

## Table 13 – Continence Function

### Introduction to Table 13

- Table 13 is to be used to assess the functional impact of a diagnosed condition related to incontinence of the bladder or bowel.
- The diagnosis of the condition causing the impairment must be made by an appropriately qualified medical practitioner.
- There must be corroborating evidence of the person's impairment.
- Self-report of symptoms must be supported by corroborating medical evidence.
- Examples of corroborating evidence for the purposes of this Table include, but are not limited to, the following:
  - a report from the person's treating doctor;
  - a report from a medical specialist, particularly in cases of moderate or severe incontinence, (such as urogynaecologist, gynaecologist, urologist or gastroenterologist) confirming diagnosis of conditions associated with incontinence (such as some gynaecological conditions, prostate enlargement or malignancy, gastrointestinal conditions or malignancy, incontinence resulting from paraplegia, spina bifida, or neurodegenerative conditions);
  - assessments and reports from practitioners specialising in the treatment and management of incontinence (such as urologists, urogynaecologists, continence nurse or continence physiotherapists).
- When determining whether a descriptor applies that involves a person performing an activity, the descriptor applies if that person can do the activity when they would be expected to do so and not only once or rarely.
- When assessing episodic or fluctuating impairments and conditions, a rating must be assigned which reflects the overall functional impact of those impairments, taking into account the severity, duration and frequency of the episodes or fluctuations as appropriate.
- Assistance means assistance from a person rather than any aids or equipment a person may use, unless specified otherwise.
- The examples used in descriptors are not an exhaustive list and are to be used only as a guide.

Points	Descriptors
0	<p><i>There is <b>no or minimal</b> functional impact on maintaining continence of the bladder and bowel.</i></p> <p>(1) The person:</p> <ul style="list-style-type: none"> <li>(a) is always continent of the bladder and bowel; and</li> <li>(b) does not have a stoma, such as colostomy, ileostomy, or use a catheter or other collection device to manage continence.</li> </ul>
5	<p><i>There is a <b>mild</b> functional impact on maintaining continence of the bladder or bowel.</i></p> <p>(1) At least one of the following ((a), (b), (c), (d), (e) or (f)) applies:</p> <p><i>Bladder</i></p> <ul style="list-style-type: none"> <li>(a) the person has minor leakage from the bladder, such as a small amount of urine when coughing or sneezing, at least once a day but not every hour;</li> <li>(b) the person has urgency, such as having to get to a toilet very quickly and has difficulty 'holding on' to urine, or has occasional (at least weekly) loss of control of the bladder;</li> <li>(c) the person has difficulty passing urine, such as having to strain or has restricted flow of urine or has difficulty emptying the bladder;</li> </ul> <p><i>Bowel</i></p> <ul style="list-style-type: none"> <li>(d) the person has minor leakage from the bowel, such as enough faecal matter to soil underwear but not outer clothes, more than once a week but not every day;</li> <li>(e) the person has urgency or occasional (at least monthly) loss of control of bowel;</li> </ul> <p><i>Continence aids</i></p> <ul style="list-style-type: none"> <li>(f) the person has a stoma, or uses a catheter or other collection device to manage their continence independently without any difficulties and does not need any assistance.</li> </ul>

10	<p><i>There is a <b>moderate</b> functional impact on maintaining continence of the bladder or bowel.</i></p> <p>(1) At least one of the following ((2), (3) or (4)), applies.</p> <p><i>Bladder</i></p> <p>(2) The person:</p> <p>(a) has minor leakage from the bladder, such as a small amount of urine when coughing or sneezing several times each day; and</p> <p>(b) in respect of continence of the bladder has difficulties that result in interruption to tasks, work or training on most days.</p> <p><i>Bowel</i></p> <p>(3) The person:</p> <p>(a) has major leakage from the bowel, such as enough faecal matter to fully soil underwear and stain outer clothes if a continence pad is not worn, in most weeks; and</p> <p>(b) in respect of continence of the bowel has difficulties that result in interruption to tasks, work or training on most days.</p> <p><i>Continence aids</i></p> <p>(4) The person:</p> <p>(a) has a stoma, or uses a catheter or other collection device to manage their continence independently but requires frequent bag or catheter changes, or has frequent equipment failure; and</p> <p>(b) in respect of continence aids has difficulties that result in interruption to tasks, work or training on most days.</p>
20	<p><i>There is a <b>severe</b> functional impact on maintaining continence of the bladder or bowel.</i></p> <p>(1) At least one of the following, ((2), (3) or (4)), applies.</p> <p><i>Bladder</i></p> <p>(2) In respect of continence of the bladder:</p> <p>(a) the person has severe difficulty travelling to or participating in community or social environments due to the management of the continence of the bladder, causing frequent disruption to daily activities due to avoidance of activities; or</p> <p><i>Example: the person avoids using lifts, public transport or being near others due to the nature of their condition.</i></p> <p>(b) the person has continual dribbling of urine throughout the day that results in interruption to tasks, work or training on most days; or</p> <p>(c) the person has major leakage from the bladder, such as a large amount of urine, enough to soak through a prescribed continence pad and clothes at least every day but not every hour.</p>

**Bowel**

(3) In respect of continence of the bowel:

(a) the person has severe difficulty travelling to or participating in community or social environments due to the management of the continence of the bowel, causing frequent disruption to daily activities due to avoidance of activities; or

*Example: the person avoids using lifts, public transport or being near others due to the nature of their condition.*

(b) the person has minor leakage from the bowel, such as enough faecal matter to soil underwear or continence pad but not outer clothes, every day; or

(c) the person has major leakage from the bowel, such as enough faecal matter to fully soil underwear or a continence pad, at least weekly.

**Continence aids**

(4) In respect of continence aids:

(a) the person has severe difficulty travelling to or participating in community or social environments due to the management of continence aids, causing frequent disruption to daily activities due to avoidance of activities; or

*Example: the person avoids using lifts, public transport or being near others due to the nature of their condition.*

(b) the person has a stoma, or uses a catheter or other collection device to manage their continence and needs assistance to manage the continence aid; or

(c) the person wears continence pads and needs assistance to change these during the day.

30

*There is an **extreme** functional impact. The person is completely unable to maintain continence of the bladder or bowel.*

(1) The person has extreme difficulty travelling to or being in social environments due to symptoms or management of the condition, causing extreme disruption to daily activities and rarely engages in activities outside of the home, and at least (2), (3) or (4) applies.

Bladder

(2) In respect of continence of the bladder the person has no control of bladder emptying and is always incontinent of urine.

Bowel

(3) In respect of continence of the bowel the person has no control of bowel emptying and is always incontinent of faeces.

Continence aids

(4) The person is unable to independently manage any aspects of continence aids.