

Catheter Care Awareness Week



Fact or crap?

Identifying CAUTI risk factors starts with you.

1. Moisture-associated skin damage (MASD) occurs when skin is repeatedly exposed to body secretions, including urine, feces, or both.	Fact	Crap
2. Incontinence-associated dermatitis (IAD) is not usually caused by exposure to urine or stool.	Fact	Crap
3. Patients with repeated or prolonged skin exposure to urine and/or stool are less likely to develop IAD.	Fact	Crap
4. Two types of fecal incontinence are urge incontinence and passive incontinence.	Fact	Crap
5. Fecal incontinence can cause skin disruption such as pH changes and enzyme exposure, causing an increase in bacterial growth on skin.	Fact	Crap
6. Liquid stool decreases the risk of IAD because there are fewer damaging enzymes in liquid stool.	Fact	Crap
7. Fecal incontinence does not have any treatment options.	Fact	Crap
8. The Bristol Stool Chart divides stool types into 5 different categories.	Fact	Crap
9. A Fecal Management Catheter (FMC) is a device that is inserted into the rectum to divert and contain stool to assist with the management of fecal incontinence.	Fact	Crap
10. FMCs should be used on all patients with fecal incontinence to decrease the spread of pathogens.	Fact	Crap

Answer Key

1. Moisture-associated skin damage (MASD) occurs when skin is repeatedly exposed to body secretions, including urine, feces, or both
 - a. This is fact – MASD can be caused by repeated exposure to various sources of moisture – body secretions or effluents.¹
2. Incontinence-associated dermatitis (IAD) is not usually caused by exposure to urine or stool
 - a. This is Crap – IAD is a subgroup of MASD and is distinguished by skin problems that arise from contact with urine and/or stool due to incontinence.²
3. Patients with repeated or prolonged skin exposure to urine and/or stool are less likely to develop IAD
 - a. This is Crap – repeated or prolonged skin exposure to urine and/or stool increase the patient's risk for developing IAD.³
4. Two types of fecal incontinence are urge incontinence and passive incontinence
 - a. This is Fact – urge incontinence is the most common type of fecal incontinence and occurs when the patient feels the urge to have a bowel movement, but cannot make it to the toilet or commode fast enough. Passive incontinence occurs when the patient's rectum has been stretched as much as it can, but the patient doesn't receive the signal from their nervous system that they need to have a bowel movement.⁴
5. Fecal incontinence can cause skin disruption such as pH changes and enzyme exposure, causing an increase in bacterial growth on skin
 - a. This is Fact – lipid and protein-digesting enzymes from stool, mixed with ammonia increase the skin's pH to alkaline which destroys the barrier mechanism and allows bacteria to thrive.⁵
6. Liquid stool decreases the risk of IAD because there are fewer damaging enzymes in liquid stool
 - a. This is Crap – liquid stool has the highest number of digesting enzymes and can be the most damaging to skin.⁵
7. Fecal incontinence does not have any treatment options
 - a. This is Crap – Fecal incontinence can be treated with surgical or nonsurgical interventions depending on the cause. The recommended first-line interventions include dietary and lifestyle changes, medication, pelvic floor muscle exercises and physical therapy/biofeedback.⁶
8. The Bristol Stool Chart divides stool types into 5 different categories
 - a. This is Crap – the Bristol Stool Chart has 7 types of stool ranging from Type 1, separate hard lumps to Type 7, entirely liquid.⁷
9. A Fecal Management Catheter (FMC) is a device that is inserted into the rectum to divert and contain stool to assist with the management of fecal incontinence
 - a. This is Fact – FMCs are designed to divert and contain stool, protecting skin from exposure. The goal is to reduce the risk of skin breakdown, decrease the spread of pathogens, and improve patient comfort. FMCs also reduce the need for frequent linen changes and limit staff exposure to potentially infectious materials.⁸
10. FMCs should be used on all patients with fecal incontinence to decrease the spread of pathogens
 - a. This is Crap – While FMCs may help decrease the spread of pathogens, they should be selected based on proper indications. In general, FMCs are restricted to patients with liquid or semi-liquid stool. Proper insertion and maintenance of the device is critical to preventing complications such as rectal tissue damage or patient discomfort⁸

References

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4. Cleveland Clinic. Fecal (Bowel) Incontinence. <https://my.clevelandclinic.org/health/diseases/14574-fecal-bowel-incontinence>. Accessed March 5, 2026.
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6. Murad-Regadas SM, Reis DLD, Fillmann HS, Lacerda Filho A. Management of fecal incontinence: what specialists need to know? *Rev Assoc Med Bras* (1992). 2023 May 29;69(6):e20230181.
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