This article provides everything you need to know about incontinence including:

- Types of incontinence
- How to change a garment
- Attitudes surrounding incontinence
- Skin issues with incontinence
- Controlling odor
- Innovation
- Tax deductibility
- Modern day incontinence products
- The future of incontinence products
- Challenges shopping for incontinence products

**Types of Incontinence**

- Stress incontinence
- Urge incontinence
- Overflow incontinence
- Functional incontinence
- Mixed incontinence
- Anatomic or developmental abnormalities
- Temporary incontinence
- Bedwetting

**Stress Incontinence** - Most common type with women. People with stress incontinence involuntarily leak urine while exercising, coughing, sneezing, laughing or lifting because pressure on the bladder causes leaking. Think of a balloon which leaks air (or water) because the knot is loose.

These activities apply sudden pressure to the bladder, causing urine to leak out. Stress incontinence is the most common type of incontinence among women, and may be due to weakened pelvic muscles, weakening in the wall between the bladder and vagina, or from a change in the position of the bladder. In many cases, the condition develops as a result of pregnancy and childbirth. Other causes of stress incontinence include:

- Weakening of muscles that hold the bladder in place, or of the bladder itself
- Weakening of the urethral sphincter muscles
- In men, benign prostatic hyperplasia (a noncancerous overgrowth of the prostate gland) prostate cancer or from prostate surgery
- In women, a hormone imbalance or a decrease in estrogen following menopause, which can weaken the sphincter muscle
- Damage to the nerves controlling the bladder resulting from diseases such as diabetes, stroke, Parkinson's disease and/or multiple sclerosis, or from treatment of gynecologic or pelvic cancers with surgery, radiation or chemotherapy

**Urge Incontinence or Overactive bladder** - Most common in the elderly. Urge incontinence is the frequent, sudden urge to urinate with little control of the bladder (especially when sleeping, drinking, or listening to running water). It’s a problem with an over sensitive bladder.

Urge incontinence is also known as spastic bladder, overactive bladder or reflex incontinence. Marked by a need to urinate more than seven times daily or more than twice nightly, urge incontinence is most common in the elderly. It also may be a symptom of a urinary infection in the bladder or kidneys, or may result from injury, illness or surgery, such as:

- Stroke
- Diseases of the nervous system, such as multiple sclerosis, Alzheimer's or Parkinson's
- Tumors or cancer in the uterus, bladder or prostate
- Interstitial cystitis (inflamed bladder wall)
- Prostatitis (inflamed prostate)
- Prostate removal, cesarean section, hysterectomy, or surgery involving the lower intestine or rectum

In August 2011, Allergan Inc. won U.S. clearance to market the wrinkle smoother Botox as a treatment for urinary incontinence. The Food and Drug Administration approved the drug for people with overactive bladders who have neurologic conditions such as multiple sclerosis and spinal cord injuries. The medicine is injected into the bladder to increase its capacity by relaxing muscles.

**Overflow Incontinence** - Caused by weakened bladder muscles. Individuals with overflow incontinence can’t completely empty their bladder, causing either a constantly full bladder requiring frequent urination or a constant dribbling of urine, or both.

This type of incontinence is generally caused by weakened bladder muscles as a result of nerve damage from diabetes or other diseases. It can also result from the urethra
being blocked due to kidney or urinary stones, tumors, an enlarged prostate in men, or a birth defect.

**Functional Incontinence** - Common among elderly with certain conditions. Functional incontinence is the most common type of incontinence among elderly individuals with arthritis, Parkinson's disease or Alzheimer's disease. Frequently, these individuals are unable to control their bladder before reaching the bathroom due to limitations in moving, thinking or communicating.

**Mixed incontinence** - Some individuals have two types of incontinence simultaneously, typically stress incontinence and urge incontinence. Mixed incontinence is the most common type in women, and what causes the two forms may or may not be related.

**Anatomic or developmental abnormalities** - Incontinence is sometimes caused by a physical or neurologic abnormality. An abnormal opening between the bladder and another structure (fistula) can cause incontinence, as can a leak in the urinary system.

Some patients lose normal bladder function because of damage to part of the nervous system due to dysfunction, trauma, disease or injury. Called neurogenic bladder, the damage can cause the bladder to be underactive, in which it is unable to contract and empty completely, or overactive, contracting too quickly or frequently.

**Temporary Incontinence** - Temporary incontinence may be caused by:

- Severe constipation
- Infections in the urinary tract or vagina
- Certain medications, such as diuretics (water pills); sleeping pills or muscle relaxants; narcotics, such as morphine; antihistamines; antidepressants; antipsychotic drugs; or calcium channel blocker.

**Bedwetting** - In addition to the 7 types of incontinence above, there is bedwetting. Did you know that about 5 to 7 million children in the U.S. wet their bed or that one out of every nine kids wets the bed? Bedwetting is more common among boys than girls - about 2/3 of kids who wet the bed are boys. 72% of kids who wet the bed will outgrow it by the time they're 11 - 99% by age 15.

Bedwetting is referred to medically as enuresis ("en-you-REE-sis"). If your child hasn't been dry at night for longer than six months, that's considered primary enuresis. If your child did have dry nights and then began to wet again, that's called secondary enuresis. Most kids who wet the bed (about 80%) are dealing with primary enuresis.
There are several things that can cause bedwetting, including heredity. Some kids wet the bed simply because their bladder hasn't grown as fast as the rest of their body and everything just needs to catch up. Others might not be producing enough of an important hormone (ADH) at night. And some are going through a stage where they just sleep too soundly. The most important thing to remember is that kids don’t wet the bed because they're lazy. No one wets the bed on purpose. It's simply a condition that requires patience and understanding until a child outgrows it. Kimberly-Clark developed GoodNites® for children - they help provide a sense of normalcy and dignity.

How to Change Disposable Briefs (Adult Diapers)

Keeping skin healthy is your most important concern. This can be accomplished by checking and changing the brief frequently enough. Changes should occur about 3 to 5 times per day. Follow this rule: If in doubt, change it out. Urine and fecal matter can damage skin quickly.

Did you know? Only about 50% of adult diaper changes include the use of a wipe. This is one reason why skin health can be compromised. Urine and or fecal matter must be removed from the skin.

When treating skin, remember three words: Cleanse, Moisturize, Protect

Fit is first. If an adult diaper (brief or pull-on) does not fit well, it will leak. Sizing is the most important. Over 80% of leaks occur around the legs with most in the rear buttocks. Therefore, check to see that there is a good leg fit, without it being too snug or causing red marking. The best way is to try different sizes, styles or brands and see which works best for you. We offer samples to try before you buy

Samples to Try Before You Buy. At The CareGiver Partnership, we stock over 400 different brands, styles, sizes and absorbencies. More importantly, we offer samples on over 100 different varieties to try before you buy. For $3.49 (postage and handling), we’ll rush samples to your doorstep for your evaluation. This will help you avoid the costly mistake of buying bags of product at the store that don’t meet your needs. From a value perspective, the smaller the size, the lower the cost per piece. If you aren’t familiar with disposable incontinence products, try our free & easy Incontinence Product Finder.

Supplies to Have On Hand

- Disposable briefs, pull-on underwear, booster pads, bed pads (whatever meets your need)
- Latex gloves
- Wipes
How to Change a Disposable Brief

1. It is helpful if the person is wearing a gown with the opening in the front for easy access to the brief (like a hospital gown).

2. Before every change, put on latex gloves. This keeps you from spreading any germs.

3. Next, have some wipes ready. You can use a dry wipe with a skin cleanser or a wet wipe. You want to clean the skin of urine, powder, fecal matter, etc. Also have a moisturizer, skin protectant and powder nearby. Clean from front to back and ensuring you clean any folds or crevices.

4. Undo the tabs with the person lying on their side facing away from you. To help them onto their side (if necessary), move them gently using their hips, not legs, shoulders or arms. You could injure them.

5. Move their knees toward their chest making cleaning easier.

6. Roll the soiled brief inward as you pull it away from the skin, keeping any mess tucked inside. Place the brief and wipes in a disposal bag.

7. In order to make sure the new bed pad will be centered under the person, keep one third of the pad rolled up against their body so it is easy to pull into position once they are situated on their back again.

8. Roll them over on their other side towards you, and flatten out the bed pad. Ensure that the brief is smooth over the person's skin. Wrinkles in the bed pad or brief can lead to bed sores.

9. Fasten the tabs on the brief, smoothing out any wrinkles pulling the gown gently down in place.

10. Cover the person with blankets, making sure they are in the middle of the bed to prevent them from falling out onto the floor. Use a bedrail for peace of mind.

11. Take your disposal bag out to an outside trash can, put soiled linens in the washing machine immediately and then remove and throw away your latex gloves. It is extremely important your gloves are removed after the job is completely finished. Once you throw away your gloves, wash your hands with warm, soapy water.
**Attitudes About Incontinence**

My husband Tom was President of Kimberly-Clark’s global incontinence business (Depend® and Poise® brands) for a number of years in the 1990’s and therefore knows quite a bit about the products and how they came to be.

In the late 1970’s, Kimberly-Clark introduced the Depend brand and began demystifying and destigmatizing incontinence - bringing it out of the closet - just how they did with Kotex® in the 1920’s. Almost 25 million adult Americans experience some level of incontinence.

June Allyson, the #1 female box office star in the 1950’s, agreed to become the spokesperson for Depend and for 10 years, she told those with incontinence: “Good News! Now Depend is even better! Get back into life” on national television. From that point forward, the world changed. We traveled with June and her husband all over the U.S. and saw how often people would stop her on the street to thank her for making people aware that there were products that could help them enjoy life again. At the time, it was a major coming out.

I spend a good deal of time on forums, blogs and on the phone with our customers talking about incontinence and incontinence products. I’m also one of several Community Ambassador’s chosen by Kimberly-Clark to lead discussions on their Depend website. Since the late 1970’s, I’ve seen the attitude change from something that wasn’t discussed to one of normalcy - a sometimes normal part of aging and illness.

**Pull-On Underwear and Adjustable Underwear**

Tom Wilson, a co-founder of The CareGiver Partnership was President of the global Depend business. One day he decided that there had to be a better solution than having to wear disposable briefs for more active individuals with incontinence. Two years later, Depend pull-on underwear were introduced and a year after that, an adjustable version. Today, the pull-on style is used by more people than any other style and has allowed millions worldwide to lead a more active life.

Both the pull-on and adjustable styles are designed for on-the-go use - especially the adjustable that come prefastened, yet have tear away sides and refastenable tabs to allow you to step into them and cinch them up for a perfect fit - away from home. Let’s say you’re at your grandson’s wedding or on an all day bus tour and need to change. The adjustable type allows you to change without having to undress in a stall.

Carrying them discreetly is where men are at a disadvantage. Women have purses. But, men can have their man bag - just like European men do. It’s a really handy device to keep your keys, wallet, sun glasses and yes - a change of pull-on underwear and a portable pack of disposable wipes. We even sell some wipes that are large and
flushable. You can flush them because they’re dispersible. Sometimes those tiny little flushable wipes just won’t do the trick.

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**Treating Skin Issues**

**Diaper rash** (diaper dermatitis) is a skin problem caused by the skin staying wet, rubbing against an incontinence brief, and contact with chemicals in the urine and stool. The skin may look red, raw, scalded, or burned. While a diaper rash is uncomfortable, generally it is not a serious problem.

The skin may blister or peel in severe cases of diaper rash, leaving raw areas that may bleed or ooze fluid. A diaper rash that becomes raw, oozes fluid, or bleeds is harder to treat. Fungal or bacterial infections may be the cause of a severe diaper rash.

Sometimes a diaper rash may occur with other skin problems, such as psoriasis, atopic dermatitis, or seborrhea. The rash may be red and oozing. A crust may form, and there will often be similar patches of rash on other parts of the body.

Most diaper rashes last about 24 hours and can be treated at home. The rash clears up when the diapers are changed more often, careful washing and cleaning of the skin is done, or nonprescription ointments are put on the area.

- Wearing the right sized product to avoid leaking and chaffing
- Changing frequently so the skin stays dry
- Cleaning, moisturizing and protecting the skin at each change - don’t short change this step

**Treatment**

Treat diaper rash as soon as you notice it. The faster the treatment, the faster the cure. A "normal" diaper rash should clear up within three days with good hygienic care. If it lasts longer, see a physician to ensure that the condition is not something more serious than a simple rash. Possibilities such as a more complex bacteria or yeast infection, psoriasis, atopic dermatitis, seborrhea or an allergic reaction should be ruled out.

Change the incontinence brief every time it is wet or soiled. During the daytime, check the brief every 3 hours. You may need to change the brief during the night to prevent or clear up a rash. It is not unusual to change a brief 8 times in a 24-hour period.

Adults can use a nonprescription adult yeast medicine to treat diaper rash. Follow the instructions on the package.
• **Do not use baby powder** while a rash is present. The powder can build up in the skin creases and hold moisture. This may help bacteria grow and cause an infection.

• **Do not use corn starch as a powder.** Despite its seeming homeopathic appeal, it actually feeds yeast, making it multiply rapidly.

• If the rash is bright red and continues after three days, it is quite possible you are dealing with a yeast infection. Over the counter yeast ointments such as Lotramin are safe to apply to the affected area. Of course, seek a doctor’s advice about if you have a lingering rash.

• Keep the skin dry and make sure the skin is not in contact with urine or fecal matter.

• Apply a zinc oxide based ointment to the affected area which will act as a moisture barrier and speed healing. Use a good adult diaper rash ointment such as Aloe Vesta Antifungal Ointment, Ca-Rezz Moisture barrier cream, Elta Seal, Remedy antifungal cream or Tri-Derma protect and heal cream. **We offer over 32 different varieties.**

• Avoid use of ointments containing hydrocortisone or neomycin. A normal adult diapers rash will not be helped or healed by their use.

• Increase the persons fluid intake, particularly of water or cranberry juice. Acidic juices are not (i.e. orange). The persons urine will be less concentrated and less irritating to their skin.

• Leave the briefs off as much as possible. With more severely compromised skin where a brief may be painful to wear, try allowing the person to lay on the bed pad without wearing a brief. We have a line of **super premium bed pads** which are specifically designed for this purpose. Samples are available to try before you buy.

• Gently wash the diaper area with warm water and a soft cloth. Rinse well and dry completely.

• Do not use any soap unless the area is very soiled. Use only a mild soap if soap is needed.

• Do not use wipes that have alcohol or propylene glycol to clean the skin while a diaper rash is present. These may burn the skin and spread bacteria on the skin.

• You may use a blow-dryer set on warm setting to get the diaper area fully dry.

• When using disposable product, fold the plastic area away from the body, and do not put the brief on too tightly.

• Do not use bulky or many-layered incontinence briefs.

• Do not use plastic pants until the rash is gone.
If the diaper rash does not get better after several days, try:

- Soaking in a warm bath for 10 minutes, 3 times a day, if the skin is very raw.
- If you use a cloth product, switch to a disposable product. The cloth or the products used to clean the cloth diaper may be causing the rash.
- If you use cloth and do not want to switch to a disposable product, change detergents. Rinse cloth briefs twice when washing. Use vinegar in the final rinse at a strength of 1 fl oz (30 mL) vinegar to 1 gal (4 L) of water.

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**Controlling Odor**

First, you need to understand where the odor comes from. The odor from urine is given off when it comes into contact with oxygen and gives off ammonia.

Normal urine does not necessarily have a foul smell. Many people with bladder control problems limit the amount of fluids they drink in hopes of reducing troublesome leakage. This causes the urine to become highly concentrated - that is, very "strong."

It will become darker yellow and have a bad odor. You can prevent your urine from having an unpleasant odor by drinking six to eight glasses of water per day. Diluted, uninfected urine does not have a strong or unpleasant odor.

Infection is also a cause of foul-smelling urine. If a strong or foul-smelling odor exists, contact your physician for diagnosis and treatment of a possible urinary tract infection. If an infection goes untreated, it can sometimes damage the kidneys.

**Follow these tips:**

- Steer clear of coffee and foods like asparagus that can give off odors. Drink some cranberry juice. It naturally reduces odor.
- Keep yourself, your clothing and bed sheets clean.
- Use a disposable incontinence product with superabsorbent material. The super absorbents help trap the odor.
- Try taking vitamin C or deodorizing tablets. Check with your doctor before taking vitamin C tablets. And don’t substitute citrus fruits or juices for the tablets, as they can cause bladder irritation and odor in the urine.
- Use an air freshener that eliminates odor rather than masking it. Two examples of professional grade products are April Fresh Odor Eliminator, Hex On Sween Odor Antagonist
The best way to control odors is a combination of good hygiene and the use of commercially-prepared cleansers and deodorants.

After voiding or bowel movements, wipe from front to back with a wipe.

Clean the area at each change with a gentle cleanser - rinsing and drying thoroughly.

If the skin is dry or reddened, a moisturizing cream may be used.

For further skin protection, a protective ointment (not urine soluble) may be applied to the skin as a final step.

Keeping skin and products clean and frequently changed is the best guarantee against odor.

Always dispose of products in an airtight container. We offer special disposal bags for incontinence products. These should also be used when traveling or visiting with others.

If you have a persistent odor problem in a particular room, use a black light to illuminate all surfaces in the room. Urine will glow under black light, and once detected can be cleaned.

A good quality stainless steel pedal or step trash bin placed in the bathroom would be a good start. These can be found at WalMart, Target, etc. It should have a lid that closes securely. Line it with a trash bag before use and seal the soiled underwear in a disposable bag before tossing it into the trash.

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**Innovation**

The first two product styles introduced by Depend in the late 1970’s were briefs and button undergarments. Since the introduction of there have been a number of changes including the introduction of:

- Poly packaging (versus cardboard boxes)
- Male guard (primarily for use after prostate surgery)
- Pull-On underwear (and refastenable underwear) and finally gender specific
- Pads for women (such as Poise)

The level of innovation relative to the size and growth of the products has been very unimpressive especially when compared to other product categories including baby diapers. There is so much more that can be done to improve the current design of the products, but the manufacturers are very conservative and myopic in terms of listening to and solving consumer’s problems.
We conduct a great deal of research on disposable incontinence products with our customers (for which they are paid). If you are interested in participating in our studies, please contact us. I am confident that you will see an increasing number of changes in the products over the next several years. The well known brands today may lose their position as other companies which are willing to invest in innovation and are more cost effective, take their place.

Incontinence products need to be made more like regular underwear in terms of look and fit while reducing leakage rates by at least half from where they are now. Further, they must be made to resemble regular underwear in the way they feel, fit and look. There is a great deal of opportunity for improvement.

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**Tax Deductibility of Incontinence Products**

Purchasing disposable incontinence products is expensive. A regular user will spend $700 to $800 per year on pull-on underwear alone. If you add wipes or boost-type pads, it would be more.

Some products are reimbursed by state governments (Medicaid) and some by the Federal Government (Medicare). Reimbursement can vary by county within a state. The rules are all over the place in terms of which brand is reimbursed, the number you can get reimbursed per day, the amount that is reimbursed per product, etc. And, federal and state governments keep changing the rules. Incontinence reimbursement is a major expense for the government and one that will likely continue to be reduced over time. See IRS Publication 502 for more information.

If you regularly use disposable incontinence products to manage a health condition, you may want to learn about health savings accounts even if you have a low-deductible insurance plan. Because most insurance plans won't cover incontinence supplies, you actually may find it financially beneficial to switch to a higher-deductible plan so that you'll be eligible for a health savings account.

To be eligible for an HSA you must be under 65 years old and have a high-deductible health plan (the minimum deductible for individuals is $1,100 and for a family is $2,200) without being covered by other insurance (the exceptions are disability, dental, vision, and long-term care insurance), and you can't be enrolled in Medicare.

Health savings accounts can be used to pay for "qualified medical expenses". The bad news is that there is no definitive list of qualified medical expenses. Insurance coverage is not an indicator of whether or not an expense is covered by an HSA, as in many cases HSAs can be used to pay for medical expenses that are not covered by insurance. Specifically to incontinence, there is an IRS publication that includes a partial list of expenses considered qualified and not-qualified. While incontinence products of any
kind are not specifically listed as a qualified expense, under the list of unqualified expenses, it says the following, "You cannot include in medical expenses the amount you pay for diapers or diaper services, unless they are needed to relieve the effects of a particular disease."

If you decide to try utilizing a health savings account to pay for your incontinence supplies, be sure to keep all receipts in case of an audit. You may also want to keep a dated and signed letter from your doctor addressing your medical need for incontinence products. Because there are so many "gray" areas as to the qualifying expenses in regards to a health savings account, it would probably be wisest to speak to an accountant before choosing to open such an account.

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**Modern Day Incontinence Products**

What is the future of incontinence products? Let’s start with the past...

**The Past**

Until about 1978, disposable products for incontinence simply didn’t exist and the subject was taboo. At that time, Kimberly-Clark in Neenah, Wis., began test-marketing Depend in a few cities. Retailers weren’t enthused, and the AARP wouldn’t accept advertising in its magazine because the subject was “negative.”

**Movie Star Drives Awareness of Depend**

Kimberly-Clark asked June Allyson, who was the No. 1 female box-office star in the 1950s, if she would become their spokesperson, which she did in 1984. She was instantly recognized by consumers who needed a solution, and her message, which kicked off many television spots, was “Good news from Depend!”

Allyson touted an ongoing stream of product improvements, such as new styles, better fit, more absorbency, new poly packages and leg gathers. Her instant recognition and positive messages, supported by more than $100 million in television and magazine advertising, helped Depend become synonymous with incontinence. Millions of Americans were able to enjoy life outside the home and spend more time with family and friends because of the added confidence provided by Depend.

In my role as President of Kimberly-Clark’s incontinence business, I spent a good deal of time traveling around the United States with Allyson and her husband, attending speaking engagements and producing television spots. People would stop her on the street, thanking her for becoming the spokesperson and getting the word out to “get back into life,” which was Depends tagline back then. This made her feel like she was truly helping people. Sadly, June Allyson passed away in 2006.
Three Decades of Change

It has been 32 years since Depend was first tested. Here is what progressed during that time.

- The first product was briefs, also known as adult diapers. They were, and are, anything but “brief.” Then came undergarments with button straps.
- Different sizes of briefs were introduced.
- The outer shell was changed from plastic to a cloth-like, breathable material, reducing the rustling noise and allowing skin to breathe better.
- Product packaging changed from bulky cartons to slimmer poly bags. The packages were easier to tote also.
- The use of super-absorbent material, which replaced a lot of the “fluff,” made the products better fitting while improving absorbency.
- Guards for Men were introduced, targeted to men experiencing incontinence following prostate surgery.
- In the late 1980s, it was discovered that 20 percent of feminine care pads, such as Kotex, Always and Stayfree, were being used for incontinence. This led to the introduction of Poise by Kimberly-Clark, a successful line of pads ranging from 7.5 inches to nearly 16 inches long. Unlike pads for feminine care, incontinence pads like Poise were super-absorbent and protected three times better.
- The last major innovation was pull-on underwear, first introduced in the United States by Kimberly-Clark. One day, I was sitting in my office wearing a “brief” over my suit pants, thinking about we could do better than that and that I wouldn’t want to have to wear one of those. Within two years, Depend protective underwear were introduced and they became the #1 seller because they were more like regular underwear while offering a high level of protection.

It’s been more than 10 years since protective underwear was introduced, and no notable major innovations have occurred since. Manufacturers have made it challenging for consumers to determine the right product for them because:

- There are no naming standards for styles, and the descriptions are changed frequently. For example, undergarments are now called shields, even though there were shields that were a different product form.
- There are no standards for describing absorbency levels. One manufacturer’s most absorbent product is “extra absorbency,” while another’s is “super plus.” How does an individual decide?
- Nomenclature used to describe products is not easily understandable, especially when trying to compare brands. For example, there are ultra-thin pads, ultra-thin with wings, ultra-thin long, moderate and maximum - yet the maximum version
is not as absorbent as ultimate. This is how just one manufacturer describes its pads; another uses its own descriptions, such as moderate, heavy and overnight. How does one decide?

The Present
So what is available today?

**Pads.** From very thin liners for dribbles, to those for “sudden wetness.” Pads are smaller and less expensive than full garments. The larger pad sizes are sometimes referred to as “denial” pads, because the next step is a full disposable garment.

**Pull-on underwear.** More like regular underwear and good for urinary incontinence. Available in two absorbencies and up to four sizes.

**Adjustable underwear.** Same as the above, but with tear-away panels, making them easier to change for either a caregiver or while away from home for the wearer. Disrobing is not necessary to change this product, which is available in one absorbency and two sizes.

**Shields,** formerly "undergarments." A body undergarment held up with elastic straps that button into the undergarment or shield. Shields are open on the sides to help skin breathe and are used for urinary incontinence.

**Products for men.** Sometimes referred to as male guards or guards for men, these are designed for urinary incontinence following prostate surgery and other issues. Read "Prostate Surgery & Incontinence. The Facts." for more information.

Other products in this category include a “drip collector,” which is worn over the penis and used for occasional dribbles, and a Cunningham clamp. This is a hinged, stainless steel frame supporting two foam rubber pads and a locking device. The wearer places his penis between the two foam pads and the hinged clamp is shut, putting pressure on the urethra. Often used after prostate cancer, these reusable devices help prevent dribbling.

**Briefs** or adult diapers. A full garment providing maximum protection against urinary or bowel incontinence. Secured with readjustable tapes or Velcro tabs, there are more 100 brands, styles, absorbencies and sizes available, but not in stores where only a limited selection is available.

**Boost or booster pads.** This product is like the old “diaper doublers.” It provides added protection and longer wear time from your primary absorbent garment, thus
helping to stretch your budget. Worn with a full absorbent garment, it fills and then overflow into the primary garment.

**Underpads.** Absorbent pads with plastic backing to protect mattresses and chairs. Available in a range of sizes, some offer super-heavy absorbency to allow a person to lie in bed without wearing an absorbent garment. Often used aggravated skin needs to heal.

**Reusable products.** Similar to cloth diapers, these are better for the environment in some ways, yet require washing and use of energy. They will not keep a wearer’s skin as dry as a super-absorbent product will, which has been proven in numerous scientific studies.

**Body stocking.** This girdle-like product serves two purposes: It provides a slim fit that makes the garment less noticeable, and reduces rustling noise. These can be useful for those with Alzheimer’s and dementia, who may have trouble removing a garment without making a mess.

**Swim Pants for incontinence.** This are reusable, washable products which are worn next to the skin, under a swim suit. They are designed to contain stool from a bowel movement while at the beach or pool. They allow a fecally incontinent individual to have the confidence and dignity to spend a day at the pool or beach.

**Other Important Incontinence-Related Products**

**Wipes and washcloths.** Unfortunately, only about half of incontinence product changes in the United States include a wipe, which is effective at improving skin condition and general well-being. Users can choose from small, personal wipes that are flushable, large ones for fecal and urinary incontinence, dry wipes used with skin cleansers, and even large, flushable wipes that can be disposed of in the toilet. Sold in purse packs, tubs and economical refills, a wipe at each change is essential.

**Gloves.** Using low-cost gloves is important, especially if you're a caregiver.

**Odor control.** There is a range of products used by professionals in long-term care facilities. These are much improved over the types found in stores.

**Skin care.** When changing an incontinence product, especially a pull-on or refastenable underwear or brief, it is critical to care for the skin, or serious breakdown can occur. The routine should include a skin cleanser to remove matter, a moisturizer for comfort, and a skin protectant to provide a barrier against urine and feces.

**The Future**
What baby boomers demand now are products just like their normal underwear, not merely "underwear-like." A man or woman who has been wearing normal underwear
for 60 or 70 or more years simply does not want to wear an adult diaper, which is
demoralizing.

The ideal product will:

- **Look like normal underwear.** Colors and patterns will look more like regular men’s and women’s underwear. No matter her age, a woman might like to match her underwear to her outfit when going out. The days of “any color as long as it’s white” will soon be over.

- **Fit like normal underwear.** Wearers also want a close-to-the-body fit for better containment. Manufacturers may replace fluff with thinner fabric-like materials that contain a new class of super-absorbency. This will make the product much thinner, more flexible and less noisy.

- **Be sized to protect better.** Since the ability to absorb and protect is directly linked to the fit of the product, more sizes will be available. While there are products to fit waist sizes from 20 inches to 94 inches, most are unfortunately not available in stores.

  The manufacturers will introduce products especially designed for individuals with special needs who lack of muscle tone doesn’t allow current products to fit correctly - either the children’s or adult pull-on products.

- **Cost less and offer better value.** Future incontinence product designs will use less materials to provide the same or better protection, and will be manufactured on equipment that is more efficient than today’s.

- **Simplify product selection.** Manufacturers or the governments will establish comparative nomenclature to help consumers decide which product is right for them.

  In the 1980s, tampon manufacturers used different absorbency ranges with different descriptions. None were comparable between the different brands. One manufacturer even used the description “heavy duty” for its most absorbent tampon! Ultimately, the federal government mandated standard absorbencies and descriptions. Perhaps this is what it will take in the incontinence products category.

**Difficulty Shopping for Incontinence Products**

With all the styles, sizes, absorbencies and brands, what will work best? Many people buy what they think they need, and find out at home the fit is wrong or the absorbency isn’t sufficient, which leads to wasted money and time.
Don’t rely on help from your pharmacy; today’s pharmacists are filling twice as many prescriptions as they were just 10 years ago and often don’t have time to come out from behind the counter. And the 18-year-old stock person doesn’t have the answers, even if you could find one in a store nowadays. Another common problem is running out of products and finding your store is out of stock and being told “there might be more in tomorrow afternoon.”

Here is a resource you may find helpful: The CareGiver Partnership offers more than 500 incontinence products, ranging from the limited selection found in most stores to the hundreds used by health care professionals. Whatever you need can be delivered to your home on a schedule that you determine and that can be changed at any time.

Experience tools that help you quickly and easily find the right product, such as the Incontinence Product Finder. Browse a library of more than 1,000 caregiver resources, the largest in the world. And enjoy access to a board-certified Physician Assistant and Mayo Clinic-trained Nutritionist.

But what many customers say they really appreciate is the personal help by an all-female team of knowledgeable Product Specialists who have each been a caregiver to a loved one. Since this is their only business, they know incontinence products inside and out. Call 1-800-985-1353. Ask about a sample service that allows you to try before you buy; for $3.49, you will receive a two-count sample of your choice from more than 100 products.

Questions? Call The CareGiver Partnership at 800-985-1353 or visit them at www.caregiverpartnership.com. Email info@caregiverpartnership.com