

3.5 Bladder and Bowel Control

There are many considerations that are crucial to promoting safety and optimizing recovery when working with people who have had a stroke. The TACLS Quick Reference Guides were developed from the TACLS resource and can be used as quick reference to help support healthcare providers and informal caregivers who may not typically work with and care for people who have had a stroke.

We recommend reviewing the full **TACLS resource** for more complete information:
strokebestpractices.ca/resources/professional-resources/tacsls

Quick reference guide highlights

- **Always follow the current care plan for the person that you are working with.**
- Bladder incontinence, or loss of bladder control is common after stroke. Bowel incontinence can also occur after stroke.
- Incontinence can dramatically affect feelings of self-worth and well-being, as well as lifestyle and social interactions.
- All individuals who have had a stroke should be screened for urinary incontinence and retention (with or without overflow), fecal incontinence, and constipation.
- Individuals with urinary incontinence should be assessed by trained personnel using a structured functional assessment to determine causes and develop an individualized management plan.
- Incontinence can result in skin breakdown and pressure injury, urinary tract infection (UTI) and dehydration.
- Stroke can also impact the ability to safely access the bathroom independently (e.g., impaired vision and/or mobility). Maintain a safe environment including easy access to mobility aids and other equipment to promote independence and reduce risk of falls and injuries.
- Encourage use of a commode or toilet rather than a bedpan, if safe to do so. If using a bedpan, make sure the head of the bed is as upright as possible and do not leave the person on the bedpan for any longer than necessary.

Urinary incontinence

- A bladder-training program should be implemented in people who are incontinent; this includes timed and prompted toileting on a consistent schedule as prescribed and detailed in care plan.
- If using a bedside urinal, keep it where it can be easily seen and reached. It may help to keep a urinal on each side of the bed.
- Reduce risk of UTI by ensuring recommended fluid intake and limiting caffeinated drinks.
- Be alert for and report any signs or symptoms of UTI such as a temperature over 37.9 °C and/or blood in the urine. Report any new or worsening:
 - Burning or pain with urination.
 - Chills or shaking.
 - Delirium, confusion, agitation and/or change in behaviour.
 - Urinary urgency, frequency and/or incontinence.
 - Pain in the lower abdomen or side.

- Change in urine colour or odour.
- Urethral or vaginal discharge.

Indwelling catheters

- The use of indwelling catheters should be used cautiously due to the risk of UTI. If used, indwelling catheters should be assessed daily and removed as soon as possible by trained professionals. Excellent pericare and infection prevention strategies should be implemented.
- If a urinary catheter is in place:
 - Position the drainage bag below the bladder.
 - Position the catheter tubing so it does not kink and secure tubing to leg.
 - Empty the drainage bag at least every 8 hours (or according to the care plan).
 - Follow hospital procedures for disconnecting and connecting tubing.
- With catheter use, be alert for and report:
 - Any change in output over a 4-hour period.
 - Pain in the abdomen, pelvis, or at the catheter insertion site.
 - Restlessness or agitation.
 - Change in colour or consistency of urine including blood in urine.
 - Urine leakage around catheter.

Bowel incontinence

- A bowel management program should be implemented for individuals with persistent constipation or bowel incontinence. This will be prescribed and detailed in the care plan.
- Be alert for and report:
 - Fever.
 - Sudden change in bowel pattern or stool and/or no bowel movements in three days.
 - Constant straining with bowel movements and/or abdominal pain.
 - Rectal bleeding, blood in stool and/or liquid stools.

Note: This information represents some of the priorities of care related to bladder and bowel management; consult with the stroke care team for any questions or concerns.

References:

1. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca, **Acute Stroke Management**, 6th Edition, Section 9.7
2. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) – **Bladder and Bowel**

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