



# **Bowel Issues following Stroke**

Life after Stroke

## Stroke and Bowel Issues Statistics

Bowel (and bladder) issues are common after a stroke:

- Around 1.5% in the non stroke population will have faecal incontinence
- Whereas 5% of stroke survivors will have faecal incontinence
- This can be a new issue(s) since stroke or a change to pre existing issue(s)
- Bowel issues following stroke are a rehabilitation process & can get better



## Types of faecal incontinence

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- **Constipation:** Difficulty evacuating bowel and uncomfortable passage of hard stools.
- **Faecal impaction:** An inability to pass a faecal mass and feeling of rectal fullness with rectal discharge.
- **Incomplete emptying:** Feeling of continued presence of faeces in bowel after emptying.





## Causes of bowel issues following stroke

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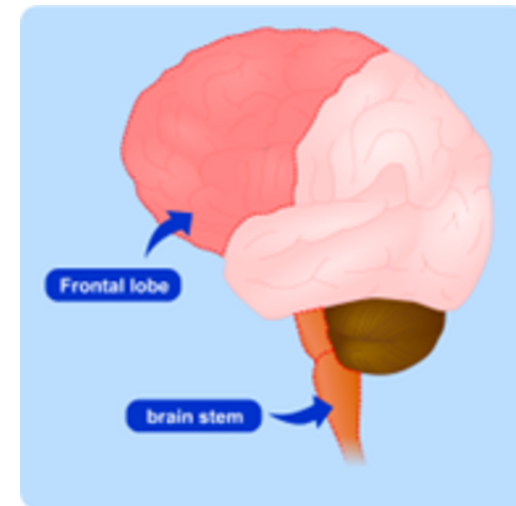
Bowel (or bladder) issues following stroke can be caused by many factors including:

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



## 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





**While you were in hospital**

## While in hospital

Any new issues with bowel (or bladder) problems following your stroke:

- Should have been identified in hospital
- Your bowel (or bladder) rehabilitation should start in hospital and be tailored to your individual needs
- Listen to your bowels (or bladder) and ask to use the toilet.
- You should be, 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



## Bowel Investigations



## Bowel Investigations



There are various treatments available to help you manage your 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 physical examination
- Abdominal x-ray
- Specialist investigations to determine exactly how your bowels are working
- Keeping a bowel (and bladder) diary over a number of days to monitor your and record your bowel movements and/or your fluid intake and output





## Treatments for faecal incontinence

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- **Bowel training:** regular visits to the toilet and learning to delay bowel movements once on the toilet can help you improve your ability to control your bowel.
- **Medication:** can help to reduce movement in the bowel. Laxatives can also be used to help constipation and regulate bowel pattern.
- **Diet:** recommended foods and the right amount of fluid to help you with your bowel movements.

**Using the toilet**



## Using the toilet

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

- Is a natural way to empty you bowels and/or bladder
- 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



**Who can help you**



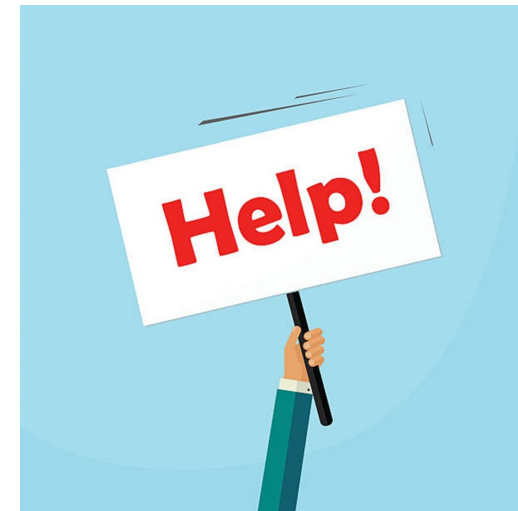
## Who can help you (1)

While in hospital:

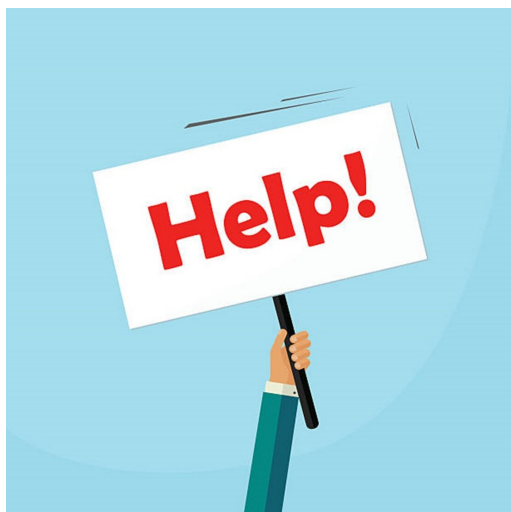
- Your healthcare professional team will have assessed your bowel (and bladder) function and suggested treatments to help you
- You may have been referred to a specialist continence advisor

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 bowel 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 bowel (or bladder) function
- A physiotherapist may 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 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



**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 bowels (and 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 your pelvic floor exercises if instructed (there are specialist physiotherapists that can help with this). Pelvic floor exercises can help to strengthen the muscles in your anus, pelvic floor, and rectum. It is important to keep doing these exercises as it may take several weeks before you notice an improvement

## What can you do yourself (2)

- 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
- See your GP if moving your bowels or 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





**Living with bowel issues longer  
term**

## Living with bowel issues longer term (1)



If you are experiencing bowel (or 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 bowel (or bladder) 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 bowel issues longer term (2)

If you would rather speak to someone in confidence then you can:

- Call the CHSS Advice Line Team on 0808 801 0899 (free from landlines and mobiles) for someone to listen to you as well as 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: [advice@chss.org.uk](mailto:advice@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.
- Special thanks to the STARS Bladder & Bowel Rehabilitation Working Group for their input into creating this resource.



If you have any comments/changes/suggestions on Tailored Talks please contact: [tailoredtalks@chss.org.uk](mailto:tailoredtalks@chss.org.uk)



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