

# Interventionen zur Stärkung der Selbstwirksamkeit bei Harninkontinenz nach radikaler Prostatektomie

Eine Literaturübersicht

Rahel Heer

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## Einleitung

Das Prostatakarzinom ist mit fast 30% die häufigste Krebserkrankung bei Männern in der Schweiz [1]. Therapie der Wahl ist die radikale Prostatektomie [2]. Weiterentwickelte Operationstechniken senken die Inzidenz der postoperativen Urininkontinenz (UI) [3]. Die sinkenden Zahlen sind erfreulich, schmälern aber keineswegs die Belastung der Betroffenen. In der westlichen Gesellschaft wird die Kontrolle über die Körperfunktionen als fundamental zur Erhaltung des sozialen Status und der Selbstidentität angeschaut [4]. Betroffene beschreiben ihre UI als extrem belastend [4]. Die UI gilt als Tabuthema und wird in der klinischen Praxis selten thematisiert. Ziel dieser Thesis war, Möglichkeiten zur Stärkung der Selbstwirksamkeit bei harninkontinenten Männern aufzuzeigen.

## Fragestellung

Welche Interventionen können die Selbstwirksamkeit der Männer mit Harninkontinenz nach einer radikalen Prostatektomie im Akutspital unterstützen?

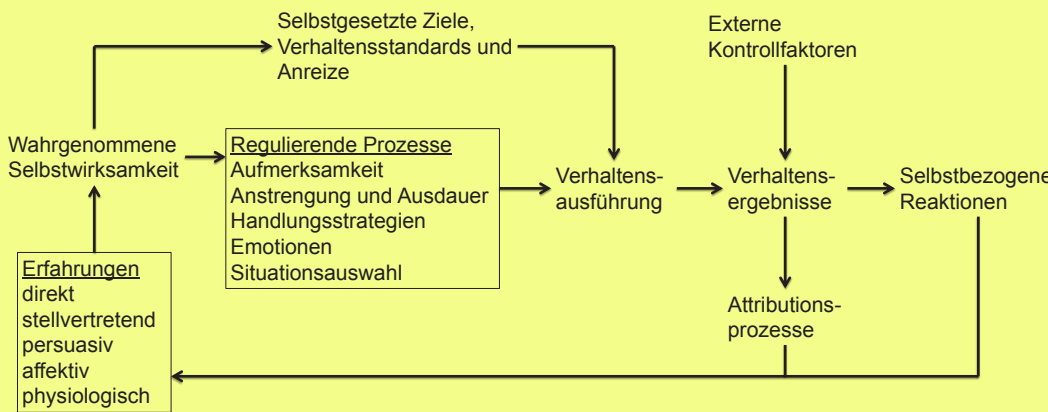
## Methode

Systematische Literaturrecherche in den Datenbanken CINAHL complete, Cochrane Library, Medline, PsycINFO, PsycARTICLES und Web of Science.

Ein- und Ausschlusskriterien zur Auswahl der Studien verwendet.

11 Studien wurden für die Beantwortung der Fragestellung ausgewählt.

**Keywords:** Urinary incontinence, prostatectomy, self efficacy.

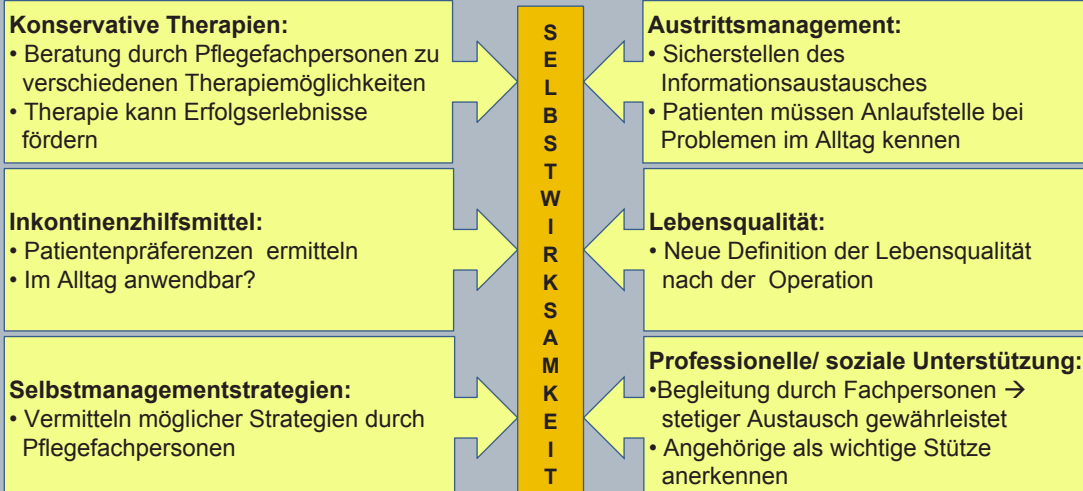


## Ergebnisse

- Geführtes Beckenbodentraining (PFMT) zeigt nach einem Jahr Gesamtnutzen in Reduktion der UI [5]
- Elektrische und magnetische Innervationen: kürzere Zeit bis zur Kontinenz [5]; [6]
- Strukturiertes Austrittsmanagement: ↑ Informationsaustausch, ↑ Beratung [10]
- Unterstützung von Partnerin: ↑ wahrgenommene Selbstwirksamkeit beim Patienten [13]
- Urinalkondom: Signifikante Wirkung auf „Auswirkung der UI“ [13]
- Begleitete Therapien: ↑ Adhärenz der Männer [5]; [12]



## Diskussion



## Schlussfolgerung

**Praxis:** Pflegefachpersonen brauchen Wissen zu konservativen Therapien/ Inkontinenzhilfsmittel. Klares Austrittsmanagement muss implementiert werden. Einfluss der UI auf physisches/ psychisches Wohlbefinden der Patienten muss den Pflegefachpersonen bewusst sein. Enttabuisieren der Harninkontinenz im pflegerischen Alltag durch thematisieren fördern.

**Forschung:** Kosten- Nutzenfrage von konservativen Therapien klären, Setting Akutspital muss besser erforscht werden.

Quellen: [1] Huchler, P. C., Lee, D. J., & Smith, P. G. (2013). Effects on the Schaefer Involvement and Orientation Scale. 2013. [2] Alghamdi, A. M. (2014). [3] [4] [5] [6] [7] [8] [9] [10] [11] [12] [13] [14] [15] [16] [17] [18] [19] [20] [21] [22] [23] [24] [25] [26] [27] [28] [29] [30] [31] [32] [33] [34] [35] [36] [37] [38] [39] [40] [41] [42] [43] [44] [45] [46] [47] [48] [49] [50] [51] [52] [53] [54] [55] [56] [57] [58] [59] [60] [61] [62] [63] [64] [65] [66] [67] [68] [69] [70] [71] [72] [73] [74] [75] [76] [77] [78] [79] [80] [81] [82] [83] [84] [85] [86] [87] [88] [89] [90] [91] [92] [93] [94] [95] [96] [97] [98] [99] [100] [101] [102] [103] [104] [105] [106] [107] [108] [109] [110] [111] [112] [113] [114] [115] [116] [117] [118] [119] [120] [121] [122] [123] [124] [125] [126] [127] [128] [129] [130] [131] [132] [133] [134] [135] [136] [137] [138] [139] [140] [141] [142] [143] [144] [145] [146] [147] [148] [149] [150] [151] [152] [153] [154] [155] [156] [157] [158] [159] [160] [161] [162] [163] [164] [165] [166] [167] [168] [169] [170] [171] [172] [173] [174] [175] [176] [177] [178] [179] [180] [181] [182] [183] [184] [185] [186] 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