

Recovery After Stroke: Bladder & Bowel Function

Problems with bladder and bowel function are common but distressing for stroke survivors.

“Going to the bathroom” after suffering a stroke may be complicated by:

- Urinary incontinence – being unable to control your urination.
- Urinary retention – trouble urinating or not completely emptying your bladder.
- Constipation – being unable to have a regular bowel movement.
- Bowel incontinence – being unable to control your release of stool.

These issues can occur for several reasons. Stroke can damage the part of the brain that controls the muscles of the bowel and bladder. Stroke commonly impairs a person’s ability to walk, transfer, dress and preform hygiene – this can make it difficult to access the bathroom, get on/off the toilet, manipulate clothing before or after using the toilet, and perform hygiene after completing the toileting activity.

Urinary Incontinence

Most stroke survivors do regain control of their bladder and urinate normally. Others continue to suffer from urinary incontinence and are unable to control their urination. There are four types of incontinence; urge, stress, overflow and functional. Urge incontinence is the inability to stop urinating once you start, when your brain gets the signal from the

bladder that it needs to be emptied, you need to get to a bathroom immediately. Stress incontinence is when you leak urine due to an increase in intra-abdominal pressure, like sneezing or coughing. With overflow incontinence, you urinate small amounts and never fully empty your bladder (retention), you urinate often and feel full. Functional incontinence is related to your ability to access a bathroom, not loss of control of the bladder or bowel itself. It is experienced when you have difficulty walking, getting onto a toilet/commode, or manipulating your clothing.

Treatments

Treatments vary depending on the type of incontinence you experience.

Some tips that may help:

- Talk with your doctor and determine what type of incontinence you have.
- Start a bladder diary. Write down everything you eat and drink and at what times you urinate for a week or two. This may help you to find patterns – certain foods or fluids which cause you to urinate frequently. It can also help you to determine how soon after you eat/drink you need to void. This knowledge will help you to plan activities.
- Go to the bathroom at regular times to help train your bladder. Urinating every 2-3 hours – whether you feel

the urge or not – can help prevent accidents.

- Get help from others as soon as you feel the urge to urinate. They may be able to get you to the bathroom in time.
- Plan your fluid intake. Drink plenty of fluids during the day and limit them in the evening and prior to times when you will have limited or difficulty accessing a bathroom (for example – long car ride).
- Limit fluids/foods which can irritate the bladder. Some common bladder irritants are; caffeine, alcohol, gluten, acidic foods, spicy foods and phosphorus. Not every food/fluid affects everyone in the same way, so use your bladder diary to determine which foods/fluids affect you.
- Strengthen the muscles around your bladder. Pelvic floor muscle exercises, called Kegel exercises, may help. These exercises can be taught by physicians, therapists or nurses.
- Continue your rehabilitation. Keep exercising to increase your function and endurance. The stronger you are the easier it will be to get to the bathroom when you need to.
- Make sure that you have privacy and plenty of time to sit on the toilet or commode chair. Upright positioning facilitates bladder emptying.
- Review your medications with your primary care physician. Some medications can affect the bladder. Some medications can relax the

bladder (muscle relaxants, some blood pressure medications) which can lead to incontinence. Some medications (diuretics) make you produce more urine, while others (antidepressants) make it more difficult for the bladder to contract leading to retention. Sedatives (sleeping pills) help you to sleep, but you might sleep so soundly that you do not wake up when you get the urge to urinate. Some medications can assist you in managing incontinence. Muscarinic receptor antagonist (Detrol®) can reduce the urge to urinate. Antispasmodic and anticholinergic (Ditropan®) may also help.

Urinary Tract Infections

Urinary Tract Infections (UTI's) are a common infection in those with continence issues. UTI's are most commonly caused from urinary catheters and urinary retention (when the bladder does not empty completely – common among stroke survivors).

A UTI needs immediate treatment, so see your doctor as soon as you notice symptoms.

UTI symptoms include:

- Urine with a bad smell, cloudiness, blood or sediment (solid deposits).
- Burning when urinating.
- Fever.
- Chills.

- Elevated blood sugar levels (in diabetics).
- Cramps in lower abdomen or side.
- Pain in lower back.
- Frequent urination or feeling like you have to go to the bathroom even though your bladder is empty.

Prevention/Treatments

- Good after toileting hygiene – for women wiping from front to back can help to prevent UTI's.
- Management of urinary retention – medications, privacy, and upright positioning may help. If you are still unable to completely empty your bladder, straight or in and out catheterization may be needed. You will work with your doctor or nurse to determine which catheter is best for you. You or your caregiver will be taught this technique if needed.
- Avoid continuous catheterization.
- Antibiotics are prescribed to treat the infection.

Ongoing Problems

You may still have problems, despite all attempts to correct. If you do you will need to adjust to your new “normal” for bladder elimination.

- Use panty liners, pull-ups or briefs to contain urine and prevent soiling of clothing and embarrassment. Experiment and find the best product for you. You may find that you need a different product for night time.

- Protect your skin from irritation from urine. Keep skin clean and dry. Use barrier creams to protect skin.
- Don't stop drinking! Many persons with incontinence stop drinking so that they stop urinating. This can lead to urinary tract infections, highly concentrated urine (odor), constipation and dehydration.
- Avoid certain foods. Some foods (asparagus) can cause an odor to the urine. This odor can be embarrassing.

Constipation and Bowel Incontinence

Constipation and bowel incontinence (involuntary release of stool) may result from:

- Reduced fluid intake.
- Diet.
- Not moving around enough.
- Limited mobility.
- Side effects from medications.
- Being unaware that you need to use the bathroom.
- Weakness in the muscle that holds a bowel movement until you reach a bathroom.
- Being unable or reluctant to ask for help.

Useful Tips

- See your physician. Describe your symptoms and get a complete physical exam to diagnose and treat any correctable diseases (impaction or infection).
- Start with a clean bowel. Before starting any bowel program, you need to completely empty your bowel. Medications may be needed to assist with this emptying.
- Be consistent. Choose a time that is convenient for you. Opportunities to use the bathroom should be planned according to previous bowel habits. The best time is 20-40 minutes after a meal.
- Make sure that you have privacy and plenty of time to sit on the toilet or commode chair. Relax.
- Upright positioning facilitates bowel emptying. Contract the muscles of the abdomen and bear down while releasing the stool. If safe to do so, try bending forward while bearing down. This increases the abdominal pressure and helps empty the bowel.
- Eat a diet high in fiber; whole grains, fruits and vegetables. Avoid foods which irritate the bowel; spicy foods, acidic foods; gluten.
- Drink 2-3 liters of fluid a day, unless you have a medical condition that limits your fluid intake (heart disease, kidney disease).
- Try adding warm prune juice to your diet. Many patients find this relieves constipation.
- Get help from others as soon as you feel the urge to have a bowel movement. They may be able to get you to the bathroom in time.
- Continue your rehabilitation. Keep exercising to increase your function and endurance. The stronger you are the easier it will be to get to the bathroom when you need to. The more mobile you are, the less likely you are to become constipated.
- Perform the Valsalva maneuver. The Valsalva maneuver is performed by attempting to forcibly exhale while keeping the mouth and nose closed. This increase in pressure can facilitate a bowel movement. **IMPORTANT:** Check with your physician to see if it is safe for you to perform this maneuver as it can be dangerous in patients with heart and other conditions.
- Perform digital stimulation. Lubricate a finger and insert into the anus and make a circular motion until the muscle relaxes. This may take a few minutes. If ineffective in 20 minutes, then repeat. Do this daily at the same time until a bowel pattern is established.
- Perform Kegal exercises. The rectal muscles are also strengthened by performing these exercises.
- Monitor for hemorrhoids. Hemorrhoids are a common result from straining to pass stool. If hemorrhoids develop discuss over the counter treatments with your

pharmacist. If they are painful or bleed, consult your physician.

Treatments

If problems persist, your doctor or pharmacist may suggest one of these over the counter treatments.

- Stool softeners – medications used to soften the stool (Colace®).
- Bulk formers – medications containing psyllium (Metamucil®).
- Osmotic agents – medications that increase the amount of fluids in the intestine (MiraLAX®).
- Stimulants – medications that irritate the bowel to facilitate bowel movements (Ducolax®). The action time of stimulants may be unpredictable. These agents may be in pill or suppository form.
- Enemas - a small amount of liquid put into the rectum through the anus. Do the enema at a set time every day based on your previous bowel habits and adhere to your schedule. If enemas cause bleeding or abdominal pain, consult your doctor right away.

Professionals Who Can Help

- Your primary care physician.
- Urologists – physicians who specialize in diseases of the urinary systems.
- Gastroenterologists – physicians who specialize in diseases of the stomach and intestines.
- Psychiatrists – physicians who specialize in rehabilitation and function.
- Incontinence clinics. Several hospitals offer clinics specializing in continence issues.
- Certified Rehabilitation Registered Nurses. These nurses can assist in developing bowel and bladder programs and provide reinforcement of skills learned during therapy sessions. These nurses can teach you a variety of techniques described above.
- Wound, Ostomy, Continence Nurses. These nurses receive training and certification in continence problems.
- Physical Therapists. These therapists provide training and exercises to improve walking and transferring from a bed or chair to a commode or toilet.
- Occupational Therapists. These therapists provide training in clothing management and the ability to perform hygiene. They also complete home assessments to determine if your home needs to be adapted or equipment is needed to make it easier for you to use the toilet.
- Speech Language Pathologists. Speech therapists provide training to improve the ability to swallow and communicate. Food and fluids play an important role in continence. Improving your communication can assist you in summoning help to use the bathroom.

- Registered Dieticians. Dieticians can help you to create a diet plan to meet your nutritional needs. They can help you to select foods which can facilitate bowel movements and avoid foods/fluids which can worsen incontinence.
- Pharmacists. Pharmacists are experts in both prescription and over the counter medications.
- Social workers. Social Workers help with financial issues. They can assist with finding monies to adapt a bathroom and can also arrange for a variety of support services; such as walking aids or wheelchairs, support groups, and home care services.

Speak honestly with your caregivers about these issues. They'll be glad you did, and together you can work out the best solution.

Other Sources of Help

- National Stroke Association. Visit www.stroke.org or call 1-800-STROKES (1-800-787-6537).
- Contact your local stroke association.
- Support groups. There are several support groups for stroke survivors and continence issues. Some are on-line and others meet in person.

Be kind to yourself and remember that you are not alone. Many people have – and are embarrassed by – these issues.

Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as speaking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, "Where am I on my stroke recovery journey?"

Note: This fact sheet is compiled from general, publicly available medical information and should not be considered recommended treatment for any particular individual. Stroke survivors should consult their doctors about any personal medical concerns.