LESSON EIGHTEEN

Elimination and Sexuality

Introduction

Normal elimination of urine and stool are basic functions that most people take for granted. Although it is important to consider the many conditions that directly affect elimination patterns; general illness and disability can also have detrimental effects on these body functions. This can affect one's overall comfort levels and self image. Sexual health is another facet of one's well being that is influenced by multiple factors, and is often overlooked by health care professionals. For many cultures, health around elimination and sexuality are considered private and personal. Although there are sensitive and uncomfortable topics for many, it is imperative that the Registered Nurses address them, to ensure that holistic care is provided to clients, families and populations.

Lesson Outcomes

1. Describe nursing measure to prevent and manage urinary tract infections.
2. Explain the health screening strategies and management of benign prostatic hypertrophy and prostate cancer.
3. Understands how to prevent and manage constipation.
4. Discuss nursing strategies to assess and manage urinary incontinence.
5. Explores sexual health.
6. Understands the current sexual health needs of Canadian adolescents.

Required Readings


**Urinary Elimination**

It is important for the nurse to be aware that clients with urinary elimination issues may suffer emotionally from changes in body image. Most of us take for granted that the private body function of elimination will always be healthy, but unfortunately this is not the case. It is important for the nurse to determine the reasons for problems with urinary elimination, and to work with the client and family to find ways to manage them.

**Urinary Tract Infection**

The urinary tract infection (UTI) is a common infection across the lifespan, from children to the older adult. Nurses need to be aware of signs and symptoms of UTI’s, as well as prevention strategies that are appropriate for the age and gender of the client.

**Children:**

- Up to 10% of children under the age of 2 will develop a UTI
- Anatomic and physical factors contribute to the development of UTI's in children:
  - As with adult women, a short urethra provides easier access for microorganisms.
  - Incomplete bladder emptying which may result from reflux, anatomic abnormalities, dysfunction of voiding mechanism or constipation.

**Woman:**

- UTIs are more common in woman.
- Sexual intercourse may also promote bacteria from the vagina and perineum being introduced into the urethra, which can predispose a woman to a UTI.
- Pregnancy, menopause and diabetes also increase a woman’s risk of developing a UTI.

**Please read:**

**Benign Prostatic Hypertrophy and Prostate Cancer**

It is common for men to struggle silently with elimination problems, some of which can be indicative of serious disease process. An important part of the nurse's role is to promote health screening for prostate issues with all clients over the age of 40, and to provide education on how to recognize symptoms of these conditions.

*Please read:*


**Bowel Elimination**

Another common complaint of client with acute or chronic illness is disturbances in bowel elimination patterns. These range from constipation to diarrhea, with accompanying pain, flatulence, bloating, nausea and discomfort. Although generally non-life threatening, issues with bowel elimination can be extremely concerning for clients and families, who associated “regularity” with good health. If not attended to, they can lead to serious complications.

It is imperative that nurses monitor the elimination patterns of clients, with an approach that respects privacy but ensures that action is taken early if alterations are suspected. For example, if a client is to be started on a medication with a known side effect of constipation (e.g., iron, calcium, opioids), a judicious plan to monitor and ensure regular bowel movements should be initiated. This is also the case with medications such as antibiotics, which may lead to diarrhea. Clients and families should be included in any decisions regarding the issue, and reassured that this is a common occurrence.

**Constipation**

*Please read:*

Incontinence

Incontinence is an issue that can often lead to other complications, such as skin breakdown and infection. It is imperative that the nurse seek to uncover the reasons for the incontinence, and strive to minimize the potential for complications. This is a complex issue that requires advanced knowledge, for those of you who work in long term care this is an area in which you may seek out additional information beyond this course.

Potentially reversible conditions associated with Urinary Incontinence (UI):

*Delirium:* A new onset of UI may be associated with delirium due to acute underlying conditions.

*Restricted mobility:* Any acute condition that causes immobility may lead to UI, environmental manipulation and schedule toileting are appropriate interventions, combined with rehabilitative strategies.

*Retention:* May be caused by many drugs including those on the list below. Retention may also be caused by anatomic obstruction, immobility and large fecal impactions.

*Infection:* A UTI may cause urge UI.

*Inflammation:* Atrophic vaginitis and urethritis can lead to irritative voiding symptoms, including UI.

*Impaction:* Fecal impaction may lead to UI, and fecal incontinence as well.

*Polyuria:* Uncontrolled diabetes can increased urinary frequency and contribute to UI. Excess intake of caffeinated beverages may worsen symptoms. Edema from heart failure and/or venous insufficiency can cause nocturia and worsen nocturnal UI.

*Medications:* Rapid acting diuretics (urge UI); anticholinergics, alpha agonists, calcium channel blockers, narcotics (incomplete bladder emptying/retention); alpha antagonists (stress UI); alcohol (sedation, immobility, polyuria)

Please read:

Activity 1: Review

1. Is it appropriate to treat a UTI based on a culture and sensitivity report alone? Why or why not?

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2. Define “bacteriuria”.

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3. Why are women more susceptible to UTIs?

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4. What health promotion activities can be taught to clients to help prevent UTIs?

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5. Describe the signs and symptoms of BPH and prostate cancer.

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6. What laboratory tests are performed when screening for BPH and prostate cancer?

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Sexual Health

Sexuality encompasses one’s whole being and expression, and is described as a sense of femaleness and maleness. It includes biological, social, psychological, spiritual and cultural dimensions, and can be expressed through touching. Sexual health is a state of well-being that permits enjoyment and ability to respond to sexual feelings; which influences our relationships with others. Sexual health is linked to self image and self concept, which are influenced by cultural norms. It is important to consider the age and gender of the client when assessing sexual health needs. For example, the health screening needs of men and woman over 50 will vary from the adolescent. However health care practitioners should not assume that just because a person’s child bearing capabilities have diminished with the aging process that their sexual activities have also declined. Many older adults have are very sexually active and issues with intimacy related to disease process or adverse effects from medications can be very concerning for their overall well being. Ensure that communication with your clients, of all ages, is kept private, professional and respectful of their individual needs and concerns.

Male Health:

- Good nutritional status – sperm count
- Safer Sex Practices – Condoms
- Birth Control & Family Planning
- Testicular self-examination
- Rectal examinations of prostate
- PSA – Prostate Specific Antigen
- Early reporting of urinary changes

Female Health:

- Well balanced Diet – low in saturated fats, high in vegetables
- Regular exercise
- Effective stress management
- Regular breast examination/mammograms
- Regular pap tests
- HPV immunization
- Safer sex practices
- Birth Control & Family Planning
- Report pelvic infections

Please read:

Activity 2: Review

1. What are your own personal attitudes, belief and biases related to sexuality?
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2. Did you discuss sexuality as part of your nursing program or in nursing practice?
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3. How comfortable would you be if someone started to ask questions regarding your patterns of sexuality? How would you ask a client about issues affecting sexual health?
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4. Examine your own attitudes and beliefs regarding the following:
   - **Sexual Orientation** - Sexual Preferences: Heterosexual, Homosexual, Bisexual
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   - **Contraception** - Prescription (Rx), non prescription - condoms and spermicide,
surgery - tubal ligation
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5. A young pregnant female is unsure of what the course of action to take. How would you be able to present a balanced view of each of the following?

Pro-Life – preserve the fetus; provide support to the mom including adoption if she chooses

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Pro-Choice – mother should have choice in whether she proceeds with the pregnancy or not

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6. You are a school health nurse in a public school. What information is most concerning to you about the sexual health of teenagers? What information would you ensure is readily available to the teens in your school?

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Case Study: Maria Chaisson

You are a Registered Nurse who works in community care. You are assigned to care for Maria Chaisson, an 85 year old woman who is currently suffering from end-stage COPD. Mrs. Chaisson lives at home in a rural Acadian community. She is a widow with seven children, all of whom live in the area. Mrs. Chaisson has a history of smoking 1 pack per day for over 60 years; she recently stopped due to her need for home oxygen. Currently Mrs. Chaisson receives home care from a continuing care assistant daily for personal hygiene needs. She uses a wheelchair and needs one assist to transfer from bed/couch to chair. Her family have been stayed with her around-the-clock since she was started on oral Morphine two weeks ago.

Today you find Mrs. Chaisson in a miserable mood; she is resting on the couch when you arrive and when you enquire how she is doing she snaps, “Well how do you think I’m doing?” Her daughter, Alice, confides in you that although the Morphine has been helping to manage her mother’s symptoms of dyspnea, she has not had a bowel movement in four days. Her appetite is decreased and she feels nauseated. Alice also tells you that her mother is very upset as she was incontinent of urine this morning in bed, something that has never happened to her before.

1. What is your first action going to be during this visit? Describe it in detail below.

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2. Mrs. Chaisson confides in you that she is extremely upset regarding her current elimination issues. She states, “I guess I am just not eating enough bran. Do you think I should wear a diaper? I don’t want my children to have to wash the sheets more than needed. They are doing too much for me already.” How should you respond to her?

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3. What type of laxative might help to manage Mrs. Chaisson’s acute constipation? What may help to keep her bowels moving regularly?

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4. Keeping in mind that Mrs. Chaisson has end-stage COPD, what are some non-pharmacological interventions that you might discuss with her and her family, as options for her plan of care?

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