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Nursing Care of an Elderly Female Patient with Stress Urinary Incontinence Treated with Integrated Traditional Chinese and Western Medicine: A Case Report

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Abstract

A case report on the nursing care of an elderly female patient with stress urinary incontinence. During hospitalization, the patient received combined traditional Chinese and Western medicine treatment. Key nursing aspects included rehabilitation training nursing care, auricular point pressing therapy, medication nursing care, psychological nursing care, etc. Following treatment and nursing interventions, the patient's stress urinary incontinence improved significantly.

Full Text

Nursing Care for an Elderly Female Patient with Stress Urinary Incontinence: An Integrated Traditional Chinese and Western Medicine Approach

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Abstract

This report presents the nursing experience of an elderly female patient with stress urinary incontinence who received integrated traditional Chinese and Western medicine treatment during hospitalization. Key nursing interventions included rehabilitation training, auricular point pressing therapy, medication management, and psychological nursing. Following treatment and comprehensive nursing care, the patient's stress urinary incontinence symptoms improved significantly.

Keywords: Stress urinary incontinence; Elderly women; Auricular point pressing; Traditional Chinese medicine nursing

Stress urinary incontinence refers to the clinical syndrome of involuntary urine leakage that occurs when intra-abdominal pressure increases during activities such as coughing, sneezing, or exercise. While the condition predominantly affects middle-aged and older women, it can also occur in younger females. As a common yet often concealed condition among women, stress urinary incontinence is not life-threatening but its embarrassing symptoms severely impact patients' social interactions, physical activities, and overall quality of life [1]. Current Western medicine treatments primarily consist of conservative or surgical approaches. In recent years, multiple studies have demonstrated that acupuncture therapy can effectively improve urinary incontinence by enhancing pelvic floor muscle contraction, regulating neuromuscular function, improving urinary control, and shortening treatment duration [2]. However, reports on nursing care for elderly female stress urinary incontinence treated with integrated traditional Chinese and Western medicine remain scarce. On March 4, 2024, our department admitted an elderly female patient with stress urinary incontinence and implemented targeted nursing interventions with satisfactory outcomes.

1. Case Presentation

The patient was a 68-year-old female who developed involuntary urine leakage from the urethral orifice when coughing following an external infection on September 20, 2023, necessitating the use of urinary pads. She was diagnosed with "female stress urinary incontinence" at a local hospital and presented to our hospital on March 4, 2024, for systematic treatment and was admitted to our department. At admission, the patient was in fair spirits, experiencing urine leakage with coughing and occasional urgency, but without dysuria. Her urine was light yellow in color. She reported lumbar soreness that worsened with prolonged sitting and fatigue. Her appetite was adequate, sleep was peaceful, and bowel movements occurred once daily with normal consistency. Tongue presentation revealed a pale red tongue with thin white coating, and her pulse was deep and thready. Past medical history included hypertension and hyperlipidemia.

Western medicine diagnosis: Female stress urinary incontinence. **Traditional Chinese medicine diagnosis:** Urinary incontinence. **Pattern differentiation:** Qi and blood deficiency syndrome.

Specialized examination: The abdomen was flat and soft, without tenderness or rebound tenderness, and no masses were palpable. Abdominal percussion revealed tympanic sounds without shifting dullness. The stress test was positive. Lumbar MRI showed exudative changes in the subcutaneous soft tissue of the lumbodorsal region and suggested a possible left renal cyst.

Western medical treatment: Oral administration of 5mg amlodipine besylate once daily for blood pressure control; guidance on pelvic floor muscle exercises.

Traditional Chinese medical treatment: Based on pattern differentiation of qi and blood deficiency, the therapeutic principle was to tonify qi and nourish

blood.

Traditional Chinese medicine nursing interventions: Auricular point pressing therapy was administered every other day, with points selected including Heart, Liver, Kidney, Shenmen, Bladder, Urethra, Sympathetic, and Subcortex to regulate visceral and limb functions.

Acupuncture treatment: Administered 5-7 times weekly. Acupoints selected included Baihui (GV20), Shenting (GV24), Ganshu (BL18), Pishu (BL20), Hegu (LI4), Xuehai (SP10), Zhongwan (CV12), Qihai (CV6), Tianshu (ST25), Zhongji (CV3), Zusanli (ST36), Yanglingquan (GB34), Yinlingquan (SP9), Frontal line 1, and Vertex midline. Special attention was given to Ganshu and Pishu.

The patient was discharged on March 19, 2024, with improved incontinence symptoms. A telephone follow-up on March 24, 2024, revealed that the patient reported significant improvement in urinary incontinence symptoms.

2.1.1 Pelvic Floor Muscle Training

Patients were instructed in pelvic floor muscle training, commonly known as Kegel exercises or pelvic floor exercises, which are performed by contracting the pubococcygeus muscle. The movements involve interrupting urine flow and contracting the anus to stop defecation, representing a first-line treatment for urinary incontinence. Patients with urinary incontinence often present with pelvic muscle dysfunction. Kegel exercises enhance muscle tension through extension of the pubic and coccygeal muscles at the pelvic floor, promoting recovery of pelvic floor muscle strength through repeated contraction and relaxation [3]. The primary protocol involves contracting the gluteal muscles to lift the anus while tightly closing the urethra, vagina, and anus. Training begins with contraction at the vaginal opening, gradually ascending along the vagina, maintaining the contraction for 3 seconds before relaxing. Initially, 10 repetitions constitute one set, progressively increasing to 25 repetitions per set as training intensity advances, with three or more sets practiced daily. Throughout the Kegel exercise process, patients must be instructed and assisted to maintain normal breathing while keeping abdominal, back, and thigh muscles relaxed. Kegel exercises can improve the strength of the lower uterine support muscle group, urethral and vaginal sphincters to varying degrees, effectively enhancing muscle stability and improving rehabilitation outcomes for urinary incontinence [4].

During pelvic floor muscle training, patient privacy must be protected with gentle communication. Patients should be guided to perform each movement accurately and effectively to avoid adverse effects such as incorrect force application, pain, or breath-holding. Patients are encouraged to perform leg-lifting exercises or ambulate to enhance abdominal muscle tension. Through daily companion-style rehabilitation guidance, a trusting nurse-patient relationship is established to improve patients' confidence in overcoming the disease.

2.1.2 Auricular Point Pressing

Stress urinary incontinence is closely related to visceral function, and the auricular region has profound physiological connections with the viscera and meridians. Auricular point pressing stimulates relevant visceral points on the ear to regulate visceral function. Following medical orders, auricular point pressing was performed every other day to alleviate stress urinary incontinence symptoms. Points selected included Heart, Liver, Kidney, Shenmen, Bladder, Urethra, Sympathetic, and Subcortex. Patients were instructed to apply vertical pressure to each point for 30-60 seconds, 3-5 times daily, with moderate force and without rubbing, until a sensation of soreness, numbness, distension, or pain was achieved.

2.2.1 Supportive Psychological Therapy

Due to the sudden onset of stress urinary incontinence during coughing, this patient carried a heavy psychological burden at admission, which severely impacted her quality of life. Following admission, nurses actively monitored the patient's emotional status, protected her privacy, alleviated her defensive psychology, encouraged her to express her concerns, and enhanced trust in the nursing staff. The patient was encouraged to maintain a relaxed mood and avoid excessive worry and anxiety. Nurses patiently explained knowledge related to stress urinary incontinence and treatment outcomes from case examples, accurately and positively addressing patient questions to enhance treatment confidence and improve compliance.

2.2.2 Lifestyle Intervention

The patient's fluid intake was controlled, particularly diuretic fluids such as soy milk and coffee. Based on the patient's fluid intake and severity of incontinence, fluid intake was generally limited to no more than 2000ml per day. Patient education was provided to reduce fluid intake before bedtime.

2.3 Dietary Nursing

Based on the patient's pattern differentiation of qi and blood deficiency syndrome, the patient was advised to consume foods that tonify qi and nourish blood, such as Chinese yam, jujube, goji berries, longan fruit, and red dates. Regular exercise was encouraged to enhance body resistance and improve impaired qi and blood circulation.

2.4 Medication Nursing

Based on the patient's pattern differentiation, the patient was guided to take oral Bu Zhong Yi Qi Tang (Tonify the Middle and Augment the Qi Decoction) to tonify qi and nourish blood. The formula included Astragalus and Cimicifuga to lift yang and consolidate the exterior while tonifying the middle and

augmenting qi; honey-fried Licorice and Codonopsis to tonify the spleen and benefit the lungs; bran-fried Atractylodes, stevia leaf, tangerine peel, and Poria to strengthen the spleen and tonify qi; Bupleurum to soothe the liver and relieve depression; prepared Rehmannia, Angelica, and white peony to nourish yin and blood; Lindera, salt-processed Alpinia, Chinese yam, salt-processed Cuscuta, and salt-processed Psoralea to warm and tonify the spleen and kidneys; and vinegar-processed Schisandra to astringe and consolidate. The decoction was concentrated to 200ml and taken warm after breakfast and dinner. During medication administration, patients were instructed to avoid cold, raw, sticky, greasy, spicy, salty, and strongly flavored foods, and to maintain a light, easily digestible diet without overeating. Smoking and alcohol consumption were prohibited, rest was emphasized, fatigue was to be avoided, and daily routines should be regulated with protection from wind-cold pathogenic factors.

3. Results and Follow-up

Outcome evaluation was based on the "Guidelines for the Diagnosis and Treatment of Female Stress Urinary Incontinence (Trial)" issued by the Gynecological Pelvic Floor Group of the Chinese Society of Obstetrics and Gynecology in 2011 [5]. Criteria included: (1) involuntary urine leakage during increased abdominal pressure from coughing, sneezing, or laughing that immediately ceases when the action stops; (2) positive stress test; (3) positive 1-hour pad test with weight gain >1g; and (4) urodynamic examination showing involuntary leakage with increased abdominal pressure while detrusor stability is maintained.

On March 4 at admission, physical examination revealed tympanic abdominal percussion without shifting dullness and a positive stress test. The 1-hour pad test was positive, indicating moderate incontinence. The Barthel Index score was 95 (mild dependence). On March 11, the patient reported reduced urine leakage with coughing and occasional urgency; the 1-hour pad test remained positive but indicated mild incontinence. At discharge on March 19, physical examination showed tympanic abdominal percussion without shifting dullness and a negative stress test. The patient reported significant improvement in urine leakage with coughing and urgency. The Barthel Index score was 100 (no dependence). Follow-up on March 24, 2024 revealed that the patient subjectively experienced markedly reduced urinary incontinence symptoms, with a negative 1-hour pad test.

Stress urinary incontinence currently represents a condition that troubles women, particularly elderly women, and treatment measures remain primarily focused on physical therapy. Pelvic floor muscle training can effectively improve blood circulation in the female pelvic floor muscles, and persistent exercise can alleviate symptoms and enhance rehabilitation outcomes.

Auricular point pressing is a common traditional Chinese medicine nursing intervention that effectively regulates visceral function and improves kidney qi deficiency through auricular therapy. This approach is simple to perform,

demonstrates strong patient compliance, and has no adverse reactions, effectively promoting recovery from stress urinary incontinence symptoms.

Traditional Chinese medicine employs pattern differentiation based on patient constitution to implement acupuncture, herbal medicine, and auricular point pressing, while Western medicine provides rehabilitation guidance and medication management. Combined with psychological and dietary nursing interventions, this integrated approach can effectively treat stress urinary incontinence in elderly women without side effects and with high compliance. These findings demonstrate that integrated traditional Chinese and Western medicine treatment for elderly female stress urinary incontinence holds significant value, can substantially alleviate urinary incontinence symptoms, improve patients' daily living abilities and quality of life, and warrants clinical promotion.

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