

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 occur when stroke has damaged the part of the brain that controls waste removal or the brain signals for it. In some cases, an infection or other issue may be the problem.

URINARY INCONTINENCE

Soon after stroke, many survivors need to use a small flexible tube, called a catheter, to urinate. When they improve, the catheter is removed and they begin a regular urination pattern again.

Most stroke survivors do regain control of their bladders and urinate normally. Others continue to suffer from urinary incontinence and are unable to control their urination.

TREATMENTS

Treatments vary depending on the cause of your problem. Some feel the urge to urinate but cannot hold it until they reach the bathroom.

Some tips that may help:

- 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.
- Drink plenty of fluids during the day and limit them in the evening. This will reduce the number of times you have to go to the bathroom at night.
- Limit caffeine and alcohol at night.

- Ask your physical therapist to help you strengthen the muscles around your bladder. Pelvic floor muscle exercises, called Kegel exercises, may help. These exercises were designed to improve urine control in women after childbirth. They may help you as well.
- Make sure that you have privacy and plenty of time to sit on the toilet or commode chair.

URINARY RETENTION

Also common among stroke survivors is urinary retention. This is when you do not completely empty your bladder. If untreated, it can lead to bladder stones, reflux (reverse flow of urine back to the kidneys) or a urinary tract infection (UTI).

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 or around a catheter.
- Fever and chills.
- 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.

TREATMENTS

Special treatments may be needed for conditions that cause urine retention. In these cases, your doctor may prescribe a drug such as Ditropan®, Levsin® or Cystospaz®. Inform your doctor of other drugs you are taking, because they may be the cause of your urinary-retention.

ONGOING PROBLEMS

You may still have problems, despite all attempts to correct.

- Use a catheter if needed. Ask your doctor which type is best for you.
- Try pantliners, waterproof underpants or disposable adult diapers. Be sure to carefully clean and lubricate the urinary area to avoid skin irritations. Also, drink plenty of water to dilute your urine.

CONSTIPATION AND BOWEL INCONTINENCE

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

- Reduced fluid intake.
- Diet.
- Not moving around enough.
- Side effects from prescription drugs.
- 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.

To prevent problems, plan ahead and take extra efforts to retrain the bowel.

USEFUL TIPS

- Schedule a predictable pattern. It is important to restore a regular schedule of bowel movements at established times as soon as possible. Opportunities to use the bathroom should be planned according to previous bowel habits.
- Give yourself privacy.
- The sitting position allows you to lean forward, aiding the process.
- Be active during the day to stimulate the process of bowel movement.
- Eat healthy foods to reduce constipation and improve bowel control.

TREATMENTS

If problems persist, your doctor may suggest one of these drugs or treatments:

- A stool softener or bulk agent, called a suppository. Shaped like a bullet, suppositories are inserted into the anus 30 minutes after a meal to stimulate a bowel movement. At first, you may need a strong suppository. As your pattern changes, you can switch to a more mild form (such as glycerin).
- When using suppositories, you should drink more liquids than usual. Never use them for a long period of time.
- Enema or shot of liquid put into the rectum through the anus. Do the enema at a set time every day (usually morning or evening) and adhere to your schedule. If enemas cause bleeding or abdominal pain, consult your doctor right away.
- Oral Laxatives maybe helpful in some cases, but be aware that their action times can be unpredictable and they can cause incontinence in a person with poor bowel control.

WHAT CAN HELP

- Talk with your doctor about symptoms and treatments.

- Be kind to yourself and remember that you are not alone. Many people have – and are embarrassed by – these issues.
- Get information on stroke recovery from National Stroke Association.
- Visit www.stroke.org or call 1-800-STROKES (1-800-787-6537).
- Contact your local stroke association.
- Join a stroke support group. Other survivors will understand your issues, and offer support and ideas to manage your bladder and bowel movement problems.
- Speak honestly with your caregivers about these issues. They'll be glad you did, and together you can work out the best solution.

PROFESSIONALS WHO CAN HELP

- A general physician or doctor
- Urologist, a doctor who specializes in diseases of the urinary systems.
- Gastroenterologist, or a specialist in medical problems of the stomach, intestines and associated organs.
- Many nurses are trained to deal with continence problems.
- Physiotherapists can provide training and exercises to improve walking and transferring from a bed or chair to a commode or toilet
- Occupational therapists can help if your home needs to be adapted or equipment is needed to make it easier for you to use the toilet.
- Social workers can help with financial issues. They can with grants to adapt the bathroom or to build a new one, and can also arrange for a variety of support services, such as walking aids or wheelchairs.

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. NSA publications are reviewed for scientific and medical accuracy by the NSA Publications Committee. © National Stroke Association, 2006 107 2/06