

Continence problems after stroke

This guide explains some of the bladder and bowel problems that may happen after stroke. It also looks at the treatment and services available to help.

Bladder and bowel problems

Just after a stroke happens, it is quite common to have some problems with bladder and bowel control. If leakage happens, this is called incontinence. It often improves in the early weeks after the stroke.

For many people loss of toilet control is a very sensitive and personal issue, and people can feel like they have lost their dignity. However, there is a lot that can be done to help, and many people will recover. The most important thing you can do is seek help. Tell a medical professional you are having difficulties with bladder or bowel control. Some people keep it hidden, which means they miss out on help and support. Regaining control can improve both your morale and overall recovery.

Why do continence problems happen?

There are different reasons why you may develop bladder and bowel problems after a stroke. At the time of a stroke you may lose consciousness, and may soil yourself without realising it. Your stroke may have damaged the part of the brain that controls your bladder or bowel. As with other effects of stroke, it may take time to recover. There

are exercises and other treatments you can try to help you recover.

If you have difficulty walking or moving around, you may not always be able to get to the toilet in time. The same may be true if you have communication difficulties and cannot make yourself understood in time to get help with reaching the toilet. 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 (not emptying your bowels regularly), 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 not be eating or drinking enough. This can also lead to constipation.

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

If you already had mild bladder or bowel problems before your stroke, these are likely to be made worse by any lengthy period in bed. Urine retention can also happen after a stroke.

You may find it difficult to empty your bladder and it may become very full. It is also more likely that you will develop bladder infections, and these can cause temporary incontinence.

What bladder and bowel problems can occur after stroke?

There are many different types of bladder and bowel problem that can occur as a result of stroke.

- Frequency – needing to pass urine more often than is usual for you.
- Urgency – feeling a sudden, urgent and uncontrollable need to pass urine. Often there is no time to get to the toilet, so you may have an accident.
- Nocturia – your bladder waking you from sleep with an urgent need to pass urine.
- Nocturnal enuresis – wetting the bed while still asleep.
- Functional incontinence – when the physical effects of your stroke make it difficult for you to reach the toilet or unfasten your clothes in time.
- Stress incontinence – small dribbles of urine leak when you cough, sneeze or laugh. This usually happens because the muscles in your pelvic floor 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. Your bladder can get too full due to a loss of feeling in your bladder, or difficulty in emptying the 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 may 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 a stroke

If you have good bladder and bowel function but are unable to indicate when you need the toilet, staff 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).

Until you are well enough to start actively regaining control of your bladder or bowel, you may need to wear absorbent pads. These should be changed immediately if they become soiled. Good hygiene and skin care are important to protect your skin from damage.

If your bladder is not emptying completely, then a catheter may be used to empty it. This involves inserting a fine tube into either the urethra or through a small hole made in the stomach to drain urine from the bladder into a bag. This may need to be done several times to keep you comfortable and reduce the risk of developing a urinary tract infection (UTI).

Assessment

If you stay in hospital after your stroke, your healthcare team will carry out an assessment to establish the type of bladder or bowel difficulties you have and plan your treatment with you. The assessment may include:

- a medical history of any problems you had before the stroke and your current medication
- a simple diary recording what you drink and how much urine you pass over two to three days
- a urine sample analysis to rule out infections
- a chart recording bowel movements and consistency
- other investigative tests. These may be a physical examination, a bladder ultrasound scan, abdominal x-ray or specialist investigations to determine exactly how the bladder and bowel are working.

What are the treatments for bladder problems?

Once the cause of your bladder problem has been found, you will be offered advice and treatment. These can include:

- drinking plenty of fluids. Strong, concentrated urine irritates your bladder. This makes urgency worse, can cause leakage and also bladder infections. Caffeine can also stimulate urine production so you may be advised to reduce your caffeine intake
- bladder training reduces urgency and frequency by gradually retraining your bladder 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
- electrical stimulation devices, which can be inserted in either the vagina or the anus to stimulate and strengthen the muscles that control the bladder.
- using medication to reduce urine production, urgency and frequency
- weight loss (if you are overweight) will often improve bladder control in the longer term
- stopping smoking – coughs make bladder leakage worse. Stopping smoking can help.

What are the treatments for bowel incontinence?

Some of the advice and treatment offered may include:

- treatment for bowel (faecal) incontinence may include lifestyle changes, medication and training
- bowel retraining can involve 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'
- pelvic floor exercises which can also strengthen the muscles that control bowel movement
- dietary changes such as eating more fibre if you have constipation
- medication can include loperamide, which is used to treat diarrhoea. It slows down the movement of stools through the bowel, allowing more water to be absorbed. Laxatives are another option. The main type is a 'bulk-forming laxative', which help stools to retain fluid and avoid them becoming dry and causing a blockage
- drinking more fluids helps soften the stools
- enema or rectal irrigation may be used in the case of faecal impaction to clear the bowel.

Which professionals can help me?

Your medical and nursing team will investigate and treat your continence problems. They should also train you in managing your bladder and bowel problems, and arrange for a supply of any necessary continence products before you are discharged. If you are caring for a stroke survivor with bowel and bladder problems, you should be given advice on how to help them.

Community health and social care services should arrange any 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 at least once a year. Eligibility varies throughout the UK.

Continence advisors are specialist nurses who are trained to treat bladder and bowel problems. They will fully assess your individual needs and develop a plan that is tailored to your personal circumstances. Your local health centre, or the Bladder and Bowel Community (see *Other sources of help and information*) can provide details of your nearest continence clinic. Your GP can also advise you and provide a referral if necessary.

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 can be effective, though you

will 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.

Dietitians can recommend a suitable, well-balanced diet and fluid intake, as well as any dietary changes that may help you.

Social workers can help with financial issues, such as obtaining benefits, and securing any grants 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 incontinence

While it does involve extra thought and effort, with good advice and preparation, bladder and bowel problems can be managed discreetly as part of everyday life.

There are various continence products available, such as absorbent pads. 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, or borrow one from the Red Cross. 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), also known as the 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 *Other sources of help and information*).

A daily routine of regular visits to the toilet, staying hydrated during the day and reducing the amount you drink just 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.

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Specialised products such as catheters, anal plugs, urine drainage bags and appliances for men can be obtained on prescription from your GP. 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 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 are needed to avoid the risk of skin damage such as redness and blistering (incontinence-associated dermatitis).

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 suprapubic 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 explain these procedures to you in detail.

Helping yourself

- Adopt a routine to help avoid accidents.
- Remember to follow all the training tips and exercises your nurse, continence adviser or physiotherapist has given you – it takes time for the effects to show (and to be maintained) and perseverance does give results.
- Drink plenty of fluids during the day, especially water. This will help to avoid infections of the bladder and 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, as they can irritate the bladder. Alcoholic drinks can cause dehydration.
- Eat a balanced diet with plenty of fruits and vegetables. They contain valuable fibre, which helps bowel movements.
- Keep as active as you can. This can help to reduce bladder leakage and will help stimulate your bowel to move regularly.
- Try not to use the toilet unless you need to, and empty your bladder fully when you go. Sometimes sitting for longer can help to empty your bladder, or you could try standing up and sitting down again. This can also help to avoid infections.
- Wear clothes that are easier to unfasten, for example with hook and loop fastenings or elasticated waistbands.
- Carry a Just Can't Wait card or download the Just Can't Wait app, available free from www.bladderandbowel.org. A RADAR key is also available from the website, and can help you gain access to public toilets.
- 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 in *Other sources of help and information*. 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.

Our guide L11, *Supporting a stroke survivor* may help. Our Stroke Helpline can put you in contact with your local carer support services.

Where to get help and information

From the Stroke Association

Talk to us

Our Stroke Helpline is for anyone affected by a stroke, including family, friends and carers. The Helpline can give you information and support on any aspect of stroke.

Call us on **0303 3033 100**, from a textphone **18001 0303 3033 100** or email helpline@stroke.org.uk.

Read our publications

We publish detailed information about a wide range of stroke topics including reducing your risk of a stroke and rehabilitation. Read online at stroke.org.uk or call the Helpline to ask for printed copies.

My Stroke Guide

My Stroke Guide is the stroke support tool and online community from the Stroke Association. Log on at mystrokeguide.com.

Our Enquiry Line can support you with using My Stroke Guide: call **0300 222 5707** or email mystrokeguide@stroke.org.uk.

Other sources of help and information

Age UK Incontinence

Website: www.ageukincontinence.co.uk

Tel: 0800 046 1501

A continence advice and product ordering service run in association with Age UK. Sample packs of a wide range of products are available.

Bladder and Bowel Community

Website: ww.bladderandbowelfoundation.org

Medical helpline: 0800 031 5412

Offers information and support and a free 'Just Can't Wait' toilet card for people with continence issues. Has a UK-wide Directory of NHS and private continence services.

Bladder and Bowel UK

Website: www.bladderandboweluk.co.uk

Helpline: 0161 607 8219

Advice, information and support for adults and children with bladder and bowel problems. Also supplies the free RADAR key.

British Red Cross

Website: www.redcross.org.uk/Mobility-aids

Tel: 0344 871 1111

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

Continence Product Adviser

Website: www.continenceproductadvisor.org

Introduces and explains a range of products to aid continence.

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Disability Rights UK

Website: www.disabilityrightsuk.org/shop

Gives information on the National Key Scheme for wheelchair accessible toilets, supplying keys and a directory of over 8,000 toilets fitted with a RADAR lock at nominal cost.

Bladder & Bowel UK

Tel: 0161 687 8219

Website: www.bladderandboweluk.co.uk

Disabled Living provides details of products, equipment and services for people with continence problems.

Disabled Living Foundation (DLF)

Website: www.dlf.org.uk

Helpline: 0845 130 9177

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

Living Made Easy

Website: www.livingmadeeasy.org.uk

Helpline: 0300 999 0004

Developed by the Disabled Living Foundation, this website offers independent advice on products for personal care.

About our information

We want to provide the best information for people affected by stroke. That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.

How did we do?

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at feedback@stroke.org.uk.

Accessible formats

Visit our website if you need this information in audio, large print or braille.

Always get individual advice

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