retention and incontinence. Patients should commence a bowel diary for at least 2 weeks and constipation should be treated as per NHS Lothian Constipation Guidelines. Many bladder problems resolve or improve once constipation is treated.

Scan

Post void residual scan using bladder scanner.

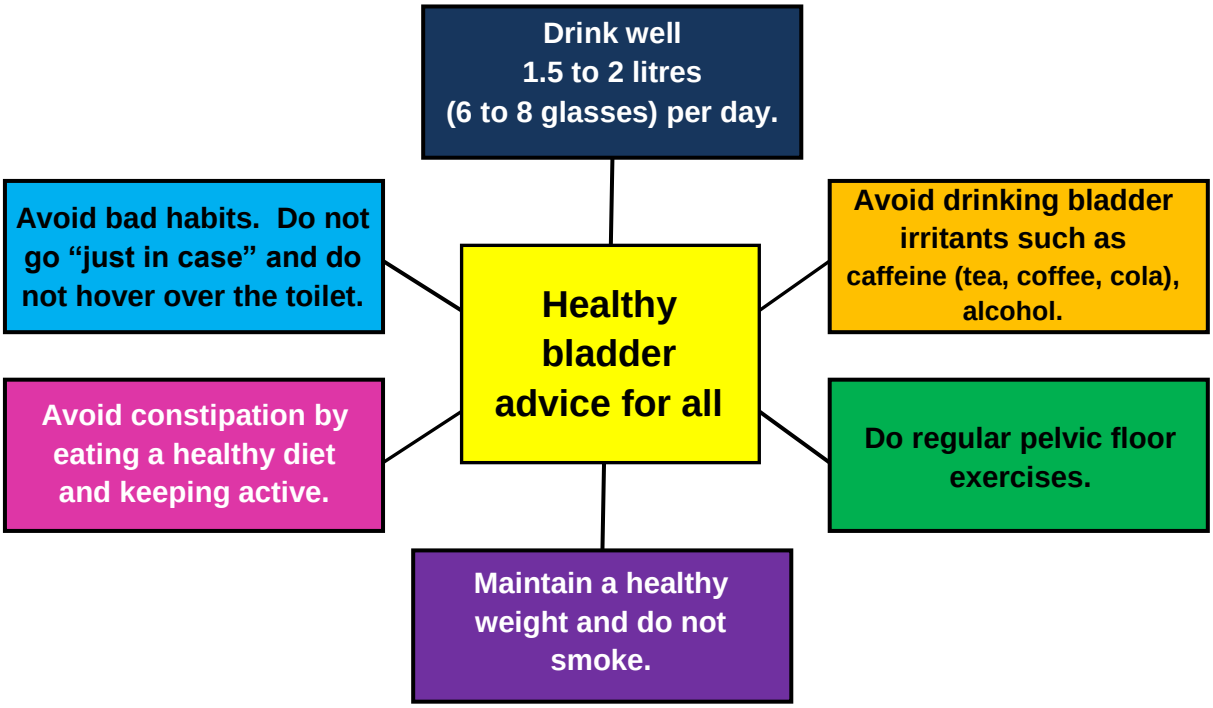
Vital if symptom profile shows urge incontinence, overflow incontinence, incomplete bladder emptying.

If scan shows a significant residual – why are they retaining?

Rule out constipation and infection as a cause. Men should have prostate examination.

If cause unknown – red flag – refer to secondary care.

See NHS Lothian Bladder Scanning Guidelines.


Drink well
1.5 to 2 litres
(6 to 8 glasses) per day.
Avoid bad habits. Do not go "just in case" and do not hover over the toilet.
Healthy bladder advice for all
Avoid drinking bladder irritants such as caffeine (tea, coffee, cola), alcohol.
Avoid constipation by eating a healthy diet and keeping active.
Do regular pelvic floor exercises.
Maintain a healthy weight and do not smoke.