Bladder Issues following Stroke

Life after Stroke

Stroke and bladder issues statistics

Bladder (and bowel) issues are common after a stroke:

- Between 32%-79% of stroke patients will have bladder issues
- Between 25%-38% will have urinary incontinence on discharge from hospital
- Between 12%-19% will have ongoing urinary incontinence up to 10 years
- 5% of stroke survivors will have faecal incontinence whereas around1.5% in the non stroke population will have faecal incontinence
- Bladder (and/or bowel) issue(s) can be a new since stroke or change to pre existing issue(s)
- Bladder & bowel issues are a rehabilitation process & can get better

While you were in hospital

While in hospital

- Any new issues with bladder (and/or bowel) problems following your stroke should have been identified in hospital
- Your bladder (and/or bowel) rehabilitation should start in hospital and be tailored to your individual needs
- Listen to your bladder (and/or bowels) and ask to use the toilet
- You should be able, wherever possible, facilitated to use the toilet
- If you need help to take you to the toilet use your buzzer to ask for that help

Types of urinary incontinence

Types of urinary incontinence

- **Urgency**: Sudden involuntary leakage with / or immediately preceded by a strong desire to urinate that cannot easily be deferred
- **Stress**: Involuntary leakage on effort or exertion, or on sneezing or coughing
- **Mixed**: Involuntary leakage associated with urgency and also with exertion, effort, sneezing or coughing
- **Overflow**: Involuntary leakage of urine in the presence of acute or chronic urinary retention
- **Retention**: Presence of over 100mls of urine can be detected in the bladder immediately after voiding
- **Incomplete emptying**: Feeling of continued presence of urine in bladder or faeces in bowel after emptying

Causes of bladder issues following stroke

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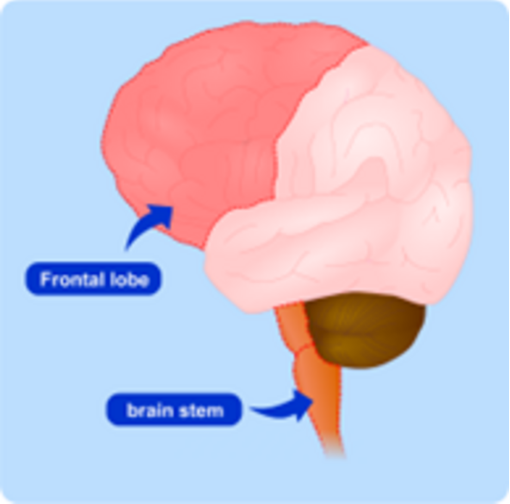
Bladder (and/or bowel) issues following stroke can be caused by many factors including:

1. **Physiological** (related to the area of the brain affected by the stroke)
2. **Functional** (related to the resulting disability)
3. **Reduced cognitive levels** (disorders of the thinking process)
4. **Communication** difficulties
5. **Mood and emotions**
6. **Other factors**

1. Physiological factors

Having trouble getting to the toilet on time because of:

- Damage to the parts of the brain responsible for controlling your bladder and bowels caused by the stroke can result in loss of voluntary control of the bladder (or bowel)



2. Functional factors

Having trouble getting to the toilet on time because of:

- Mobility issues caused by the stroke can make walking or moving difficult and needing help to get to or use the toilet can mean you cannot always get there in time
- Reduced movement/strength in your arm or hand caused by the stroke can make unfastening your clothes, positioning on the toilet difficult. It can also be difficult to carryout personal hygiene after using the toilet
- Being less mobile than usual can make you more prone to constipation

3. Cognitive factors

Having trouble getting to the toilet on time because of:

- Not recognising the impulses: the need to go to the toilet
- Not recognising where the toilet is
- Not recognising what the toilet is for
- Forgetting how to, do things needed to use the toilet, such as undoing clothing

4. Communication factors

Having trouble getting to the toilet on time because of:

- Communication issues caused by the stroke can make telling someone that you need to go to the toilet difficult
- Where verbal communication is limited, non verbal cues signalling to others that you need to use the toilet may not be recognised by others
- Using communication aids should ensure this does not happen

The Talk With Me App is for people who have had a stroke resulting in a communication difficulty called aphasia. Having aphasia can make it difficult to speak, understand speech, read or write.

5. Mood and emotional factors

Having trouble getting to the toilet on time because of:

- Low mood or apathy either caused by the stroke or from other symptoms of stroke e.g. communication difficulties, pain, mobility issues can make you less interested in eating, drinking and personal hygiene. Leading to an increased the risk of urine infection (and/or constipation)

6. Other factors

Having trouble getting to the toilet on time because of:

- Medicines can affect bladder (and bowel control)
- Medications prescribed for high blood pressure (diuretics) can make you need to empty your bladder more frequently
- Medications prescribed for pain can cause constipation
- Medications for depression can cause constipation

Using the toilet

Using the toilet

If you can it is much better to use the toilet to empty your bladder (and/or bowels) as it:

- Is a natural way to empty you bladder (and/or bowels)
- Is often more comfortable
- Encourages mobility
- Is more private
- Is better for skin integrity and pressure areas
- Can reduce risk of urine infections (and constipation)
- Facilities for personal hygiene may be easier to access

Bladder Investigations

Bladder investigations

There are various treatments available to help you manage your bladder (and/or bowel function). Before a treatment plan is developed you will need to have an assessment. The assessment may include:

- Taking your medical history including any problems you might have had in the past and any current medication that could affect control
- A urine analysis to check for infection
- A physical examination
- A bladder ultrasound scan
- Abdominal x-ray
- Specialist investigations to determine exactly how your bladder (or bowels) are working
- Keeping a bladder (and bowel) diary to monitor your fluid intake and output over a number of days (and record your bowel movements)

Who can help you

Who can help you (1)

While in hospital:

- Your healthcare professional team will have assessed your bladder (and bowel) function and suggested treatments to help you
- You may have been be referred to a specialist continence advisor

If you are at home:

- Your GP, stroke nurse, district or community nurse will be able to help you
- They will aim to find the cause of your problems and work with you to develop an effective treatment programme
- They can recommend exercises and strategies to help as well as help you retrain your bladder (and/or bowels) to improve control
- They will also be able to suggest aids and equipment that may help

Who can help you (2)

- You may be referred to see a specialist doctor or nurse who can investigate whether there is another reason for the changes in your bladder (and/or bowel function)
- A physiotherapist may also be able to help you by providing training and exercises to improve walking and moving in order to get you to and to use the toilet more easily
- A dietitian may recommend foods and the right amount of fluid to help you with your bladder (and/or bowel movements)
- Occupational therapists can help you regain your independence and support your recovery. They can also help if you need to have your home adapted in some way, such as having hand rails put up, or if you need any mobility equipment to make it easier to use the toilet, such as walking aids or a wheelchair
- Speech and language therapists can help with communication issues, for example if you are finding it difficult to let people know you need to go to the toilet

Treatments for urinary incontinence

Treatments for urinary incontinence

- **Bladder training**: this will help you hold more urine for longer periods of time by retraining your bladder.
- **Pelvic floor muscle exercises:** these types of exercises help strengthen muscles to improve bladder control and improve or stop the leakage of urine.
- **Medication:** can help to reduce urine production and decrease urgency or frequency.
- **Weight loss**: if you are overweight, losing weight can often help improve bladder control in the long term.
- **Use of containment products:** pads, pants, bed and chair covers are available to help manage the effects of incontinence. Containment products will be used short term wherever possible and only as a last resort.
- **Use of a catheter**: sometimes a catheter may be used. A catheter is a hollow tube inserted to drain urine from the bladder into a bag and so removing the need to go to the toilet at all. Indwelling catheter will be used short term wherever possible and only as a last resort.

What can you do for yourself

What can you do yourself (1)

- Try to drink at least 6-8 glasses (1.5-2 litres or 3-4 pints) of fluid (especially water) every day. This will help to keep your bladder healthy and avoid infections (and constipation)
- Avoid or cut down on alcoholic drinks and drinks that contain caffeine, such as tea, coffee and certain fizzy drinks, as these can all irritate your bladder
- Keep as active as you can and do your pelvic floor exercises if instructed (there are specialist physiotherapists that can help with this). Pelvic floor exercises can help to strengthen the muscles which support your bladder to improve or stop the leakage of urine. It is important to keep doing these exercises as it may take several weeks before you notice an improvement
- Also it is important to follow a balanced diet. Changes to your diet such as eating more fibre can help if you have constipation

What can you do yourself (2)

- See your GP if passing urine becomes painful, you feel unwell or have a fever, as you may have an infection and antibiotics or further investigation may be necessary
- Adopt a routine to help you avoid episodes of incontinence
- Wearing clothes that are easy to unfasten can help if you have difficulty with manual tasks. Velcro or elasticated waistbands can be quicker and easier than buttons or fiddly fasteners

Living with bladder issues longer term

Living with bladder issues longer term (1)

If you are experiencing bladder problems in the longer term then there are some practical measures you can take that will help you to cope with the daily challenges you might face:

- Try to plan access to the toilet in advance, have a change of clothes to hand and carry a hygiene kit with you
- Constant dampness on your skin can make it irritated so follow a good daily skincare routine that includes using products that cleanse without drying. Avoid using soap or wipes as these can make the skin too dry. Special creams can be prescribed by your doctor or nurse if required
- Loss of bladder (and/or bowel) control can also affect your mood. If you can find someone you trust and who you can talk to, then do tell them how you are feeling

Living with bladder issues longer term (2)

- Alternatively if you would rather speak to someone in confidence then call the CHSS Advice Line on 0808 801 0899 (free from landlines and mobiles) for someone to listen and who can give you additional help and advice

- Euans guide is a disabled access review site. The aim of Euan's guide is to empower disabled people by providing information that will give confidence and choices for getting out and about. You can use it to view what disabled toilet facilities are available in places you plan to visit and/or review those facilities if you have visited

Further information and support

Further information and support

More information and support is available from:

- CHSS Essential Guide: Bladder and bowel following stroke

- CHSS Living well: Bladder and bowel

- Contact the CHSS Advice Line Team:

  Freephone: 0808 801 0899

  Email: adviceline@chss.org.uk

  Text: NURSE to 66777 (standard rates apply)

Information used to create this resource

Information used to create this resource is taken from:

- STARs Bladder and Bowel Rehabilitation resources.
- CHSS Essential Guide: Bladder and bowel after stroke.
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If you have any comments/changes/suggestions on Tailored Talks please contact: tailoredtalks@chss.org.uk

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