

**Reference Number:** FOI/LHCH/2018/145  
**From:** Private Individual  
**Date:** 29 May 2018  
**Subject:** Urinary Incontinence Pads

- Q1 How many female patients in your Trust had a body-worn urinary incontinence pad during the last 12 months?
- Q2 How many female patients in your Trust had a non body-worn urinary incontinence pad (i.e. an absorbable bed pad) during the last 12 months?
- Q3 How many patients using a bodyworn/non-body worn urinary incontinence pad were used in your Trust during the last 12 months?
- Q4 How many of those bodyworn/non-body worn urinary incontinence pad were used for a female patient?
- Q5 Of your total bodyworn/non-body worn urinary incontinence pad usage, what percentage was used on females?
- A1-5 [Information not held – the Trust does not routinely collate or hold this information centrally as part of its management or performance data.](#)