

BLADDER AND BOWEL AFTER STROKE



ESSENTIAL GUIDE

This Essential Guide is about bladder and bowel management after stroke.

It explains:

- How a stroke can affect your bladder and bowel
- How bladder and bowel issues can affect your lifestyle
- Treatments and support for bladder and bowel issues
- Techniques that might help you to recover bladder and bowel function

How does a stroke affect continence?

Stroke can affect your bladder and bowel function in a lot of ways.

This can be down to:

- Cognitive changes
- Changes in how your brain signals the muscles in your bladder and bowel
- Mobility problems
- Communication problems
- Changes in sensation making it harder to tell when you need to go to the toilet

Some medications prescribed after a stroke can affect how often you need to relieve yourself.



Pain medications can cause constipation, while some blood pressure medications can make you urinate (pee) more.

Bladder problems

There are six main bladder problems which you may experience after a stroke:

Urgency urinary incontinence (UII)

Sudden urine leaks accompanied by a strong and urgent need to pee.

Stress urinary incontinence (SUI)

Urine leaks in times of effort or exertion, or when you sneeze or cough.

Mixed urinary incontinence (MUI)

A mix of urgency and stress incontinence.

Urine retention

Urine (pee) stays in your bladder even when you go to the toilet. You may feel the need to pee, but be unable to do so.

Overflow

Involuntary leaks due to urine retention.

Incomplete emptying

The feeling that there is still urine in your bladder when you are done peeing.

Bowel problems

There are four main types of bowel problems which you may experience after a stroke:

Faecal incontinence

Muscle weakness or difficulty controlling muscles makes it difficult to hold faeces (poo) in when you need to go to the toilet. Faecal incontinence is when you cannot control when you empty your bowels.

Constipation

Difficulty emptying your bowels, and the build-up of hard, solid faeces. Bowel movements may be difficult or painful.

Faecal impaction

Difficulty emptying your bowels leading to faeces build-up. You may still feel that your bowel is full after a bowel movement.

Incomplete emptying

The feeling that your bowel is still full after you have been to the toilet.

Factors in bladder and bowel incontinence

Bladder and bowel issues can be caused by many different factors, including:

Physiological changes

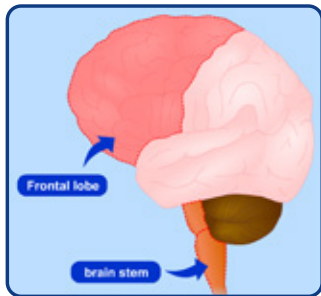
Functional disability

Cognitive (thinking) issues

Communication difficulties

Mood and emotions

Physiological changes



A stroke that affects your brain stem or frontal lobe may mean that you cannot control the muscles in your bladder and bowel.

Functional disability

Disabilities caused by your stroke - for example problems with vision, mobility, or balance - can affect your continence.

For example:

Decreased movement may make it difficult for you to get to the toilet

Poor eyesight may make it hard to find the toilet, or put you at increased risk of falling on the way

Loss of fine motor skills may make it hard to undo clothing to go to the toilet.

Loss of sensation may mean you do not know when you need to go to the toilet.

Balance problems can make it difficult to use a toilet or commode

Inadequate toilet facilities or **lack of privacy** can make you feel reluctant to use the toilet or commode.

Cognitive issues

A stroke can affect your thinking. This may make you less aware of the need to go to the toilet. It can also make it difficult to find and use the toilet.

Some people report being unable to recognise a toilet, and see it as a black hole or something else frightening.



Communication difficulties

If you have aphasia, dysarthria, or another communication difficulty as a result of your stroke, you may have trouble expressing that you need to go to the toilet.



You might also find it difficult to express if you develop something else, like a urinary tract infection or digestive problems, that affects your bladder and bowel function.

Mood and emotion

A stroke can affect your mood and emotion, which can affect your continence:

Anxiety can trigger incontinence. Incontinence problems may cause anxiety.

Depression can make it hard to motivate yourself to get up and go to the toilet.

Emotional dysregulation (trouble managing your feelings) may mean incontinence makes you angrier or more upset than it usually would.

Embarrassment may make it difficult to seek help for bladder and bowel issues.

Remember:

It can be embarrassing to talk about bladder and bowel issues, but health workers will not judge you!

Being honest about your incontinence can make a huge difference to your recovery.

How do I know there is a problem?

Following a stroke, you should have an assessment in hospital to see whether your stroke has caused bladder and bowel problems.

However, sometimes bladder and bowel problems can arise later in your recovery.

Talk to your doctor, a stroke nurse, or a continence nurse if:

- You are finding it more difficult than usual to control when you go to the toilet
- You have soiled yourself one or more times recently
- You are experiencing pain or discomfort when you go to the toilet
- You often feel pain in your belly or gut



How will this affect me?

Bladder and bowel problems can have a lot of secondary effects on your life. This may include:

- Avoiding going out because you do not know whether a toilet will be available.
- Embarrassment
- Isolation
- Pain or discomfort
- Skin irritation or infections caused by being frequently wet or dirty.
- Reduced mental wellbeing

It can be difficult to talk about these issues, as many people are embarrassed by discussion of bodily functions. However, help is available with all of the above, if you ask.



What can I do?

Bladder and bowel incontinence may be treated with medications (such as stool softeners or antidiuretics), or through a process of retraining your body to control its bladder and bowel movements.

Having someone to talk to can make incontinence easier to cope with.

There are also practical things you can do for yourself to make life easier, such as:



Try to drink at least 6-8 glasses of fluid (especially water) every day. This will help to keep your bladder healthy and avoid infections and constipation.



Avoid or reduce alcoholic or caffeinated drinks, as these can irritate your bladder.



Follow a balanced diet. Changes to your diet, such as eating more fibre, can help if you have constipation.



Keep as active as you can and do pelvic floor exercises if appropriate.



See your GP if going to the toilet is painful, you feel unwell or have a fever, as you may have an infection which needs treatment.



Adopt a routine to help you avoid episodes of incontinence.



Plan travel and make sure you know where the toilets will be when you are out and about.



Wear clothes that are easy to unfasten. Velcro or elasticated waistbands can be quicker and easier than buttons or fiddly fasteners.



Use pads or incontinence pants. These are available in most pharmacies and can make episodes of incontinence less noticeable and less distressing.

Bladder and bowel training

Bladder and bowel training includes taking regular visits to the toilet and practicing delaying bladder or bowel movements once you are on the toilet. Over time, this can help to rebuild the muscles and connections that allow you to control your continence.

You may also be given **pelvic floor exercises** by a specialist physiotherapist. These help to strengthen the muscles which support your bladder and bowel. It is important that you keep doing these exercises, as it often takes several weeks before there is a noticeable improvement.



Pads and pants

If you often have problems with leakage, **pads** or **pull-up pants** can help reduce the smell, protect your clothes, and avoid dampness.

These products have a layer which draws urine away from the surface of the product, so your skin stays dry.

Many supermarkets and pharmacies sell thin, discreet pads and incontinence pads. You may also be able to get heavier-duty products on the NHS.

You can also get **washable bed pads** which sit on top of your mattress and soak up leaks which may happen at night.

Only use pads specifically designed for incontinence! Other products, like sanitary towels, are not as absorbent and may cause chafing and soreness when damp.

Catheters

Catheters are tubes which are inserted into your bladder, in order to collect urine directly.

If you have a catheter inserted, you may be able to have a catheter valve. This closes the end of the catheter, and can be released when you want to urinate.

In most cases, though, your catheter will be connected to a **urine collection bag or bottle**. This will fill up over the course of the day, and can be emptied when needed.

If you struggle with faecal incontinence, you may be able to get a similar device (e.g. a stool bag or rectal catheter) to collect faeces.

These devices are usually only used in severe cases of incontinence, as they are invasive. A less invasive urinary alternative for people with penises is a **penile sheath**. These fit over your penis to collect urine, and can be connected to a bag or valve.

Other devices

There are other devices that you may be able to use if you have continence issues, such as:

Internal vaginal devices

These either support the bladder neck or compress the urethra, reducing leakage.

Penile compression devices

A discreet, reusable device that fits onto your penis, closing the urethra to reduce leakage. They should be used with care.

Bedpans, commodes, handheld urinals

These are all devices you can use as a toilet when you have limited mobility or are unable to access a toilet.

Anal plugs and inserts

These can be used short-term to prevent anal leakage, but may cause discomfort.

Asking for help

Asking for help with bladder and bowel problems can be intimidating. You may feel awkward or embarrassed when discussing this kind of body function, or be afraid of being judged.

It is important to remember that handling incontinence and similar issues is a common part of health and care professions. People with a health background are trained to help with even awkward and taboo subjects!

It can help to know in advance what you would like to say, and even to write it down if necessary. This can prevent you from forgetting important details in your embarrassment, and give you a framework to work from.

Advice and support

Besides your health team, friends and family, you can find advice and support through:

Chest Heart and Stroke Scotland

Call 0808 801 0899 to speak to one of our trained Advice Line practitioners.

www.chss.org.uk

Email: advice@chss.org.uk

Bladder & Bowel UK

An England-based charity which offers in-depth information and advice for anyone with bladder and bowel problems.

www.bbuk.org.uk

Continence Product Advisor

An online resource which provides detailed information on what products are available for incontinence, where to get them, and how to use them.

www.continenceproductadvisor.org

Our publications are available for free to anyone in Scotland who needs them. Go to www.chss.org.uk/resources-hub for all our resources, including other Essential Guides in this series.

For free, confidential advice and support from our **Advice Line nurses**, call: 0808 801 0899 (Mon-Fri 9.30am-4pm), text: NURSE to 66777 or email: adviceline@chss.org.uk.

Across Scotland, over one million people – that's one in five of us – are living with the effects of a chest, heart or stroke condition. We are here to help everyone who needs us. But we need your support to do this. Go to www.chss.org.uk/supportus to find out how you can help more people in Scotland.

If you would like this resource in an alternative format, please contact our Advice Line nurses.

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NO LIFE HALF LIVED

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