A versatile range of leg bags for use in community patients

Laurna Underhill

It has been estimated that around 4% of patients on community caseloads have long-term indwelling catheters (Pomfret, 2000). Healthcare professionals have a responsibility to be aware of the different closed drainage systems available, so that they can offer patients choices to suit their lifestyle and preferences. Leg bags are one option, which can be customised to maximise patient comfort and dignity. This paper discusses the impact that urinary incontinence can have on patient quality of life, and one range of leg bags that has been developed to meet patients’ specific needs.

Definitions for urinary incontinence are varied (Table 1). However, whatever the reason, it has a debilitating effect on patients and impacts on their families and carers as well.

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<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Functional incontinence</td>
<td>Patients are unable to reach the toilet in time because of poor mobility or being in unfamiliar surroundings</td>
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<tr>
<td>Stress incontinence</td>
<td>Involuntary leakage of urine on effort or exertion, or when sneezing or coughing</td>
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<tr>
<td>Urge incontinence</td>
<td>Involuntary leakage of urine immediately preceded by a sudden desire to urinate that cannot be stopped</td>
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<tr>
<td>Mixed incontinence</td>
<td>Involuntary leakage of urine associated with both urgency and exertion, effort, sneezing or coughing</td>
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<tr>
<td>Overactive bladder syndrome (OBS)</td>
<td>Urgency that occurs with or without urge incontinence and usually with frequency and micturition</td>
</tr>
<tr>
<td>Overflow incontinence</td>
<td>This is usually due to chronic bladder outflow obstruction</td>
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<tr>
<td>True incontinence</td>
<td>This may be the result of a fistulous track between the vagina and ureter, or bladder, or urethra, and leads to a continuous leakage of urine</td>
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</tbody>
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Laurna Underhill, community staff nurse, Bristol Community Health CIC

Although the prevalence of urinary incontinence is hard to determine, partly due to the fact that it is an area that people are reluctant to discuss or admit, and because of the differences in its definition (Abrams et al, 2005; Scottish Intercollegiate Guidelines Network [SIGN], 2005), its occurrence is common. For example, estimates suggest that almost 3.5 million women suffer in the UK (Price and Currie, 2010). Shaw et al (2006) found that 46% of women attending a primary care clinic reported urinary incontinence over a one-month period. Its prevalence also increases with age. Forty-six percent of women and 34% of men over the age of 80 are estimated to have urinary incontinence (SIGN, 2005).

Definitions for urinary incontinence are varied (Table 1). However, whatever the reason, it has a debilitating effect on patients and impacts on their families and carers as well.

Urinary incontinence can negatively effect all activities of daily living. Patients may feel restricted in what they can do as sudden exertion might trigger an episode, or they might not be able to get to the toilet in time while at work. There is also the psychological fear of ‘smelling’, or people finding out about the condition (Rigby, 2005; Sinclair and Ramsay, 2011). All these aspects can cause distress and threaten patients’ self-esteem, and lead to their becoming depressed and feeling that life is no longer worth living (Aguilar-Navarro et al, 2012). Thus, appropriate continence care is essential to improve patient quality of life, maintain dignity and avoid complications such as catheter-associated urinary tract infection (CAUTI), skin damage, leakage and embarrassment (Nazarko, 2013).

While the use of indwelling urinary catheterisation and drainage bags should always be questioned (Department of Health [DH], 2007; Royal College of Nursing [RCN], 2008), for some patients they are unavoidable either in the short or longer term (Tew et al, 2005). Short-term catheterisation can remain in situ up to 14 days and is used for the following clinical situations:

- During surgery and for post-operative care
- To monitor urine output in acute illness
- To instil medication directly into the bladder
- To relieve acute or chronic urinary retention (Getlife and Fader, 2007).

Long-term catheterisation remains in situ for more than 14 days and can be for life, for example in patients with:
Great Bear Healthcare Ltd – Introducing Libra Conform Leg Bag

Specifically designed so the bag wraps around the calf/thigh comfortably

The chambers allow the urine to be held equally so the weight of the bag is evenly distributed making it more comfortable

Available in short or long tube ensuring the best fit for the individual

180° lever action tap is simple to use and can be connected easily to a Night Bag

Silky smooth fabric backing allows the skin to breathe and reduces skin irritation

Available in short or long tube ensuring the best fit for the individual

180° lever action tap is simple to use and can be connected easily to a Night Bag

Sample Request Coupon

<table>
<thead>
<tr>
<th>Item</th>
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<tr>
<td>conform LEG BAG 500ml Short Tube</td>
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<td>conform LEG BAG 500ml Long Tube</td>
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<tr>
<td>conform LEG BAG 750ml Short Tube</td>
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<tr>
<td>conform LEG BAG 750ml Long Tube</td>
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Please complete and return to:
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PATIENT-CENTRED CARE

It is always important to ensure that the patient is fully educated about the risks, care and management of their catheter and drainage system (Doherty, 2001; Robinson, 2006; Foxley, 2011), and that it causes minimal disruption to activities of daily living. It has been found that around 4% of patients in the community have an indwelling catheter (Pomfret, 2000), which inevitably means some adjustments to their lifestyle as they adapt and learn how to self-care. The more the patient is involved in the decision-making process, the more likely they are to concord with treatment, thus reducing the risk of complications from continence care, such as infection (Doherty, 2001).

This paper focuses on a range of leg bags that offer a great choice of sizes which are attached directly to the catheter to provide a discrete and effective closed drainage system in which the catheter, tubing and bag form a continuous circuit. As said, such systems are seen as being the cornerstone of infection control in any care setting (Foxley, 2011).

LIBRA LEG BAG

The comprehensive range of capacities of the Libra Leg Bag (Great Bear, Cardiff) (Table 2), together with its selection of tube lengths (direct inlet, short, long and adjustable,) give healthcare professionals a wider option to make an informed choice on a product that fits their patient.

Despite the comprehensive range of sizes available, the tubes can also be customised to individual patients, with the tubes on the bag being cut to size and then sent off for sterilisation by the UK-based manufacturer. Ensuring that the tubes are the correct length and fit helps to reduce the chances of backflow and trauma, thereby lessening the risk of infection (Tew et al, 2005).

The risk of needle-stick injuries is also eliminated by the needle-free sample port, making the device safer for patients to manage (Figure 1). The leg bags also feature a 180° lever action tap, making it easy to use with one hand (Figure 2). The raised ridges moulded onto the tap are helpful, as they enable patients to identify immediately if the tap is open or closed (Figure 2). This is particularly reassuring for patients with impaired vision. The tap can be swivelled for comfort and to eliminate accidental opening and leaks, which in the author’s clinical experience, instils patients with greater confidence in the product.

The back of the bags are made of a silky, smooth fabric which is comfortable against the skin, allowing it to breathe and reducing the risk of soreness and sweating. This also helps to eliminate any noise from the leg bag, which might cause embarrassment.

<table>
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<th>Table 2: Libra Leg Bag range</th>
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<tbody>
<tr>
<td>Product name</td>
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<tr>
<td>Libra Leg Bag Direct Inlet</td>
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<tr>
<td>Libra Leg Bag short tube</td>
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<tr>
<td>Lebra Leg Bag long tube</td>
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<tr>
<td>Libra Leg Bag adjustable tube</td>
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To reduce the risk of ascending infection, the bags are fitted with a non-return valve, while their ridged connector ensures a secure fit to the sheath or catheter to prevent leakage.

**Overnight link system**

If the leg bag is being used as part of an overnight link system, a silicone tube allows a secure connection to a night bag. The outlet tap of the leg bag should not be disconnected from the catheter or sheath during the night to minimise the risk of infection. Silicone type catheters also have no ‘memory’ in that they will stretch if the bag is continually removed and reattached and not remould themselves around the end of the catheter bag tubing, resulting in the leg bag slipping off the catheter.

Once securely connected, the Libra Leg Bag tap is turned to the open position to allow the overnight drainage of urine into the night bag. Great Bear have single-use night bags (GB2 and GB3) and a sterile single-use night bag (GB3S), which can be used as part of an overnight link system and disposed of after use, as well as a reusable night bag (GB4), which can be used for around 5–7 days, being rinsed in-between uses according to local protocols.

A new three-chambered leg bag, the Libra Conform Leg Bag, has also been recently introduced to the range, offering further benefits to patients.

**Libra Conform Leg Bag**

This three-chambered bag is especially designed to reduce the movement of urine, particularly for more mobile patients, and thus provide greater discretion (Figure 4). While having all the properties of the Libra Leg Bag, namely: ridged connector to fit securely with the sheath and catheter, clearly marked graduations, 180° lever action tap, non-return valve to reduce the risk of ascending infection, and silky, smooth fabric backing to promote skin care, silence and comfort, the three chambers also enable urine to be controlled, which reduces any audible noise and visual ballooning effects that can occur with more conventional Leg Bags and result in embarrassment for the patient. The chambers also shape naturally around the leg (Figure 3), and so are less visible under garments, helping to preserve patients’ self-esteem as well enabling them to continue with social activities without fear of embarrassment.

The Libra Conform Leg Bag is available in two sizes, 500ml and 750ml, with either a short or long tube.

**Figure 2**

180° lever action tap with raised ridges to help identify if the tap is open or closed.

**Figure 3**

Libra Conform Leg Bag.

**Figure 4**

Libra Conform Leg Bag, with its three-chambered design to reduce noise and visual ballooning effects.
CONCLUSION

In the author’s clinical experience, the main anxieties expressed by patients in the community who wear leg bags are:

- The reliability of the bag, its connectors and taps
- How secure and comfortable they are to wear
- Discretion provided with relation to visibility, sound and smell.

It is important that patient’s clinical and lifestyle needs are addressed and discussed with the patient when selecting leg bags. A range that offers greater choice, and can be easily obtained on prescription and tailored to each patient will help patients to manage incontinence and self-care which, in turn, will promote patient wellbeing and quality of life (Nazarko, 2013).

REFERENCES


