

CONTINENCE PROBLEMS AFTER STROKE

Continence is a term used to describe bladder and bowel control. When there are problems this is known as incontinence. Bladder control problems (known as urinary incontinence) are very common and affect about half of all people who have had a stroke. Most people find that these problems resolve within a few weeks or months as their body recovers from the effects of their stroke, but for around 15% of people bladder control becomes a long-term problem. There are things that can be done to treat or manage bladder problems after stroke. As much as possible will be done by the health care professionals in the rehabilitation team at the hospital to overcome these problems. If you are at home, your GP, Stroke nurse or District or Community nurse will be able to help you. Specialist health care professionals throughout Scotland, known as a Continence Advisors may be able to help you if have ongoing problems. Your doctor will put you in touch with your local advisor.

Types of continence problems after stroke

There are five common types of problem with bladder control after a stroke. Some are to do with physically getting to the toilet or managing clothing and some are medical.

Functional incontinence: when your stroke affects your mobility or the use of one hand, you may find you can't get to the toilet in time or you have difficulty unfastening clothes in time.

Reflex (or neurogenic) incontinence: when the part of your brain controlling your bladder is affected by a stroke, you can experience a loss of voluntary control of your bladder. In most people this only lasts for about 3 months and improves as healing takes place in the affected part of the brain.

Urge incontinence: when you suddenly feel an urgent, uncontrollable need to pass urine, without enough warning for you to get to the toilet in time (urgency). This may happen often throughout the day, with short gaps in between visits to the toilet (frequency).

Nocturnal incontinence: wetting the bed in your sleep.

Overflow incontinence: when your bladder over-fills and leaks, due to either a loss of feeling in your bladder and / or difficulty in emptying your bladder completely.

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Investigation and assessment

If you are still experiencing problems with bladder control a month after your stroke, you may be assessed by a continence advisor or a specialist doctor called a urologist. They will want to examine you and may need to carry out some investigations to find out what the problems are and how best to treat or manage them. These investigations can include keeping a record of what is happening and taking urine samples. An ultrasound scan of your bladder and other specialised tests may be carried out.

Treatment

Urinary incontinence can be tackled by a combination of bladder management and / or drugs.

Bladder management

Individual programme

You may be able to improve how your bladder works after your stroke. Your continence advisor will give you a chart to keep and will then work out the best programme for you. This is very individual and will depend entirely on your own set of circumstances.

At night

You should always empty your bladder completely before going to bed. Wearing absorbent pads at night might be useful in helping you to get an undisturbed sleep.

Avoiding infections

Having a bladder infection will worsen any symptoms of urgency and frequency you may have and may cause other symptoms such as pain on passing urine. Your urine might also be cloudy and may be foul smelling. If you think you have developed an infection you should see your GP straight away, so that your urine can be checked and a specimen can be sent for investigation. Antibiotics can then be started if necessary.

To avoid getting an infection it is vital that you drink plenty of fluids to allow your bladder to work properly. Not drinking enough may worsen your symptoms.

Pelvic floor exercises

If appropriate a physiotherapist may assess you to see if exercises to strengthen the muscles which support your bladder would improve or stop the leakage of urine. These exercises should be done frequently throughout the day and it is important that you persist with them, as it may take several weeks before you notice an improvement.

Drugs to help urinary continence problems

Your doctor may prescribe tablets to be taken once a day to help to reduce symptoms of urgency and frequency. It is important to remember that you may need to take them for several weeks before you notice an improvement in your bladder symptoms.

These include:

- oxybutinin
- propiverine
- darifenacin
- tolterodine
- trospium chloride
- solifenacin
- desmopressin

If you are under 65 yrs your doctor may prescribe desmopressin to prevent bedwetting or if you are going on a long journey without easy access to a toilet. It helps to reduce the amount of urine produced by the kidneys for a few hours. You will need to restrict your fluids after taking it as well. This drug is available as a nasal spray as well as in tablet and sublingual ('under the tongue') form.

Practical solutions to help you cope

As well as trying to improve the situation you may need practical solutions to help you cope with continence problems.

Equipment

If your continence problems are caused because you can't get to the toilet in time, you can get a commode, bedpan, or urinal (male or female types) for use at home.

Trousers or skirts with elasticated waists or velcro can be easier to open in a hurry than buttons and zips. An occupational therapist can assess your needs and arrange for equipment for you.

Continence aids

There is a wide variety of both disposable and washable continence aids available such as absorbent pads and pants, protective coverings for furniture and bedding. Your continence advisor will talk to you about which would be the most suitable for you and where to access local equipment. Your local continence support services can make arrangements for you to receive equipment.

Use of sheaths

This is a useful aid for men who have problems with urinary incontinence. The sheath fits over the penis and the urine is passed down a tube and is collected in a drainage bag. This is attached to the thigh in the same way as the catheter bag described below.

Catheterisation

Having a catheter in place removes the need to go to the toilet to pass urine in the usual way. A catheter is a long thin tube which is used to drain urine from the bladder into a bag. A small balloon at the tip of the catheter is inflated with air to prevent the catheter from falling out.

The urine drains into a waterproof bag which can be emptied as it gets full. There are various ways of supporting the bag and keeping it in place comfortably, usually with straps of some kind. It is worn discreetly under your clothes. At night a different bag is attached called a night bag which fits onto a stand at the side of the bed.

Catheterisation may be suggested if:

- you are at risk of infection because your bladder does not empty properly
- your skin needs to be protected from exposure to urine
- your leakage proves too difficult to manage any other way

Urethral catheterisation

A urethral catheter is inserted into the bladder through the urethra (the canal that usually carries urine out of the body). A urethral catheter is inserted and changed periodically by your nurse who will also provide you with full details about how to manage it.

Intermittent self-catheterisation

Intermittent self-catheterisation involves inserting and removing a urethral catheter several times a day in order to empty the bladder. Your continence advisor will show you how to perform this if this is appropriate for you.

Supra-public catheterisation

A supra-pubic catheter is inserted into the bladder through an incision in the abdomen, just above the pubic bone, and is also held in position with a small inflated balloon. This is a surgical operation that has to be performed in hospital, either done under a local or a general anaesthetic. It may be not be suitable for everyone but it has some advantages. You may find it more comfortable, easier to care for and less prone to infection. If you are sexually active a supra-pubic catheter is easier to manage than a urethral catheter.

What can I do to help myself?

- Try to drink at least 6-8 cups or glasses of fluid every day (1.5 - 2 litres per day or 3 - 4 pints). Avoid or cut down on: caffeine in tea, coffee and cola and alcoholic drinks as these can irritate your bladder. Water, fruit juices and cordials are best. If you are taking the drug warfarin you will have to avoid large quantities of cranberry juice so check with your doctor.

- Avoid constipation as it can make bladder problems worse.
- Maintain the correct weight for your height. Being overweight puts extra pressure on your bladder.
- Keep as active as you are able, and do your pelvic floor exercises as shown by your physiotherapist.
- Avoid urinary infections. Make sure you take time to fully empty your bladder each time you go to the toilet and take extra care with personal hygiene. Ladies should wipe from front to back.
- See your GP if passing urine becomes painful or your urine smells strongly. You may have an infection which will need treatment with antibiotics.
- Be prepared when out and about by taking a small bag with you containing items such as spare pants, pads, moist wipes, disposal bags, toilet paper and a hand towel.

Problems with bowel control

Faecal incontinence

About a third of people who have had a stroke also develop problems controlling their bowels. There are several possible causes:

- loss of mobility / reliance on carers prevents you from getting to the toilet when you need to go
- damage to the area of the brain responsible for bowel control
- overflow leakage of faeces due to constipation

Speak to your doctor or nurse about any problems you may have. Drugs are available on prescription to help slow the bowel down if necessary.

Constipation

Constipation is very common and people who are less mobile are more prone to it. Constipation can be brought about by being inactive for long periods, by not eating or drinking as much as usual and by delaying emptying your bowel when you need to. It can also make bladder emptying problems worse when hardened faeces presses on your bladder. Try to avoid constipation by:

- eating a balanced diet with plenty of fruit and vegetables (at least five portions a day)
- drinking plenty of fluids
- trying to move your bowels as soon as you need to

If necessary, your doctor can prescribe drugs to help treat, and prevent, constipation.

Useful contacts

Bladder & Bowel Foundation

SATRA Innovation Park
Rockingham Road, Kettering, Northants, NN16 9JH
Nurse helpline: 0845 345 0165
General enquiries: 01536 533255 or 0800 011 4623
Fax: 01536 533240
Email: info@bladderandbowelfoundation.org
Website: www.bladderandbowelfoundation.org

The Bladder and Bowel Foundation provide information and support for people with bladder and bowel disorders.

PromoCon

Redbank House
4 St Chads Street, Cheetham, Manchester, M8 8QA
PromoCon Helpline: 0161 834 2001 (Monday – Friday 10am to 3pm)
Tel: 0161 214 4594 | Fax: 0161 835 3591
Email: Promocon@disabledliving.co.uk
Website: www.promocon.co.uk

Promocon is an integral service of Disabled Living and can provide full-colour guides which show and describe the ranges of continence products available.

RADAR (Royal Association for Disability and Rehabilitation)

12 City Forum
250 City Road, London EC1V 8AF
Tel: 020 7250 3222 | Fax: 020 7250 0212
Minicom: 020 7250 4119
E-mail: radar@radar.org.uk
Website: www.radar.org.uk

RADAR is made up of a network of members including individuals and organisations involved with all aspects of disability. Radar operates the National Key Scheme. This scheme provides people who have a disability with a key and a guide to 8000 toilets in UK. These items can be purchased by phone or on-line.

If you would like to speak to one of our nurses in confidence,
please call the Chest Heart & Stroke Scotland Advice Line

0845 077 6000

Monday –Friday 9.30am – 4.00pm