

## Continence problems after stroke

It is common for people to have problems controlling their bladder and/or bowels after a stroke. Though initially very distressing, these problems are often resolved with time. This factsheet explains some of the continence problems that may happen after stroke, and outlines the treatment and services available to help in the short and longer term.

About half of people admitted to hospital with a stroke will have lost control of their bladder, and a third will experience loss of bowel control. **This is called incontinence.**

It is quite normal for incontinence to be a source of concern after a stroke. For many people loss of toilet control is a very sensitive and personal issue and some people may feel like they have lost their dignity.

However, **there is a lot that can be done to help**, and just 15 per cent of stroke survivors will continue to have continence problems a year after their stroke. It is generally easier to regain bowel control than bladder control. Regaining control can improve both your morale and overall recovery.

### Why do continence problems develop?

There are **different reasons** why you may develop continence problems after a stroke. For example, as with any serious illness or accident, if you are **not fully conscious** or aware of your surroundings, you may wet or soil yourself without realising it.

Your stroke may have damaged the part of the brain that controls your bladder and/or the bowel. As with other after-effects, it may take time to recover.

If you have **difficulty walking** or moving around (or you need help getting to the toilet) you may not always be able to get there in time. The same may be true if you have **communication difficulties** and cannot make yourself understood in time. Any extra exertion involved in moving may itself make it more difficult to maintain control.

Being **less mobile** than usual can make you more prone to **constipation** (difficulty emptying your bowels), which in turn may cause continence problems. You may not be able to eat or drink as much as usual because of the stroke and may be undernourished or dehydrated. This may also lead to constipation.

Some **medicines**, including ones commonly prescribed after a stroke, may affect bladder or bowel control. For instance medicines called diuretics, which may be taken to help lower your blood pressure, may initially

affect bladder control.

You may already have had mild continence problems before your stroke, which are likely to be made worse by any lengthy period in bed. **Urine retention** (being unable to empty your bladder completely) may cause your bladder to swell painfully. It is also more likely that you will suffer **bladder infections** during any period of inactivity, and these can cause temporary incontinence.

### Which continence problems can occur after stroke?

There are many different types of continence problems that can occur (sometimes in combination) as a result of stroke. These include:

- Frequency – needing to pass urine more often
- Urgency – feeling a sudden, urgent and uncontrollable need to pass urine. This is due to bladder spasm or contractions. Often there is no time to get to the toilet, so you may have an accident
- Nocturnal incontinence – wetting the bed while asleep
- Functional incontinence – caused when the physical effects of a stroke impede mobility or make it difficult to unfasten clothes in time to use the toilet
- Stress incontinence – small amounts of urinary leakage on coughing, sneezing or laughing. This usually happens because the muscles in the pelvic floor or urethral sphincter are weak or damaged.
- Reflex incontinence – passing urine without

realising it. This happens when a stroke has affected the part of the brain that senses and controls bladder movement

- Overflow incontinence – where the bladder leaks due to being too full. This can be due to a loss of feeling in your bladder, or difficulty in emptying your bladder effectively (urine retention)

### Bowel problems

- Faecal incontinence – or uncontrolled bowel movement. This can be caused by damage to the part of the brain controlling the bowel, not being able to get to the toilet in time, diarrhoea or constipation.
- Constipation with overflow – large stools can get stuck and block the bowel. Liquid stools above the blockage can flow around it causing watery stools to leak.
- Faecal impaction – dry and hardened stools collect in the rectum, they can press on your bladder and make any problems you have with emptying your bladder worse.

### Initial care after stroke

Until you are well enough to start actively regaining control of your bladder or bowel, you may need to wear **incontinence pads**. These should be changed rapidly by the nursing staff if they become soiled.

If you have good bladder and bowel function but are **unable to indicate when you need the toilet**, the nurses may offer you the toilet or commode every two hours or so. While you are in bed, you may be transferred to the commode using a hoist, or offered a bottle or sheath urinal (designed for men) or a bedpan (for women). If your bladder is

not emptying completely, then a **catheter** may be used to empty it. This involves gently inserting a fine tube to drain urine from the bladder into a bag. This may need to be done several times a day (intermittent catheterisation) to keep you comfortable and reduce the risk of developing a urinary tract infection (UTI).

If you develop **soreness** through skin contact with your urine, or the catheterisation causes discomfort, an indwelling (or semi-permanent) catheter may be used.

Faecal containment bags are used in intensive care, but you are more likely to wear pads if you are on a stroke unit. Good hygiene and skin care are therefore important to protect your skin from damage.

### Assessment

If you stay in hospital after your stroke, in the second week or so, your medical team will carry out an assessment to establish the **nature and cause of your difficulties** and devise an effective treatment programme. The continence assessment may include:

- a medical history of any problems you had before the stroke and your current medication that could be affecting control
- a simple chart recording your fluid intake and output (by volume and frequency) over at least two days
- a urine sample analysis to rule out infections
- a chart recording bowel movements and consistency
- further tests ranging from a simple

physical examination to bladder ultrasound scan, abdominal x-ray or specialist investigations to determine exactly how your bladder and bowel are working.

### What are the treatments for bladder incontinence?

Once the underlying cause of incontinence has been determined, suitable treatment will be offered. This may include:

- **Bladder training** which reduces urgency and frequency by gradually retraining your bladder to be less active and to hold more urine. This is done by making regular visits to the toilet, and gradually extending the time between visits until your bladder learns how to 'hold on'.
- **Pelvic floor exercises** help strengthen muscles so that they provide support. This will help improve bladder control and improve or stop leakage of urine.
- **Bladder stimulation** vibrating devices are sometimes effective where there is difficulty in emptying the bladder.
- **Medication** may help to reduce urine production, urgency and frequency.
- **Weight loss** (if you are overweight) will often improve bladder control in the longer term.

### What are the treatments for bowel incontinence?

Treatment for bowel (faecal) incontinence may include:

- **Bowel training** through regular visits

to the toilet (usually after meals, when the bowels are stimulated to move by a natural reflex). You also learn to delay bowel movements once on the toilet to improve your ability to 'hold on'.

- **Medication** to help reduce movement in the bowel or make the sphincter muscle tighter to avoid 'leakage'.
- **Treatment for constipation** using laxatives.
- **A bowel regimen** which uses medicine to make you constipated followed by an enema (putting liquid into your anus) to clear the bowel in a controlled way.
- **Dietary changes** such as eating more fibre if you have constipation and eating less fibre if you have diarrhoea.

### Which professionals can help me?

Your medical team will investigate and treat your continence problems. They should also train you in **managing your** (or your loved one's) **continence problems** and arrange for a supply of any necessary continence products before you are discharged from hospital.

**Community health and social care services** should arrange any ongoing support that you may need once you are back at home. If you are eligible to receive a regular supply of continence products through the NHS Continence Service, you should also receive a regular review of your needs in this respect (at least once a year). Eligibility varies throughout the UK. In Scotland, most Health Boards allocate supplies free of charge, but will limit the type of products that can be

provided within their area.

**Continence advisers** are specialist nurses who are trained to help with incontinence. They can develop a plan that is tailored to your individual circumstances. Your local health centre, or the Bladder and Bowel Foundation (see Useful organisations) can provide details of your nearest continence clinic. Your GP can also advise you, though you do not need a GP referral for this service.

If you need further help, you may need to see a specialist consultant, such as a **urologist, gastroenterologist, gynaecologist or geriatrician**. A doctor's referral will be needed for this.

**Physiotherapists** provide training and exercises to improve mobility. They can show you how best to move from your bed or chair to a commode or toilet, and teach you exercises to strengthen your pelvic floor muscles and improve bladder or bowel function. These are effective, though you may have to persevere for several months before you see results.

**Occupational therapists** help you regain your independence through activities to support your recovery. They can also help if your home needs to be adapted (for instance by having hand rails put up) or if any mobility equipment is needed to make it easier to use the toilet, such as walking aids or a wheelchair.

**Speech and language therapists** can assess the right texture of food for you if you are having difficulty swallowing safely.

**Dietitians** can recommend a suitable well balanced diet and fluid intake, as well as any dietary changes that may help with

continence problems.

**Social workers** can help with financial issues, such as obtaining benefits, and securing any grant you may be entitled to if you need to adapt your bathroom or build one downstairs. In some circumstances social services may help with bedding but this varies depending on where you live.

### Living with ongoing incontinence

While it does involve extra thought and effort, with good advice and preparation, **incontinence can be managed discreetly** as part of daily living.

There are various **continence products** available. These include high-absorbency pads and pull ups, with a built-in 'hydrophobic' layer for skin protection. Your GP or continence adviser will be able to tell you what is provided free of charge through your local NHS.

Absorbent, washable **seat pads** can be used to protect your furniture and are made in a range of colours. **Mattress protectors** and absorbent bed pads with tuck-in flaps (known as draw sheets) will reduce how often you need to change your bedding.

A **commode** is like a chair with a removable potty under the seat, and can be useful to have in the bedroom, especially at night. You may be able to obtain a commode through your local social services. Otherwise they are available from specialist suppliers or to order from retailers such as Boots.

**Practical measures** like planning access to toilets, when you are out, and having a change of clothing and hygiene kit with

you (which might include plastic bags for disposal or laundry, soap and flannel, anti-bacterial wet wipes and latex gloves) will help you manage in any situation.

The National Key Scheme (NKS), or Royal Association for Disability Rights (RADAR) Scheme, provides **keys to public disabled toilets** designed for wheelchair access. The scheme is available to people with disabilities or health conditions seriously affecting their continence. If you are eligible your council may provide a key free of charge. See 'Useful organisations' section.

A **daily routine of regular visits** to the toilet, and reducing the amount you drink before bed time, will help to avoid accidents. An alarm can be used to schedule a visit to the toilet during the night, or you may prefer to try a moisture alarm on your bed, which will sound when wetness is detected. This is designed to wake you up so that you can finish emptying your bladder in the toilet.

You may wish to wear a silent **vibrating alarm** watch, which can be set to give a discreet reminder at regular intervals. A silent alarm also has advantages at night time, if you wish to avoid disturbing others.

**Specialised products** such as catheters, anal plugs, urine drainage bags and appliances for men can be obtained on prescription from your GP. In Scotland pads are also available on prescription. Normal prescription charges and exemptions apply. Washable or disposable waterproof bed and seat covers are generally not provided by the NHS.

Products can also be purchased from some pharmacies and by mail order or online. If you buy products from a chemist or by mail

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order, they can give you a form to sign so you do not pay VAT. The moisture, friction and bacteria associated with incontinence can cause skin rashes and infection.

**Careful hygiene** and skin care around the affected area are needed to avoid the risk of dermatitis (inflammation of the skin).

If your skin is badly affected, an '**indwelling' catheter**, in which the bag is attached to the leg and worn under clothing, may be recommended, though this is generally used as a last resort. In some cases a **supra-pubic catheter**, where the catheter is inserted into the bladder through the abdomen wall, may prove a more convenient method of permanent drainage. Your continence adviser should be able to advise you in detail about these procedures.

### Helping yourself

- Adopt a routine (as outlined above) to help avoid accidents.
- Remember to follow all the tips and exercises your physiotherapist has given you – it takes time for the effects to show (and to be maintained).
- Drink plenty of fluids during the day – especially water. This will help to avoid infections of the bladder and also constipation. Try to have 6-8 glasses of fluid each day, and more if you have a catheter.
- Cut down on drinks which contain caffeine such as tea, coffee and cola, and alcoholic drinks, as they can irritate the bladder.
- Follow a balanced diet with plenty of fruits and vegetables. They contain valuable fibre, which helps bowel movements.

- Keep as active as you can. This will help stimulate the bowel to move regularly.
- Try to use the toilet as soon as you need to, and empty your bladder fully. This can also help to avoid infections.
- Wear clothes that are easier to unfasten, for example with Velcro or elasticated waistbands instead of buttons or fiddly fasteners.
- Take care of your skin by using mild soap or specialised products and take care to cleanse and dry thoroughly.
- Dispose of incontinence materials safely. Ensure that disposal bags are secure and leak-proof and use a bin with a lid.

### If you are caring for someone

You may feel 'out of your depth' when faced with incontinence, even if you are emotionally and physically strong. You and your loved one may well find it difficult to preserve their comfort and dignity while following a toileting routine, giving and receiving intimate care or dealing with soiled clothes and bed linen.

You may find it useful to **speak to a specialist continence adviser** or one of the organisations listed on page 7. They will be able to talk through your questions and concerns, help you to consider all of the options, and make practical arrangements for the longer term.

If you decide to take on caring for your loved one at home, then our factsheet *F4, Stroke: a carer's guide* will prove useful, and our Stroke Helpline can put you in contact with your local carer support services.

## Useful organisations

All organisations listed are UK-wide unless otherwise stated.

### **Stroke Association**

**Stroke Helpline:** 0303 3033 100

**Website:** [stroke.org.uk](http://stroke.org.uk)

**Email:** [info@stroke.org.uk](mailto:info@stroke.org.uk)

Contact us for information about stroke, emotional support and details of local services and support groups.

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### **Age UK Incontinence**

**Tel:** 0800 849 8032

**Website:** [www.ageukincontinence.co.uk](http://www.ageukincontinence.co.uk)

This continence advice and product ordering service is run as a business in association with Age UK. Sample packs of a wide range of products are available to order.

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### **Assist UK (formerly the Disabled Living Centres Council)**

**Tel:** 0161 832 9757

**Email:** [general.info@assist-uk.org](mailto:general.info@assist-uk.org)

**Website:** [www.assist-uk.org](http://www.assist-uk.org)

Assist UK can provide details of your local Disabled Living Centre, where you can obtain professional advice about daily living. There are more than 40 centres around the UK. Many display (or carry information on) continence products. An appointment is usually advisable.

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### **Bladder and Bowel Foundation**

**Nurse Helpline:** 0845 345 0165

**Email:**

[info@bladderandbowelfoundation.org](mailto:info@bladderandbowelfoundation.org)

**Website:**

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)

For information and support and a 'Just Can't Wait' toilet card (£5 or free to subscribers) for people with continence issues. Has a UK-wide Directory of NHS and

private continence services.

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### **British Red Cross**

**Tel:** 0844 871 1111

**Website:** [www.redcross.org.uk](http://www.redcross.org.uk)

Local branches offer short-term loan of equipment such as commodes.

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### **DLF (Disabled Living Foundation)**

**Helpline:** 0845 130 9177

**Email:** [advice@dlf.org.uk](mailto:advice@dlf.org.uk)

**Website:** [www.dlf.org.uk](http://www.dlf.org.uk)

Provides free, impartial and authoritative advice about equipment and resources to help with all aspects of daily living.

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### **ERIC (Education and Resources for Improving Childhood Continence)**

**Helpline:** 0845 370 8008

**Website:** [www.eric.org.uk](http://www.eric.org.uk)

A national charity supporting children and young people, families and health professionals on childhood continence – bedwetting, daytime wetting, soiling and constipation, and potty training.

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### **PromoCon**

Disabled Living Centre, Redbank House, 4 St Chad's Street, Manchester M8 8QA

**Helpline:** 0161 607 8200

**Email:** [info@disabledliving.co.uk](mailto:info@disabledliving.co.uk)

**Website:** [www.disabledliving.co.uk/promocon](http://www.disabledliving.co.uk/promocon)

Offers a national display of continence products, a helpline and individual continence assessments.

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### **RADAR (Royal Association for Disability Rights)**

**Tel:** 020 7250 3222

**Email:** [radar@radar.org.uk](mailto:radar@radar.org.uk)

**Website:** [www.radar.org.uk](http://www.radar.org.uk)

Co-ordinates the National Key Scheme for wheelchair accessible toilets, supplying keys

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and a directory of over 8,000 toilets fitted with a RADAR lock at nominal cost.

**Disclaimer:** The Stroke Association provides the details of other organisations for information only. Inclusion in this factsheet does not constitute a recommendation or endorsement.

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For sources used, visit [stroke.org.uk](http://stroke.org.uk)

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