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CC10-03 Lluís 1- Cancer 0

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1. What caused the problem you experienced by ensuring continence in this patient?

Lluís was a patient who underwent a radical prostatectomy due to a cancer of prostate that presented a severe incontinence after withdrawing the vesical catheter. The patient, he is only 47 years, attends at the service of re-education of pelvic floor declaring that he does not wish to live, rejects his body image since he must use diapers and explains that he has fear to work again. He has been socially isolated during 3 months and despite having a good relationship with his couple, he refuses to maintain intimate relationships. He suffers insomnia since the sensation of humidity prevents him from sleeping more than 4 consecutive hours.

2. Which nursing intervention did you provide? Which materials did you choose to get the patient continent?

It is carried out as follows: integration of the perineum in the body schema, selective muscular control, promotion of tonic and fascic fibres, kinesiotherapy at his home, modification of the behaviour, restatement of the micturition calendar and help relationship.

3. Which materials did you choose to get the patient continent?

Final pad test and a new mictional calendar plus testing perineal were carried out. In the same way, we analyzed the impact of the activity program through the valuation of the NOC results. A survey was carried out about NOC valuation designed before and after the period of intervention. The completion

of the questionnaire was carried out through direct interview with the customer, the couple and the health professional.

4. What were the results of your intervention?

Part of the results that were obtained after the interventions are, as for urinary continence: they recognize the mictional urgency, they have adequate Time until reaches the toilet between the urgency and the evacuation from urine, urination +de 150 every time, capable of starting and interrupting the jet of urine, has urine leaks when increasing the abdominal pressure (sneeze, laugh, to lift weights...)

Regarding their self-esteem: they accept their self limitations, maintain an open communication and take care of their personal hygiene.

Regarding psychosocial confrontation of problems/ adaptation they verbalize control sensation, explain decrease of stress and verbalize acceptance of the situation.

On the photos you can see some of the exercises of re-education carried out during the domiciliary sessions:

