16.12: XVI Glossary

**Anuria:** Absence of urine output that is typically found during kidney failure. Can be defined as less than 50 mL of urine over a 24-hour period.

**Black stools:** Black-colored stools can be caused by iron supplements or bismuth subsalicylate (Pepto-Bismol) taken for an upset stomach.

**Bowel incontinence:** The loss of bowel control, causing the unexpected passage of stool.

**Bowel retraining:** Involves teaching the body to have a bowel movement at a certain time of the day.

**Constipation:** A decrease in normal frequency of defecation accompanied by difficult or incomplete passage of stool and/or passage of excessively hard, dry stool.

**Contrast:** A special dye administered to patients before some diagnostic tests so that certain areas show up better on the X-rays.

**Diarrhea:** More than three unformed stools in 24 hours.

**Dysuria:** Painful or difficult urination.

**Enuresis:** Incontinence when sleeping (i.e., bedwetting).

**Fecal impaction:** A condition that occurs when stool accumulates in the rectum usually due to the patient not feeling the presence of stool or not using the toilet when the urge is felt. Large balls of soft stool may need to be digitally removed or treated with mineral oil enemas.
**Frequency**: Urinary frequency is the need to urinate many times during the day or at night (nocturia) in normal or less-than-normal volumes. It may be accompanied by a feeling of urgency.

**Functional incontinence**: Occurs in older adults who have normal bladder control but have a problem getting to the toilet because of arthritis or other disorders that make it hard to move quickly. Patients with dementia also have increased risk for functional incontinence.

**Hematuria**: Blood in urine, either visualized or found during microscopic analysis.

**Intestinal obstruction**: A partial or complete blockage of the intestines so that contents of the intestine cannot pass through it.

**Meconium**: The black to dark green, sticky first bowel movement of a newborn.

**Melena**: Black, sticky, tar-looking stools. Melena is typically caused by bleeding in the upper part of the gastrointestinal tract, such as the esophagus, stomach, or the first part of the small intestine, or due to the patient swallowing blood. The blood appears darker and tarry-looking because it undergoes digestion on its way through the GI tract.

**Mixed urinary incontinence**: Urinary frequency, urgency, and stress incontinence.

**Nocturia**: The need for a patient to get up at night on a regular basis to urinate. Nocturia often causes sleep deprivation that affects a person’s quality of life.

**Occult blood**: Hidden blood in the stool not visible to the naked eye.

**Oliguria**: Decreased urine output, defined as less than 500 mL urine in adults in a 24-hour period. In hospitalized patients, oliguria is further defined as less than 0.5 mL of urine per kilogram per hour for adults and children or less than 1 mL of urine per kilogram per hour for infants.

**Overflow incontinence**: Occurs when small amounts of urine leak from a bladder that is always full. This condition tends to occur in males with enlarged prostates that prevent the complete emptying of the bladder.

**Paralytic ileus**: A condition where peristalsis is not propelling the contents through the intestines.

**Peristalsis**: The involuntary contraction and relaxation of the muscles of the intestine creating wave-like movements that push the digested contents forward.

**Polyuria**: Greater than 2.5 liters of urine output over 24 hours; also referred to as diuresis. Urine is typically clear with no color.

**Postvoid residual**: A measurement of urine left in the bladder after a patient has voided by using a bladder scanner or straight catheterization.

**Pyuria**: At least ten white blood cells in each cubic millimeter of urine in a urine sample that typically indicates infection. In some cases, pus may be visible in the urine.

**Rectal bleeding**: Bright red blood in the stools; also referred to as hematochezia.
Stress urinary incontinence: The involuntary loss of urine on intra-abdominal pressure (e.g., laughing and coughing) or physical exertion (e.g., jumping).

Tarry stools: Stools that are black and sticky that appear like tar; also referred to as melena.

Urgency: A sensation of an urgent need to void. Urgency may be associated with urge incontinence.

Urge urinary incontinence: Also referred to as “overactive bladder”; urine leakage accompanied by a strong desire to void. It can be caused by increased sensitivity to stimulation of the detrusor in the bladder or decreased inhibitory control of the central nervous system.

Urinary retention: A condition when the patient cannot empty all of the urine from their bladder.