



This is a guide only and does not replace clinical judgment

References

Beeckman D, et al. 2020. Best Practice Recommendations for Holistic Strategies to Promote and Maintain Skin Integrity: Wounds International. www.woundsinternational.com.

Beeckman D, et al. 2015. Proceedings of the Global IAD Expert Panel. Incontinence Associated Dermatitis: Moving Prevention Forward: Wounds International. www.woundsinternational.com

Fastner A, et al. Skin Assessments and Interventions for Maintaining Skin Integrity in Nursing Practice: An Umbrella Review. International Journal of Nursing Studies. 2023;143:104495-

Fletcher J, Beeckman D, Boyles A, et al. 2020. International Best Practice Recommendations: Prevention and Management of Moisture-Associated Skin Damage (MASD): Wounds International.

www.woundsinternational.com

Ousey K., O'Connor L, Doughty D., Hill R., Woo K. Incontinence-Associated Dermatitis Made Easy, London: Wounds International 2017 Vol. 8 Issue 2, www.woundsinternational.com

Whitehorn A. Evidence Summary. Incontinence Associated Dermatitis (Older Adults): Prevention and Management. The JBI EBP Database. 2023:JBI-ES-2502-5.





School of Nursing, Faculty of Health Queensland University of Technology Kelvin Grove Qld 4059 Australia E: woundresearch@qut.edu.au

This Project was previously funded by the Australian Government Department of Health and Ageing under the Encouraging Better Practice in Aged Care (EBPAC) program.

© QUT 2024

TEQSA Provider ID PRV12079 Australian University | CRICOS No.00213J

Incontinence Associated Dermatitis

Information for adults, family and carers





Incontinence-Associated Dermatitis

What is incontinenceassociated dermatitis (IAD)?

IAD refers to skin damage resulting from exposure to urine and/or faeces. The skin becomes inflamed and may break down, causing significant pain and discomfort.

How does IAD occur?

When moisture sits on the skin for long periods of time, the skin becomes overhydrated and the skin's chemical balance changes. This leads to weakened skin which can break down easily.

In addition, urine and/or faeces includes inflammatory and corrosive chemicals and microorganisms, which break down normal healthy skin and cause inflammation and erosion of the skin. There are a number of other factors which put the skin at higher risk of IAD, as listed under 'risk factors'.



Risk factors for IAD

- Incontinence or increased frequency of passing urine and/or faeces
- Skin exposed to moisture
- Skin exposed to friction, pulling or other mechanical forces
- Skin enclosed in air-tight products (unable to breathe)
- Skin exposed to harsh cleansers or washed too frequently
- Smoking
- Some medications (e.g., antibiotics, steroids)
- Skin is fragile, or in poor condition
- Physical or mental health problems (e.g. difficulty walking or moving, decreased sensory awareness)
- Illness or chronic conditions (e.g. diabetes, fever)
- Poor nutrition

How to prevent IAD

Do

- ✓ Consult health professionals on the cause of incontinence & tips on management, e.g., mobility, toileting
- ✓ Check skin daily for signs of redness, swelling, or break-down
- ✓ Cleanse the affected skin after each episode of incontinence
- ✓ Use gentle, low pH cleansers, no-rinse or with warm water & soft cloths
- ✓ Apply a thin layer of skin protectant /barrier products regularly (e.g., products with dimethicone, spray films)
- ✓ Pat gently when drying skin and applying products to avoid friction
- ✓ Use suitable incontinence aides, superabsorbent pads may help
- ✓ Ensure a healthy diet

Don't

- Do not use soap, or cleansers containing alcohol or perfumes
- Avoid too much moisturiser (to avoid skin being too moist or too softened)
- Avoid pulling or rubbing the skin. Specific dressings may reduce friction, consult health professionals