

DEPARTMENT OF  
NURSING

# Incontinence - Associated Dermatitis



**INCONTINENCE-ASSOCIATED DERMATITIS (IAD)** is a common skin condition experienced by people with incontinence.

Good skin care keeps your skin healthy and helps you avoid IAD and its negative consequences.



## WHAT IS INCONTINENCE-ASSOCIATED DERMATITIS?

Incontinence-associated dermatitis (IAD) is a common skin injury caused by prolonged skin contact with urine and/or faeces.

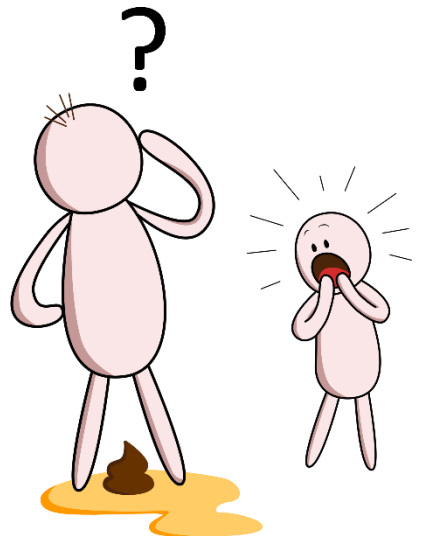
You may know it as diaper dermatitis, diaper rash, perineal rash, or perineal excoriation.

## INCONTINENCE

Incontinence happens when there is uncontrollable leakage of urine and/or faeces. It can be urinary, faecal, or both.

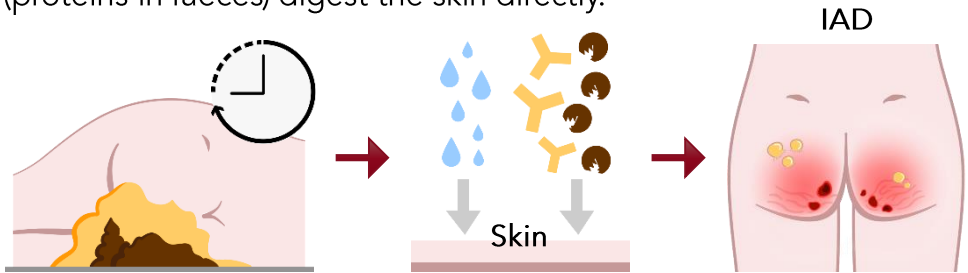
It causes your skin to be exposed to incontinence waste for a prolonged period of time.

There can be many causes of incontinence, like damage to the bladder and bowel structures or brain injury.



## CAUSES OF INCONTINENCE-ASSOCIATED DERMATITIS

After prolonged contact with incontinence waste, water and substances from urine and/or faeces enter your skin, causing it to swell and become less acidic. In addition, faecal enzymes (proteins in faeces) digest the skin directly.

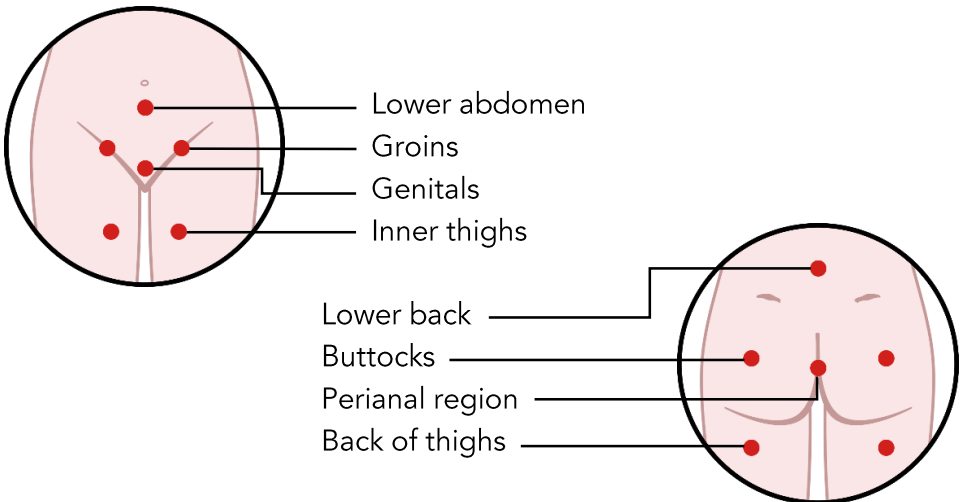


This damages your healthy skin functions and leads to IAD.

## WHERE DOES INCONTINENCE-ASSOCIATED DERMATITIS OCCUR

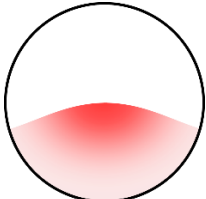
IAD can occur wherever your skin comes into contact with urine and/or faeces. It may also extend to the surrounding skin and skin folds.

These are some of the commonly-affected areas:

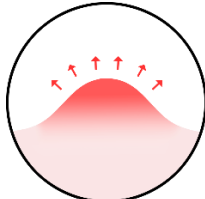


## SIGNS AND SYMPTOMS OF INCONTINENCE-ASSOCIATED DERMATITIS?

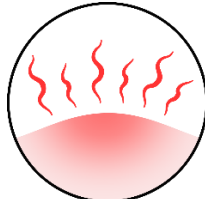
You may notice some of these at areas affected by IAD:



Redness



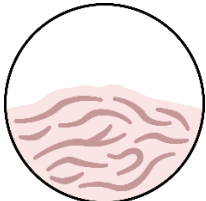
Swelling



Warmth



Discharge



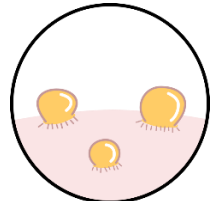
Wet and wrinkled skin



Open wounds



Pain, itching or tingling sensations



Blisters

For persons with darker skin tones, skin redness may look paler, darker, purplish or yellowish.

IAD wounds are also prone to skin infections, which may produce the following warning signs:

- ⊙ White scaly or flaky skin
- ⊙ Satellite lesions (small wound(s) near a larger wound)
- ⊙ Yellow/ brown/ greyish/ greenish discharge
- ⊙ Increase in discharge amount
- ⊙ Shiny appearance

## RISK FACTORS FOR INCONTINENCE-ASSOCIATED DERMATITIS

The following are risk factors of IAD:

- ⊙ Incontinence
  - Urinary
  - Faecal (Especially liquid faeces)
  - Both urinary and faecal
- ⊙ Frequent episodes of incontinence
- ⊙ Incorrect use of skin or incontinence products
- ⊙ Poor skin condition (E.g. due to old age, steroid use, diabetes)
- ⊙ Poor hygiene
- ⊙ Poor nutrition
- ⊙ Immobility
- ⊙ Critical illness
- ⊙ Medications (E.g. antibiotics, steroids)

## CONSEQUENCES OF INCONTINENCE-ASSOCIATED DERMATITIS

If left untreated, IAD leads to the following:

- ⊙ Pain
- ⊙ Disturbed sleep
- ⊙ Immobility
- ⊙ Skin infection
- ⊙ Development of pressure injury
- ⊙ Reduced quality of life

# HOW DO I PREVENT OR MANAGE INCONTINENCE-ASSOCIATED DERMATITIS?

You can use the same steps for both IAD prevention and management.

Use the acronym A-C-P-R-O to guide you along.  
You can discuss with your doctor or nurse to learn more.

A — Assess 

C — Cleanse 

P — Protect 

R — Restore 

O — Observe 

## 1. ASSESS (A-C-P-R-O)

Check for IAD at all skin at risk of, or in contact with urine and/or feces (E.g. genitals, groins, buttocks and nearby skin folds).

Check your skin:

- ⦿ Daily
- ⦿ When changing incontinence aids
- ⦿ When cleansing the skin

Pay extra attention in performing skin care if you notice signs and symptoms of IAD on your skin.

## 2. CLEANSE (A-C-P-R-O)

Cleanse your skin at least once per day, and after every episode of incontinence.

Cleanse your skin gently using:

- ⦿ No-rinse, pH-balanced skin cleansers, and
- ⦿ Soft, non-woven disposable wipes

Use skin cleansers that are specially formulated for incontinence cleansing. "No-rinse" reduces skin trauma from repeated washing and drying. "pH-balanced" preserves your skin's natural acidity, which is important for maintaining healthy skin.

Cleansing with regular soap often depletes skin acidity, while using water alone can cause skin swelling, worsening IAD.

Soft disposable wipes reduce skin trauma and improve hygiene.



### 3. PROTECT (A-C-P-R-O)

Apply a thin layer of skin protectant over all skin at risk of contact with urine and/or faeces after cleansing.

**Skin protectants are products which form a barrier between your skin and incontinence waste to prevent IAD. In persons with IAD, this barrier prevents further injury and allows the skin beneath it to recover.**

#### Manage Incontinence

- ⦿ This reduces your skin's contact with urine and/or faeces, lowering your risk of developing IAD.
- ⦿ Speak to your healthcare provider about relieving incontinence or reducing skin contact with incontinence waste. Some ways may include medication changes, bladder or bowel training, and the use of urinary or faecal catheters



**Man with urinary catheter**

### 4. RESTORE (A-C-P-R-O)

Apply moisturisers only as directed by your healthcare provider.

**Most skin cleansers and protectants already contain moisturisers. Extra moisturisation may not be required.**



## 5. OBSERVE (A-C-P-R-O)

Consult your healthcare provider if you observe the following:

- ⦿ No improvement in IAD after 3 to 5 days of treatment
- ⦿ Worsening of IAD (e.g. Increase in skin redness, pain, wounds)
- ⦿ Signs of infection at IAD area (See Page 4)

Your healthcare provider may adjust the course of treatment or refer you to a specialist for further follow-up.

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### REFERENCES

Beeckman D et al. Proceedings of the Global IAD Expert Panel. Incontinence-associated dermatitis: moving prevention forward. Wounds International 2015. Available to download from [www.woundsinternational.com](http://www.woundsinternational.com)

**Nurse Specialty – Wound Care  
in conjunction with Project Carer Matters**

**Contact:**  
6357 7000 (Central Hotline)



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