This fact sheet has information about bladder and bowel control after a stroke, including the causes, types of control problems and where to get more help. It is for people who have had a stroke and those caring for them at home.

Difficulty with bladder control is common after stroke. It can be frustrating, embarrassing and distressing.

Depression is also common because difficulties with bladder control can affect your work, social activities, relationships and sexual activities.

Poor control (incontinence) can be caused by a number of changes after a stroke. All these changes affect continence in some way. These include -

- Muscle weakness
- Changed sensation or feeling
- Difficulty putting off going to the toilet when the urge to go is felt
- Difficulty dressing and undressing
- Difficulty getting to the toilet
- Changes in eating and drinking habits that affect your digestion
- Changes to communication and thinking skills
- Changes to vision

The type of changes you may experience with bladder or bowel control after stroke will depend on where and what type of stroke you had, your age, and if you are male or female.

If you had difficulties with control before your stroke, the stroke may make these worse.

While there are many bladder and bowel control problems that can occur, most common are –

Frequency – needing to go to the toilet very often

Functional incontinence – having trouble getting to the toilet on time, as with physical or communication problems, toilet access difficulties, or clothing that is hard to get undone in time.

Urge incontinence – having a sudden and uncontrollable need to pass urine. This may result in wetting yourself.

Urinary retention – not being able to fully empty the bladder or storing too much urine in the bladder.

Nocturnal incontinence – needing to go to the toilet several times during the night.

Bowel control problems are also common after a stroke. These include constipation (difficulty or pain passing hard dry faeces); faecal incontinence (soiling) and diarrhoea (very loose bowel movements). Some bowel control problems can also cause or worsen urinary incontinence.

Some medications can also cause problems for bowel or bladder control.

Assessment of bladder control

Difficulty with bladder (or bowel) control can be prevented, treated, better managed or cured. If left untreated, problems may become worse or can cause other problems.

The first step to helping regain bladder control is a full continence assessment by the health professionals working with you.

For some people, incontinence can be a difficult problem to talk about, but it is important that you get the best help you can. Your stroke team will ask you about your past bladder and bowel control and your present level of control (any leakage or other issues).

They will look at your diet and fluid intake, exercise levels and mobility, the medications you are currently taking, and other factors that could affect control.

Some tests may need to be done to understand how your bladder is working:

Bladder scan – a quick and easy ultrasound (picture) of your bladder to see how well your bladder is emptying.

Urine tests – you may need to pass urine into a small jar which will be sent off for tests to check if there is an infection.

Bladder diary – keeping a diary of how much you drink, how much fluid you pass and how often. (A bladder diary sheet and how to use this is available from the Continence Foundation of Australia’s website www.continence.org.au)

If your problems with bladder or bowel control do not get better, your doctor may organise more tests or refer you to one or more continence specialists.

Helpful products

Some products can be used to make going to the toilet safer and easier. They include raised toilet seats, rails on the wall next to the toilet, commode chairs and portable urinary bottles. Your Occupational Therapist or Nurse can help you with these.

There are a number of products available to help you stay dry, secure and comfortable. These include disposable or re-usable pads, pants, liners, absorbent underclothing, mattress protectors, doona covers and bed sheets. You can
buy some of these products at your local supermarket, chemist or specialist retailer.

You may need to visit (or phone) a medical supply company. You can call the National Continence Helpline (1800 33 00 66) to find out where your nearest medical supply company is, and also where you can get sample products mailed out to you.

This Helpline can also tell you about the Continence Aids Payments Scheme. This is a program that helps people who have permanent and severe problems with bladder or bowel control meet some of the costs of buying aids to help with these problems.

What you can do

Let your family know you are having problems as they may be able to help you when needed. It can be difficult talking about bladder problems as it is a personal and sensitive issue. However, it is important that you share the problem and get all the help you can.

Have a good diet with lots of fruit and vegetables. A dietitian can help you get right balance of fibre and fluid in your diet. If you increase the fibre in your diet make sure you increase your fluid too.

Drink plenty of water – At least 8-10 cups of fluid a day (water is best). This can help stop bladder irritation. It can also improve bowel function – which can also affect your bladder control. Be aware that recommended fluid intake varies with hotter weather, more exercise and other health conditions. Check with your doctor.

Avoid “bladder irritants” – these are drinks that make you need to go to the toilet more often. They include coffee, tea, chocolate drinks, cola drinks, alcohol and high sugar/high caffeine ‘sports’ drinks. For some people, tomato or citrus foods and drinks or dairy products can be a problem. It is a very individual situation so try to be aware of your own food and drink sensitivities. (A bladder diary may help you identify these.)

Exercise as much as you can. A physiotherapist can help you with an exercise program that suits your needs. Use good toileting habits, like going as soon as you need to go and emptying your bladder fully.

Don’t put off going to the toilet. Try going to the toilet at regular times (eg every 3 to 4 hours). However going too often (“just in case”) can gradually reduce your bladder capacity. Do not put off going to the toilet if you feel the need to empty your bowel – go as soon as you need to.

Continence products – Disposable and washable pads and pants will help you feel comfortable and secure. There is a wide range of these available. Advice from your continence health professional will help you choose a product (or mix of products) most suitable for you. (Are you eligible for CAPS? This funding scheme helps with the cost of purchasing products – CAPS contact details are on page 3)

Equipment that can help - you may want to keep a commode or portable urinal next to your bed at night. Ask you Doctor, Nurse or Occupational Therapist about these.

Clothing - wear clothes that are easy to get undone quickly. Replace buttons with velcro™ fasteners or wear pants with elastic waistbands.

Set up your toilet and or bathroom so you can get to it quickly and easily – including finding it easily in the dark. Use non-slip mats.

Things to look out for

Urinary tract infections can be common after stroke. They can be painful and can affect your ability to do your daily activities. Some of the things you may notice are -

- Going to the toilet more often
- Finding you have wet yourself
- Burning or pain when going to the toilet
- Cloudy strong smelling urine
- Changes in behaviour (stroke survivors who have communication problems may show signs of pain or discomfort)
- Increased need to go to the toilet
- Sudden and uncontrollable need to pass urine
- Not being able to fully empty the bladder or holding an increasing amount of urine in the bladder
- Needing to go to the toilet several times during the night

If any of these symptoms occur, speak to your doctor or nurse.

Who can help

There’s a range of health professionals who can help you improve your bladder or bowel control:

Your GP or specialist – may change any medications that could be making your difficulties worse. A temporary catheter to help empty your bladder may be recommended.

Nurse – helps with toileting while you are still in hospital.
Continence Nurse Advisor – recommends toileting aids and equipment, help you get into good bladder habits and provide exercises and strategies to help.

Urologist – specialises in problems of the urinary system

Occupational Therapist – helps you get the right toileting aids and equipment and checks that your clothing is easy to get undone.

Physiotherapist – helps with your walking and ability to get to the toilet or get on and off the commode. Provides exercises to strengthen the pelvic floor muscles used when holding on.

Dietitian – recommends foods and the correct amount of fluids to help with bladder and bowel function.

Speech Pathologist – helps with ways to communicate when you need to go to the toilet.

For more information ...

National Continence Helpline 1800 33 00 66. Information about bowel and bladder function, products and local continence clinics, plus a range of leaflets on many continence-related topics. This free service is managed on behalf of the Australian Government by the Continence Foundation of Australia.

Continence Foundation Australia website
www.continence.org.au

Continence Aids Payment Scheme information on the Australian Government website www.bladderbowel.gov.au

National Stroke Foundation website
www.strokefoundation.com.au

StrokeLine 1800 787 653 – health professional advisors provide information about stroke, stroke recovery and local services across Australia. (For a complete list of Stroke Foundation factsheets, visit the Stroke Foundation website)

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The Continence Foundation is the Australian peak body for awareness, education and advocacy for those with incontinence and their carers.