

Bladder & bowel rehabilitation after stroke

Assess bladder & bowel function
 Fluid balance chart / bladder & bowel diary (72 hours)
 Bladder/bowel symptoms
 Functional ability and motivation
 Urine analysis and culture – check for UTI
 Post-void bladder scan – check for urine retention
 Rectal examination /abdominal X-ray – check for constipation/faecal impaction

Remove catheter
 (see RID flowchart)

Classify type of post-stroke bladder / bowel dysfunction

Leaks urine on exertion
 or when coughs/sneeze
 Small amounts leakage
Indicates Stress UI

Strong sudden urge to
 pass urine
 Needs to rush to toilet
 Leaks large amounts
Indicates Urgency UI

Mobility problems
 Cognitive impairment
 Difficulties handling clothing
 Needs assistance to toilet
Indicates Functional UI

Incomplete emptying/
 high PV residual
 Continuous dribbling leakage
 Straining, weak stream
Indicates Overflow UI

Faecal fluid/watery
 diarrhoea with constipation
 Painful/swollen abdomen
Indicates faecal impaction
 with overflow FI

Sudden leakage of
 soft/formed stool .
 May also feel urgency
Indicates Functional
 and/or urgency FI

Both stress and urge symptoms
Indicates Mixed UI

Lifestyle advice
 Education about types & mechanisms of UI & cognitive control of the bladder; Fluid intake – modify intake up or down to 1500-2500ml/24hr
 Reduce or omit caffeine, carbonated drinks & alcohol; Bowel health – clear impaction, manage constipation
 Weight loss if BMI >30; Smoking cessation; Regular voiding pattern – 3-4 hourly; Teach anticipatory pelvic floor brace - 'The knack'

Pelvic floor
 muscle training

PFMT AND
 Bladder training
 Antimuscarinics
 /beta3agonists
 Tibial nerve stim

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Environmental
 adaptations
 Prompted voiding
 Timed voiding
 Equipment/aids

Intermittent
 catheterisation
 Alpha blocker (men)

Disimpaction:
 Oral laxatives eg macrogol
 Rectal eg microenema/
 suppositories

Bowel training:
 timing, triggers,
 environment for
 bowel emptying
 Stool consistency

Key

Most common types of post-stroke bladder dysfunction



Less common types of post-stroke bladder dysfunction

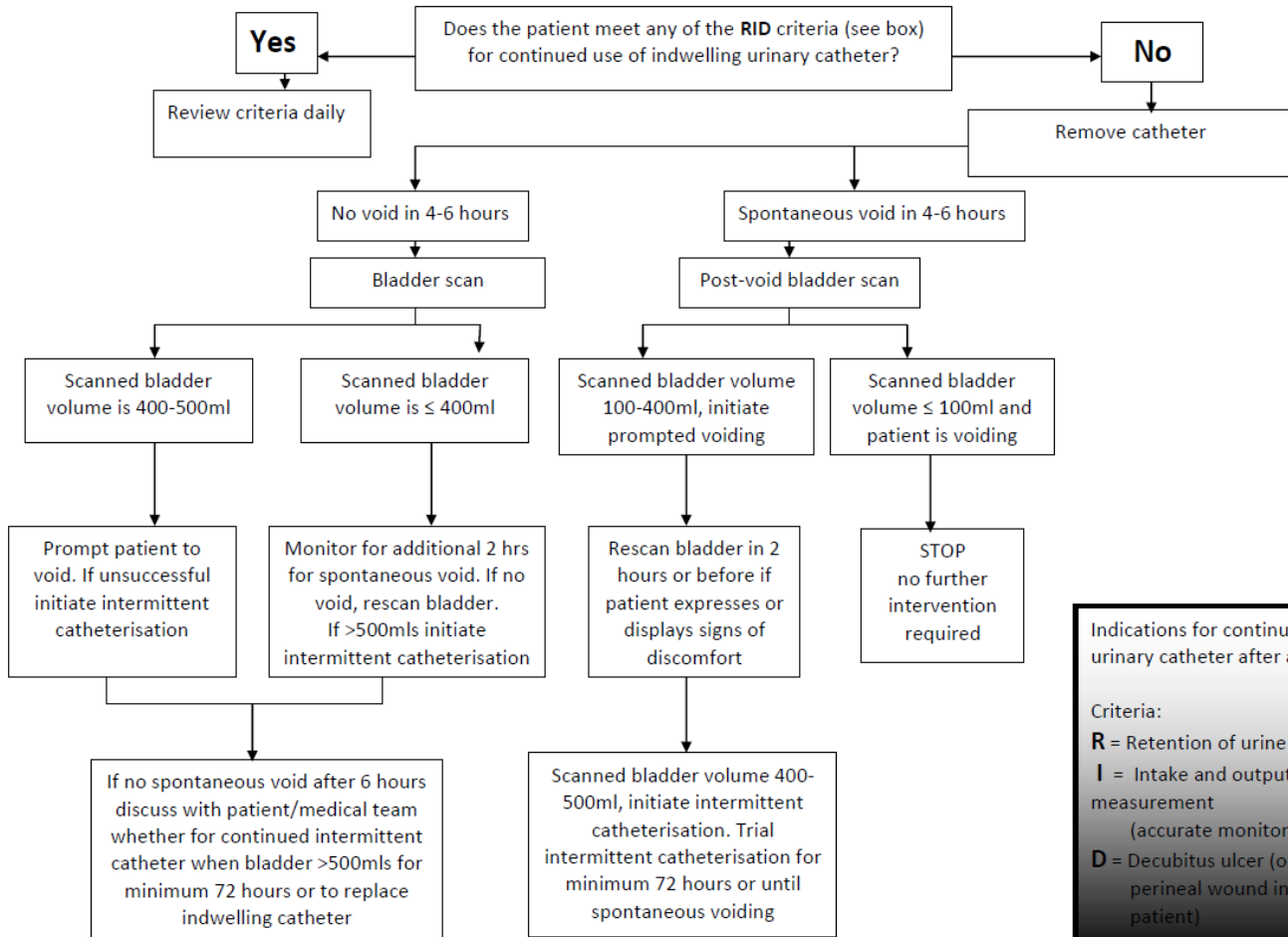


PFMT = Pelvic Floor Muscle Training

FI = Faecal impaction

Bladder & bowel rehabilitation after stroke

RID - Guideline for removal of indwelling urinary catheter in acute stroke



Indications for continued indwelling urinary catheter after acute stroke:

Criteria:

- R** = Retention of urine
- I** = Intake and output measurement (accurate monitoring essential)
- D** = Decubitus ulcer (open sacral or perineal wound in incontinent patient)