

Product brochure



CONTIPLAN⁺
3-in-1 Continence Care Cloths

Complete skin care regime to prevent and treat IAD

- ✓ Unique cream-based formulation
- ✓ Cleanses, protects and restores
- ✓ For skin affected by urinary, faecal or double incontinence

from the makers of

clinell[®]

What is IAD?

IAD is a painful skin condition that can occur due to urinary or faecal incontinence. This painful skin problem occurs when there is prolonged exposure to urine or faecal matter, which causes the skin to become irritated and inflamed, consequently breaking the skin's integrity. People who suffer from IAD have increased risk of infections and pressure injuries.¹⁻⁶

IAD can often be mistaken for a pressure injury (PI).^{1,4} A PI is an injury to the skin or underlying tissue, often in an area that has bony prominences, that is under prolonged or unrelieved pressure. PIs are also known as pressure ulcers, pressure sores or bed sores.

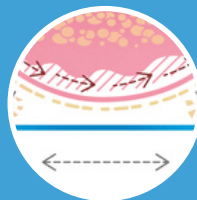
Skin pH level

Skin pH level is usually slightly acidic (5.0-5.9). This helps it to protect against bacteria, viruses and fungus.



Continuous pressure

Continuous pressure leads to reduced blood flow, reducing supply of oxygen and nutrients to tissues. This, coupled with increasing shear and friction forces, results in superficial and deep tissue damage.



Urine

Urine contains a substance called urea, which is broken down to ammonia when in contact with the skin. Ammonia raises the pH of the skin reducing the natural barrier and weakening the skin.



Liquid stool

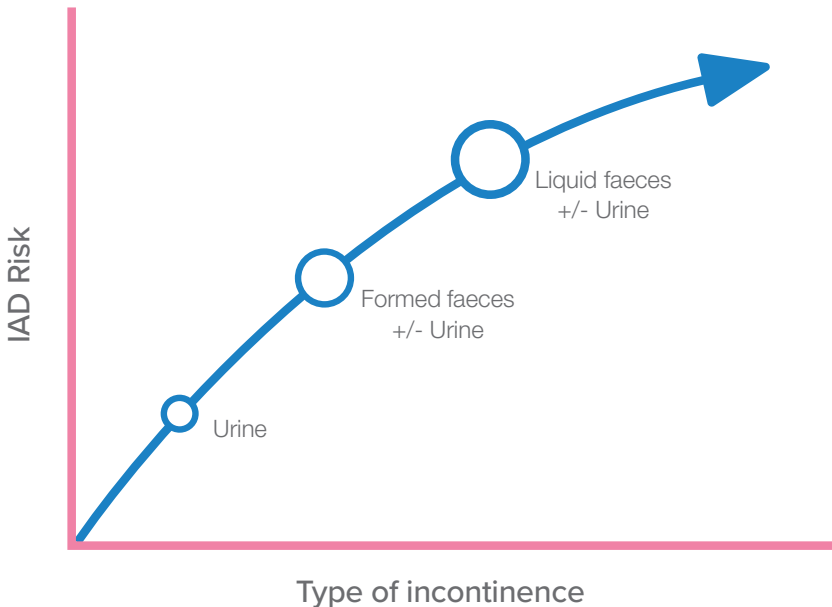
Liquid stool contains digestive enzymes that can damage the skin directly. Faecal bacteria penetrate weakened skin, causing secondary infection.



Key risk factors in the development of IAD include:

- Urinary/faecal incontinence
- Poor skin integrity
- Decreased mobility
- Issues performing personal hygiene
- Some medications
- Poor nutrition
- Critical illness
- Pain and pyrexia
- Use of occlusive containment products

Figure 1: IAD Risk with type of incontinence
(Adapted from Beeckman et al., 2015)¹



Implications of IAD^{1,3,4}

Individuals suffering from IAD may experience:

- Pain, burning and itching, even if the skin is intact
- Secondary skin infections or even develop pressure injuries (PI)
- Psychological and psychosocial wellbeing issues
- Loss of their independence
- Reduced quality of life

Categorising IAD^{1,4}

Recognising at-risk patients and the different stages of IAD helps with determining treatment pathways for IAD and potentially preventing IAD from developing.

Healthy Skin



No redness and skin intact (at risk):

Skin appears normal compared to rest of body.^{1,4}

Category 1: Mild



Erythema reddened* but skin still intact.

Erythema +/- oedema (Swelling) but skin still intact^{1,4}

*Please note: May also be different colour (e.g. purple/pale/yellow) in those with different skin tones.

Category 2: Moderate⁷



Erythema with <50% broken skin which may also be oozing &/or bleeding.^{1,4}

Severe⁸



Severe: Erythema with >50% broken skin, which may also be oozing &/or bleeding.^{1,4}

Red* with skin breakdown and signs of:

- Erythema +/- oedema
- +/- vesicles/bullae/skin erosion
- +/- denudation of skin
- +/- skin infection^{1,4}

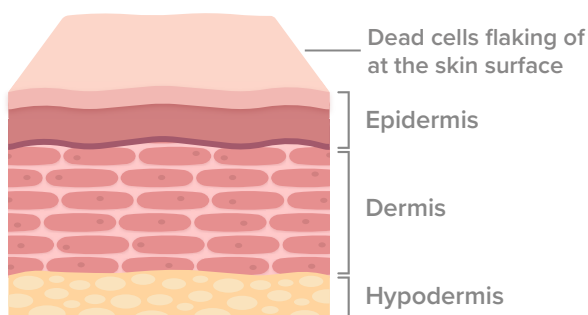
*May also be different colour (e.g. purple/pale/yellow) in those with different skin tones.

PI vs IAD

Although IAD and PI are separate conditions that can develop in isolation, they may also co-exist.

There are several risk factors PI and IAD share. For example, those with poor mobility and vulnerable to skin damage from pressure and shearing are likely to be more prone to IAD.

Evidence has shown that individuals with IAD are at higher risk of developing a PI and this risk only grows as the severity of IAD increases. In simplified terms, IAD is often thought of as a “top down” injury, whereas PIs are believed to be a “bottom up” injury.^{1,2,4,5}



IAD "Top down" injury

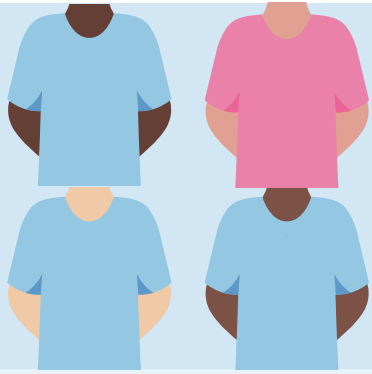
- Chemical/biological irritation (urine/faeces)
- Weakening of stratum corneum
- pH change
- Microbial imbalance
- Friction/shear often an issue^{1,2,4,5}

PI "Top up" injury

- Pressure /friction / shearing
- Often on bony prominence
- Reduced blood flow^{1,2,4,5}

| | IAD | Pressure Injury |
|-----------|---|---|
| CAUSATION | Urinary &/or faecal incontinence | Pressure or shear exposure |
| SYMPTOMS | Pain, burning, itching, tingling | Pain |
| LOCATION | Perineum, peri-genital, peri-stomal areas. Buttocks, gluteal fold. Medial/posterior of upper thighs; lower back. | Often on bony prominence or secondary to location of medical device |
| SHAPE | Diffuse area with poorly defined edges, may be blotchy | Distinct margins/edges |
| DEPTH | Ranges from intact skin with erythema (blanchable/non-blanchable), +/- superficial to partial thickness skin loss | Ranges from intact skin with erythema (non-blanchable) to full-thickness skin loss. Wound base may contain non-viable tissue. |

Up to
25%
of people living with
incontinence can
develop IAD¹



Up to
32%
of those with IAD are more
likely to experience pressure
injuries (PI)¹⁶

34
minutes care time
saved per patient
per day by using
a 3-in-1 wipe¹⁷



Overcoming traditional methods' challenges

Global guidelines champion the use of 3-step skin care regimes¹, however, they also suggest that traditional cleansing isn't suitable for preventing and managing IAD.^{1,9}

Traditional method using soap and water

- Soap damages skin's natural barrier^{10,11}
- Time-consuming for staff¹²
- Laborious multi-step process¹³
- High costs associated with time and consumable products^{12,14-15}



Wash basin
/Dry wipes
wash cloths
Soap/
cleansing
product
Towels



Barrier creams

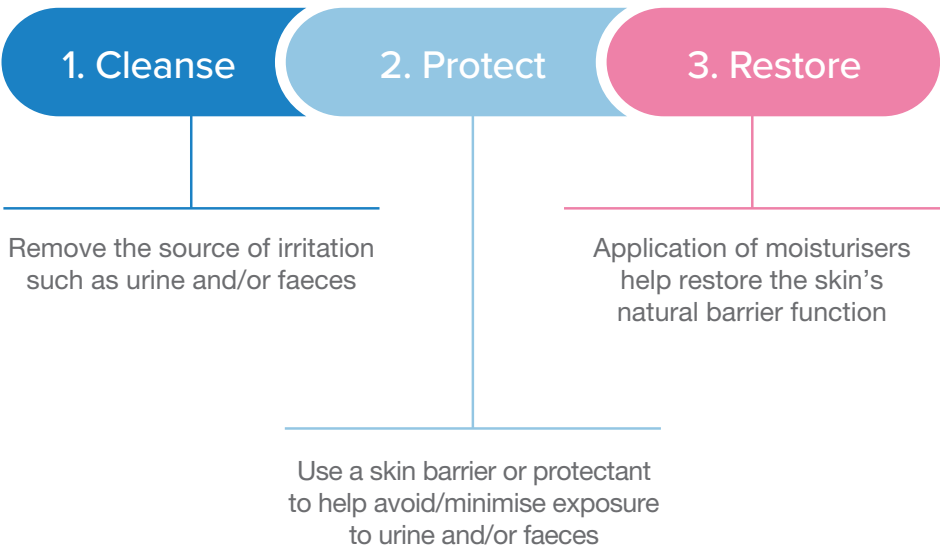


Moisturisers

Structured Skin Care Regime

Implementation of a structured skin care regimen to protect skin exposed to urine and/or faeces and help restore an effective barrier function are deemed integral in the prevention and management of IAD and should incorporate three vital steps – cleanse, protect and restore.^{1,4}

However, implementation of this 3-step process can be time consuming and consequently, can lead to poor compliance. In fact, treating people with IAD using a traditional 3-step process can increase nursing time by approximately 34 minutes of care per day.¹⁷



3-in-1 continence care with Contiplan

Each Contiplan ultra-soft cloth is soaked in a unique cream-based formula that provides maximum barrier protection to skin affected by incontinence.

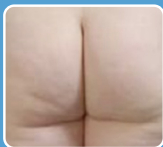




Use Contiplan to prevent and treat IAD

For skin at risk of developing IAD

No redness and intact skin



For skin affected by the symptoms of IAD

Red but intact skin



Other Advantages



Long lasting

Barrier function provides long lasting protection against prolonged exposure to faeces and urine helping to aid skin healing.



Soothing

Extracts of camomile help to calm irritated skin and reduce the urge to itch.



Natural plant extracts

Including witch hazel to help promote healthy skin.



Skin friendly

Shown to lower transepidermal water loss rates and reduce erythema.¹³

“Since using the cloths we have had no issues with red or excoriated skin, they really are remarkable.”

Jacqui Tarrant NUM, Grant Lodge - Aged Care,
Djerriwarrh Health Services, Victoria

IAD FAQs

1. An individual is experiencing excoriation and redness around the groin and perianal region that looks like IAD but they are not incontinent. Is it possible that this is still IAD?

No. If an individual is not incontinent, the condition is not IAD and would require further assessment from an appropriate professional.

2. I have a patient that is incontinent, however, they have healthy skin and do not show any signs of redness or IAD. Do I need to worry about implementing an IAD prevention protocol?

All individuals with urinary and/or faecal incontinence should still be assessed regularly for IAD and preventative measures implemented. A structured skin care regime with the use of a gentle cleanser and protectant have been shown to decrease the occurrence of IAD.

3. What should I do if the skin continues to worsen or break down?

There may be other factors that are contributing to the worsening condition of the skin. Skin should be regularly assessed by a medical professional and further tests and or treatments be undertaken as prescribed.

4. When the skin returns to normal should Contiplan Cloths be continued.

Yes, someone that has ongoing incontinence and has a history of IAD is at risk of developing IAD again. Contiplan Cloths should be used daily as part of a preventative skin care regime.

5. When using Contiplan is there any need to use barrier cream.

No, Contiplan is a 3-in-1 product that cleanses, moisturises, and protects the skin by applying a barrier. There is no need to apply additional barrier cream after wiping with Contiplan Cloths.

**Have another question
about caring for people
suffering from IAD?**

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Ordering Details

| Product | Unit of issue | Code |
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Contiplan 8



Pack of 8 cloths

CON8

Contiplan 25

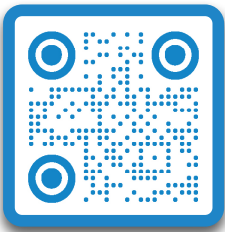


Pack of 25 cloths

CON25

About GAMA Healthcare

Contiplan is formulated and developed by GAMA Healthcare – infection prevention specialists and creators of Clinell Universal Wipes. For more information or advice about how you could implement Contiplan in your organisation, **Speak to your local GAMA Healthcare Sales Manager**, or visit www.contiplan.com.au



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