

## **Toileting Equipment**

This document reviews clinical indicators for a variety of toileting equipment.

### Raised Toilet Seats

Raised toilet seats are designed primarily for people who cannot or should not flex the hips beyond ninety degrees. These are commonly prescribed following a hip replacement. Raised toilet seats are also used occasionally for people who lack leg strength and would be unable to rise from a lower seated position. Some raised toilet seats include small side rails attached to the seat to assist the user in pushing up to a standing position.

### Adaptive Toileting Seating Systems

Many people with physical disabilities are unable to sit unsupported on a standard toilet due to lack of postural control, abnormal muscle tone, abnormal motor movements or seizures. Adequate support is required to maintain posture, prevent falling and to promote stability and relaxation which is required for voiding. This support may consist of a back, lateral support, anterior chest support, support under the feet and/or support behind the head. Padding may be required if the patient has bony prominences or is at risk of developing a pressure sore. Some patients have to remain in an adaptive toileting system for a longer period of time than the average person in order to relax and void, which increases pressure risk. Many patients with limited mobility are more likely to be constipated, making evacuation more difficult and time consuming.

Some patients require a tilt or a change in the seat to back angle to provide adequate postural control during toileting.

Despite physical limitations, many patients are continent and can remain so with the proper toileting equipment.

The consequences of not receiving appropriate toileting equipment are the use of diapers and/or catheters for bowel and bladder management.

- Catheters, depending on the type used, can be traumatic, emotionally and physically, for the patient. Catheters can lead to pain, injury and infection.
- Diapers, used for absorption of urine, lead to a number of challenges. First, even with absorbent materials, urine remains on the skin. This increases risk for pressure sore development as urine changes the PH of the skin. This is not a general concern for infants. Infants have a milder PH. As we age, the PH changes. Many patients, as they grow larger, no longer receive baths, but rather showers. A shower does not thoroughly remove the urine which has soaked into the skin. Urine can leak into clothing, requiring more frequent transfers and clothing changes. Urine can leak into the wheelchair cushion or seat, leading to premature cushion failure. Urine leads to odor that is socially unacceptable.
- Diapers, used to contain fecal material, also lead to a number of challenges. When fecal material mixes with urine, the PH becomes even more toxic to the skin and breakdown can occur rapidly. Fecal material is more difficult to clean during routine diaper changes. The patient may require more frequent showers/baths or

may not be fully cleaned. If fecal material enters the urethra (more common in girls and women), a urinary tract infection is likely. If fecal material enters the vagina, infection is also likely. In teens and adults, cleaning the fecal material from pubic hair is nearly impossible without a shower.

Not all people with physical limitations are continent or can be trained to become continent. However, for those children and adults who are, adaptive toileting equipment that provides adequate postural support can greatly reduce the medical risks described above.

#### Combination Systems

Some adaptive toileting systems can also be used as a shower chair. This can provide a cost savings as two different items are not required. Sometimes, this item best meets the patient's toileting needs and may not be needed for showering.