

Shared decision-making in continence care:

What is Shared Decision-Making?

Shared decision-making is a collaborative process where you and your healthcare professional work together to find the best care plan for you. Collaboration in continence care is a multifaceted approach that involves various stakeholders, policymakers, healthcare professionals, and the public. This approach puts your preferences, values, and lifestyle at the centre of every decision.

The Commitment to Collaboration in Continence Care (**4Cs**) multistakeholder group project aims to achieve a shared decision-making process with patient-reported outcomes at the core, addressing unmet medical needs and improving quality of life. (WFIPP.org) The 4Cs represent:

- **Collaboration:** Bringing together healthcare, industry, and patient groups.
- **Care:** Enhancing patient support, from assessment to management.
- **Education:** Emphasising soft skills alongside technical skills for better care.
- **Innovation:** Showcasing new treatments and devices for bladder/bowel issues.

Shared decision-making means that both you and your healthcare provider contribute to the conversation. Your clinician brings medical expertise and knowledge of available treatments. You bring your lived experiences, goals, and what matters most to you.

Patient-centred care for incontinence means moving beyond just "being pad happy" to a holistic approach focusing on your individual dignity, preferences, and overall well-being, involving thorough assessments, tailored care plans (not just pads/catheters), involving you in decisions, promoting independence (like bladder training), and ensuring staff are well trained to manage physical and emotional aspects, leading to better outcomes and less stigma.

What to Expect at Your Appointment

- Your clinician will undertake a holistic assessment and will discuss the following with you. You will have time to talk and express your feelings and concerns.
- **Detailed history:** Understanding your symptoms (type, frequency, triggers) using bladder/bowel diaries (fluid intake, output, urgency) over 24-72 hours. Consider also referring to the [Incontinence Reflection & Choices Worksheet](#) to support discussion and self-reflection.
- **Physical & medical factors:** Assessing your overall health, underlying conditions (e.g., diabetes, dementia), physical function, cognitive ability, and reviewing all medications.
- **Functional & environmental assessment:** Evaluating your mobility, dexterity, continence aids, toileting access, and skin integrity to identify barriers and risks (like falls, skin breakdown).
- **Psychosocial Aspects:** Considering your emotional well-being, cultural background, social support, and personal preferences for care.
- **Incontinence Type:** Your clinician will ask about your symptoms, medical history, and how incontinence affects your daily life. This will include looking at your physical, mental, and social needs.
- **Discussion:** You'll discuss possible causes, treatment options, and what each involves, including benefits, risks, and the impact on your routine.
- **Decision:** Together, you'll decide on a plan that fits your needs and comfort level, whether that's lifestyle adjustments, medication, or other treatments. This process can be supported by the NHS Shared Decision Making campaign's [Ask 3 Questions](#) resource.

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How to Prepare

Your healthcare provider is there to listen to your concerns and will help to:

- Provide information for assessment: A thorough assessment relies heavily on your input.

You can help by: Keeping a bladder and bowel diary (recording fluid intake, void times, and leakage episodes) to help identify patterns.

- Providing a full list of medications that might affect bladder/bowel function.
- Describing your daily routine, mobility, and ability to manage clothing and access to the toilet.

Why is collaboration important?

Research shows that shared decision-making can lead to better outcomes, greater satisfaction, and care that feels more personal.

It has been realised that patient-centred care can improve outcomes, quality of care, and patient satisfaction while concurrently reducing healthcare costs (**Taylor and Cahill 2018**). You are an expert in your own life, and your input can make a real difference. Effective practitioner-patient communication and robust assessment and care planning are essential for a positive outcome. (**Percival et al 2021**)

Underpinning these approaches to continence care is a commitment to building a rapport with patients, so that patients can confidently communicate their needs, which is confirmation of good continence care practice. (**Percival et al 2021**)

Always remember, good continence care starts with good communication.

Don't hesitate to speak up, ask questions, and share your preferences. There is no such thing as a silly question! For more information, support, and practical tools, we invite you to visit the Bladder and Bowel UK Hub: [Uncovering pathways in bladder and bowel continence care](#).

References

'**We tend to get pad happy**': a qualitative study of health practitioners' perspectives on the quality of continence care for older people in hospital. Percival J, Abbott K, Allain T, Bradley R, Cramp F, Donovan JL, McCabe C, Neubauer K, Redwood S, Cotterill N. *BMJ Open Qual*. 2021 Apr;10(2): e001380. doi: 10.1136/bmjopen-2021-001380

Taylor DW, Cahill JJ. From stigma to the spotlight: **A need for patient-centred incontinence care**. *Healthc Manage Forum*. 2018 Nov;31(6):261-264. doi:

10.1177/0840470418798102. Epub 2018 Sep 11. PMID: 30205713.

WFIPP World Federation for Incontinence and Pelvic Problems. <https://wfipp.org/about/wfipp/>

Further information

Find more information about bladder and bowel health in our information library at www.bbuk.org.uk. You can also contact the Bladder & Bowel UK confidential helpline (**0161 214 4591**).

For further advice on bladder and bowel problems speak to your GP or other healthcare professional. This leaflet can be freely downloaded and printed as a whole. However, no part of this document may be copied or distributed without the authors' permission.