



Bowel and Bladder Function After Stroke

Bowel and bladder incontinence (loss of control or poor control) are common after a stroke. Incontinence can be a result of damage to the part of the brain that controls bowel and bladder function. Many factors, such as a person's ability to move, think and communicate, can increase bowel and bladder issues. As well, things such as equipment, room layout, medication and co-morbidities can also add to the issue. People with bowel and bladder issues may require frequent trips to the bathroom, may not make it to the bathroom in time and/or have issues with urinary tract infections.

What you should know

- ✓ More than 45% of persons with stroke living in LTC experience bladder or bowel incontinence
- ✓ Bowel incontinence is less common than bladder incontinence
- ✓ Women have higher rates of incontinence after stroke than men
- ✓ Incontinence after stroke is associated with poor outcomes including slower recovery, prolonged hospitalization, and low quality of life
- ✓ Issues that can result from incontinence include skin breakdown, skin and bladder infections, dehydration, pain and falls
- ✓ Persons with stroke who have incontinence may also isolate more and have issues with depression
- ✓ Reducing occurrences of incontinence can greatly improve quality of life and self-esteem
- ✓ Increased awareness and knowledge of bowel and bladder incontinence among health care providers can help to reduce stigma and encourage individuals faced with these conditions to seek help

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Smart Tips - Always follow the care plan!

Observe



- Assess factors that could impact incontinence such as room layout, and/or visual, mobility and thinking deficits
- Get to know the person with stroke and how they indicate their need to go to the bathroom. Can they ask? Do they need assistance? Are they agitated, restless or roaming? This could be a sign they need to use the bathroom
- If language or communication is a barrier, encourage the person to use pointing/gestures or pictures to indicate their needs
- Monitor bowel and bladder patterns, diet and fluid intake. For example, is the person refusing fluids because of fear of being incontinent
- Recognize signs of incontinence, such as frequent urination, soiled/wet clothes or linens, strong odour, urine/feces on bathroom floors, toilet paper as padding inside the underwear and/or increased usage of incontinence products
- Closely watch for possible signs of urinary tract infection, including strong odour, minimal urine output, increased urgency, discomfort when urinating, blood in urine, lower abdominal/back pain/pressure, increased confusion/agitation, increased fatigue and **fever**

Assist



- Set up the room for easy and safe access to the bathroom
- Always follow the care plan. For example, encourage use of a commode or urinal, toileting for a bowel movement 30 minutes after a meal, regular toileting throughout the day, limiting caffeine intake to 1-2 cups earlier in the day, offering decaf coffee or herbal teas
- Encourage water intake to meet daily fluid goals. Fluids can also be added to the diet through soups, yogurt, jello, ice cream, popsicles, watery fruit such as watermelon or grapes. If possible, arrange to have most fluid intake in the morning and early afternoon, less in the evening and prior to bedtime
- Educate the person with stroke and their family on incontinence after stroke and encourage them to use the strategies put in place
- Provide emotional support and reassurance to people experiencing incontinence

Seek extra support

- ✓ Persons with stroke should be assessed by a trained professional to determine cause of incontinence and to develop a personalized care plan
- ✓ You are the eyes and ears for the team. When you notice signs of incontinence or a possible urinary tract infection, report it immediately