Practice case study

Keywords urinary tract infection | continence | investigation

Treating recurrent urinary tract infections is not enough – their cause should be investigated

Nurses deal with new and challenging situations in their day-to-day practice. Case studies are a way of sharing these experiences and offering possible solutions.

**INTRODUCTION**

One word often makes the difference between ordinary and excellent practice. That word is ‘why’. When Angela Bridges*, aged 85, who had a history of urinary tract infection, was admitted to a nurse-led community hospital ward with a UTI, asking ‘why’ made a huge difference to her quality of life.

**PATIENT HISTORY**

Mrs Bridges attended A&E complaining of feeling unwell. She was pyrexial, had a UTI and was not considered well enough to return home. She was prescribed antibiotic therapy and admitted to a community hospital bed.

On examination, Mrs Bridges was wearing an incontinence pad. She explained that she had been incontinent of urine for a few years and obtained pads from the district nurses.

She was also tender suprapubically, was dripping urine and her groins were excoriated. She complained of pain in her abdomen along the transverse colon. A rectal examination revealed a rectum loaded with stool.

Mrs Bridges’ condition raised a number of questions. Why was she so constipated? Why was she leaking urine? Why had she developed a UTI?

**Causes of constipation**

Constipation can occur because of poor diet, inadequate fluid intake, poor bowel habits and medication.

Mrs Bridges had been taking oxybutynin, for incontinence thought to be related to detrusor hyper-reflexia. This belongs to a group of medicines known as anticholinergics or antimuscarinics.

These drugs act by damping down bladder contractions and increasing the capacity of the bladder. They are used to treat detrusor hyper-reflexia (overactive bladder), urgency and urge incontinence. Oxybutynin and tolterodine are the most commonly used.

**OUTCOME**

Mrs Bridges began to feel better. Her bladder function improved and she was able to use the commode, passing around 300ml each time.

We offered therapy to enable her to regain mobility and this improved her bowel and bladder function. While Mrs Bridges still experienced some episodes of incontinence she was no longer constantly dripping urine. Her excoriated groins were treated with anti-fungal cream with 1% hydrocortisone and improved.

She was discharged home pain free, with mobility much improved, and experiencing incontinence only once or twice a week. Her risk of further infections was greatly reduced.

**CONCLUSION**

Mrs Bridges had been investigated and treated for incontinence related to detrusor hyper-reflexia some 15 years earlier.

Although her condition had changed and she had become incontinent, she had not benefited from a holistic view of her condition and treatment review.

Looking beneath the surface and asking why enables nurses to improve practice and the care they give to patients.

*The patient’s name has been changed.

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**Writing Case Studies**

- Have you been involved in a new treatment or therapy?
- Have you been involved in a situation that has made you think about or change your practice?

If you would like to share your experience email your suggested case study to nt@emap.com, putting ‘Case study’ in the subject box.