The benefits of a lending library for female urinals

Reduced mobility, physical weakness or other disabilities can all contribute to continence problems (McIntosh, 1998). The ability to transfer from a bed or chair to a commode may be a critical factor in deciding whether patients can be discharged home or into residential care. Also, patients – particularly women – may be prescribed continence pads simply because they cannot access the toilet or commode rather than having a diagnosed bladder condition.

Benefits of female urinals Female urinals (Figs 1–6) can increase the independence of many women who find toileting difficult, such as those who:

- Need assistance to access the toilet but have no one to help them, for example during the night;
- Travel and stay away from home but have difficulty accessing toilets or rely on equipment and adaptations in their home environment;
- Have to be lifted with a hoist on to the toilet, which restricts their choices in work, education and leisure;
- Need assistance to access toilet facilities.

A suitable female urinal may alleviate some of these restrictions as it can be managed single-handedly and there is no need to lift the patient (McIntosh, 2001). A small number of urinals are available on the drug tariff, however, most have to be purchased by patients.

Assessment for a female urinal In June 2000, the Chorley and South Ribble Continence Advisory Service became the first multiprofessional continence team in the UK, employing a nurse manager, physiotherapist and occupational therapist (OT).

The OT’s role was to develop a specialist service for people with functional problems that made access to or use of the toilet difficult (Vickerman, 2001). It became apparent that many of the women referred to the service could benefit from using a female urinal.

A significant number of patients were referred after an acute hospital stay or period of rehabilitation. They had limited mobility and used walking aids or relied on carer assistance to access the toilet. Patients often experienced problems during the night when assistance was not available and some were at risk of falling if they got out of bed to use the toilet or commode. Many said they would buy a urinal if it would meet their needs. Currently, the price of urinals varies from £5 to £28.

Development of the lending library We identified that an assessment service for female urinals was required and we obtained samples of female urinals for patients to look at, handle and position. However, this assessment was limited as the patients were not allowed to urinate into the urinal. We therefore decided to set up the first female urinal lending library in the UK in October 2001, and purchased a range of urinals. Selection was based on clinical experience and a literature review (McIntosh, 2001; Medical Devices Agency, 1999) (Box 1).

A comprehensive education programme, including a series of introductory workshops for therapists and community nurses, was provided to raise awareness of this alternative and innovative aspect of the service.

Assessment process The library is managed by the OT and accepts referrals from patients, carers and other health care professionals. When a patient is referred, the OT visits her at home and completes a thorough assessment of functional ability, the home environment and support available from carers (Vickerman, 2002). If a female urinal is likely to meet the patient’s needs, the following points are included in the assessment:

- When will the urinal be used? For example, at night, when travelling, or at work or school? It is important to consider the patient’s lifestyle in the assessment;
- Is the patient able to use a female urinal? Will she need assistance? Some urinals are easier to use than others and the patient may have a psychological preference;
- What volume of urine will the urinal need to hold? These volumes are different for each patient;
- How will the patient empty the urinal? Will a drainage system have to be considered?
- Is there a carer who can assist the patient?
- Is the patient able to clean a urinal according to the

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**KEY WORDS**

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**Fig. 1** Bridge Urinal with tap

**Fig. 2** Saddle pan

**Fig. 3** Spill-Pruff
manufacturer’s instructions?
■ Is the support surface of the bed or chair suitable for using a urinal? For example, a soft chair or bed may create a backward slope that limits its capacity.
■ Is the appearance – for example, colour, shape and size – acceptable to the patient?
■ Will the patient find a urinal comfortable? Different sizes and shapes of urinal affect comfort;
■ Is the patient able to purchase the urinal?

The patient is then assessed to determine if she can position, use and remove a urinal. Assessment includes:
■ Mobility in bed or chair;
■ Ability to separate thighs (independently or with assistance) to position the urinal;
■ General body and upper limb strength;
■ Balance;
■ Arm reach (forward and side);
■ Wrist function;
■ Manual dexterity;
■ Cognitive ability.

Following assessment, the range of urinals available, and those identified as suitable, are discussed with the patient. Use of the selected urinal(s) is demonstrated to the patient and her carer. The OT helps the patient to position the urinal where it is to be used, for example, sitting in a lounge chair or sitting up in bed.

Once the patient is confident about positioning the

urinal, she keeps it for one week. A maximum of two urinals can be left for the assessment period and written instructions are provided. Patients are also given advice on successful use of the urinals, such as adaptations to clothing and underwear, surface protection, and equipment required for emptying and cleaning.

The patient is contacted by telephone 2–3 days after the assessment to discuss progress, and a contact number is left with the patient in case of any difficulties.

Evaluation of the female urinal

The patient is usually visited one week after assessment, during which use of the female urinal and any difficulties are discussed. If the patient wishes to continue using the urinal, she can keep it and a replacement is obtained for the library by either:
■ Writing to the GP to prescribe the urinal, if it is available on the drug tarriff;
■ The patient purchasing a replacement.

The OT gives the patient a proforma letter to send to the relevant manufacturer or distributor. The OT collects the replacement urinal once it is delivered to the patient.

Any used, unsuitable urinals are sent to the community equipment service to be cleaned according to the trust’s decontamination and infection control policy. They are then returned to the lending library.

Future developments

The success of the library has led to extension of the range of urinals. Discussions are under way to introduce a similar scheme in the local acute hospital, initially within the rehabilitation unit for older people. This will enable patients to incorporate the use of a urinal into their rehabilitation and discharge planning.

Conclusion

The experience of incorporating a urinal library into the multiprofessional continence service has been very effective. Many patients have become more independent in meeting their toileting needs, simply by having the opportunity to sample a range of urinals. This has enhanced their dignity and allowed them to continue to participate in all aspects of their everyday life.