HEALTH BASICS

Skin care and incontinence

Skin care and incontinence means protecting skin that may contact urine or stool.

WHAT IT IS
Protecting skin exposed to urine or stool

WHERE IT COMES UP
Bladder or bowel leakage and absorbent product use

WHY IT MATTERS
Reduces irritation, breakdown, discomfort, and infection risk

WHAT IT IS NOT
Not a disease or diagnosis

WHO TO ASK
Primary care, continence, nursing, or wound-care service

HOW IT IS CHECKED
Skin inspection; no routine laboratory test

Overview

Skin care and incontinence means caring for skin that may come into contact with urine or stool. It is not a disease or a diagnosis.

Repeated moisture can weaken the skin's protective outer layer. Stool also contains digestive enzymes that can irritate skin. Friction from wiping, clothing, bedding, or absorbent products may add to the damage.

The areas most often affected are around the genitals and anus, between the buttocks, in the groin, and on the upper thighs. Skin folds may hold moisture for longer.

A practical routine combines gentle cleansing, careful drying, a suitable barrier product, and appropriate management of leakage. Skin care can reduce damage, but it does not treat the cause of bladder or bowel leakage. A continence assessment may help identify ways to manage that separately.

How it works

Healthy skin acts as a barrier against moisture, chemicals, and germs. Long contact with urine

or stool makes this barrier less effective. The skin may become overhydrated, meaning that it absorbs too much moisture and becomes softer and easier to damage.

Urine can change the skin's usual chemical balance. Stool is often more irritating because it contains enzymes used during digestion. Loose stool can spread over a larger area and may be harder to contain.

Soap, rough cloths, repeated scrubbing, and hot water can remove protective skin oils. Friction from a wet pad or tight clothing can then damage the softened surface.

Barrier creams, ointments, or films place a protective layer between the skin and moisture. Different products use ingredients such as petrolatum, dimethicone, or zinc oxide. The best format depends on the skin, the amount of leakage, and the absorbent or adhesive products being used.

Why it matters for your health

Moisture-related skin damage is often called incontinence-associated dermatitis , or IAD. Dermatitis means inflamed or irritated skin. IAD may involve redness or other colour changes, soreness, burning, itching, or shallow areas of broken skin.

These changes can make washing, sitting, walking, or using absorbent products uncomfortable. Broken skin is also less able to block bacteria and fungi.

Good skin care can help protect comfort and dignity. It may also make it easier to notice a new rash, wound, or infection. This matters because moisture damage can look similar to pressure damage, contact dermatitis, or a fungal infection, but these conditions may need different care.

Skin checks are especially useful if you have reduced feeling, limited movement, difficulty seeing the area, or need help with personal care. A mirror or help from a trusted caregiver may be useful if this is comfortable for you.

What can go wrong

Incontinence-associated dermatitis is linked to repeated exposure to urine or stool. It usually affects a broader area rather than one small point. The edges can be irregular, and both sides of a skin fold may be involved.

A pressure injury results from prolonged pressure or pressure combined with sliding forces. It often develops over a bony area, such as the tailbone or hip. Moisture can make pressure

damage more likely, but a pressure injury is not the same as IAD.

Contact dermatitis is a reaction to something touching the skin. Possible triggers include fragrances, preservatives, cleansers, wipes, adhesives, or ingredients in barrier products. The affected area may match where the product was applied.

Candidiasis is a yeast infection. It can occur in warm, damp areas and may appear alongside moisture damage. A clinician may suspect it when a rash has a distinct edge or smaller spots nearby, but appearance alone is not always enough to identify the cause.

Cellulitis is a bacterial infection in deeper layers of skin. Spreading redness or colour change, increasing warmth, swelling, worsening pain, pus, or fever needs urgent medical assessment.

Skin may also develop shallow erosions, cracks, or bleeding after repeated moisture and friction. These changes should not be dismissed as an unavoidable part of incontinence.

What you can do

Check the skin regularly, including skin folds and areas under pads or briefs. Note any change in colour, broken areas, pain, itching, or discharge. If changes keep returning, a dated record or photograph may help a clinician understand the pattern, provided you can store it privately.

A simple care routine may include:

You do not usually need to scrub away every trace of barrier cream during each clean. Forceful removal can injure the skin. Remove visible stool and other soiling gently, then renew the barrier as directed.

Ask a pharmacist, continence nurse, primary care clinician, or wound-care service whether your cleanser, barrier, and absorbent products work well together. Some greasy products can interfere with absorbency or adhesive dressings.

Arrange routine follow-up if irritation persists, keeps returning, causes discomfort, or does not improve with gentle skin care. Also ask for help if leakage is overwhelming the absorbent product, because its fit, type, or capacity may need review. A clinician can assess the skin and discuss bladder or bowel management. There is no routine blood test for moisture-related skin damage; assessment is usually based on examining the area.

Seek urgent medical advice for rapidly spreading redness or skin discolouration, increasing warmth or swelling, pus, fever, severe pain, or a deep or enlarging wound.

Call emergency services for new loss of bladder or bowel control together with numbness around the genitals or anus, new leg weakness, or severe back pain. These can be signs of pressure on nerves in the lower spine and are separate from routine skin irritation.

- Clean the skin promptly after stool leakage and when urine has soiled it
- Use lukewarm water and a gentle cleanser or suitable no-rinse product
- Avoid vigorous rubbing, strongly scented products, and hot water
- Pat the area dry or allow it to air-dry briefly
- Apply a thin, even layer of the recommended barrier product
- Use well-fitting absorbent products and change them after soiling
- Follow product instructions, especially when combining barriers and adhesives

Common questions

Is water alone enough for cleaning?

It may remove light soiling, but repeated washing with water and rubbing can still irritate skin. A gentle, skin-compatible cleanser may remove urine and stool with less friction. Avoid ordinary soap if it leaves the skin dry or sore.

Should I use a thick layer of barrier cream?

More is not always better. A thick layer may hide the skin, build up in folds, or affect pads and adhesives. Apply the product according to its instructions or advice from a pharmacist or nurse.

Do absorbent pads cause skin damage?

A suitable pad can reduce contact between leakage, clothing, and bedding. Problems are more likely when a product is wet or soiled for too long, rubs the skin, fits poorly, or cannot hold the amount of leakage. Changing the product and checking its fit are part of skin care.

Would a urinary catheter keep the skin dry?

A catheter is a tube placed into the bladder to drain urine. It is not routinely used only to manage incontinence or make skin care easier because it can cause urinary infection and other complications. A clinician may recommend one for a specific medical reason.

Can I treat a rash with an antifungal or steroid cream like hydrocortisone or betamethasone ?

Not every rash is fungal or inflammatory, and these treatments are not interchangeable. Ask a pharmacist or clinician to check a persistent or worsening rash before starting a medicated cream. Nothing beyond gentle cleansing and protection may be needed, but the cause should be clearer first.

Sources