



Incontinence Post-Stroke

American Stroke Association



Incontinence

PRONOUNCED:

IN·CON·TI·NENCE



- Incontinence is the body's inability to control the functions of urination or defecation (discharge of feces from the bowels).
- After a stroke the muscles that control urine and stool can be weakened and you may develop incontinence.
- Urinary incontinence, also called UI, is more common among stroke survivors.
- Unconscious leaking is the most common symptom, but you may have other types of bladder and bowel control problems.

What is Incontinence?

UP TO

80%

**of stroke survivors
experience some
incontinence**

Symptoms of Incontinence

Urinary incontinence

- Not being able to make it to the toilet in time
- Leaking urine during everyday activities, such as walking, lifting, bending, exercising
- Leaking urine without any warning
- Wetting your bed during sleep
- Urinating 8 or more times per day

Fecal incontinence

- Need to pass stool but not being able to make it to the toilet in time
- Passing stool without knowing
- Stains of stool on your underwear

Types of Urinary Incontinence

- **Urgency (or urge) incontinence:**
Sometimes referred to as overactive bladder. Occurs with a sudden, urgent need to go to the bathroom, and you can't hold your urine long enough to reach the toilet.
- **Stress incontinence:**
Occurs when you leak urine when pressure is put on the bladder, *e.g.*, when you cough, sneeze, laugh or exercise.
- **Overflow incontinence:**
Occurs when you never fully empty your bladder, and you feel like you must go to the bathroom all the time.



Types of Urinary Incontinence (cont.)

- **Mixed incontinence:**
A combination of urgency and stress incontinence.
- **Functional incontinence:**
Occurs when a person is unable to recognize the need to use the restroom. It can be associated with a physical disability, problem speaking or thinking, or inability to communicate the need for the toilet. For example, a person may not be able to walk on their own or has difficulty getting complicated clothing off.



Complications of Incontinence



Physical inactivity



**Emotional distress,
embarrassment, even
depression and anxiety**



Intimacy problems



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Coping Techniques

**Incontinence is difficult and can be embarrassing.
However, in most cases incontinence can be treated or controlled.**



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Coping Techniques

**Wear clothing that is easy to remove quickly,
such as pants with elastic.**



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Coping Techniques

Change your diet if your incontinence is triggered by spicy or acidic foods.



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Coping Techniques

Wear disposable pads, adult incontinence briefs, absorbent, washable underwear, or waterproof underwear to help absorb urine, prevent leaking and keep your clothes dry.



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Coping Techniques

**Skin cleaners and creams may keep
your skin from becoming irritated.**

Urinary Incontinence Treatment



Make lifestyle changes:

- Drink the right amount of liquids not to become dehydrated
- Be physically active – *stroke survivors who are capable of physical activity, should exercise or be physically active at least 10 minutes four times a week or engage in more vigorous activity for 20 minutes twice a week; always check with your health care professional before starting a new exercise regimen*
- Keep a healthy weight
- Stop smoking



Bladder training:

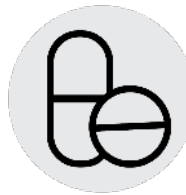
- Begin by tracking for a few days each time you use the bathroom, and of any accidents
- Based on your bladder diary, your doctor will develop a schedule of fixed times for you to use the bathroom (called timed voiding), gradually lengthening the time between trips to the bathroom
- This helps stretch your bladder so it can hold more urine

Urinary Incontinence Treatment (cont.)



Pelvic floor muscle exercises:

Specific exercises that involve tightening and relaxing the muscles that control urine flow, called Kegel exercises, can help strengthen the pelvic floor muscles



Medications:

In some cases, medication can be prescribed.



Medical devices:

Such as catheter to empty the bladder



Surgery



Fecal Incontinence Treatment



Diet changes

What? How much?
When you eat?

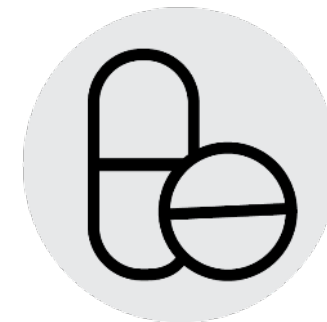


Biofeedback therapy



Bowel training

Scheduled times to use the
bathroom, for example,
after a meal



Medications



Pelvic floor exercise



Surgery

Talking to Your Health Care Professional

Remember, if you have incontinence problems, talk to your health care professional.

Be sure to be open and honest and explain what you are experiencing.

Make it clear that these episodes only started occurring after your stroke.





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Group Discussion

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Test Your Knowledge



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Do you know how the bladder works?





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**Since there are many types of incontinence,
how do you know which type you have?**





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**Many foods and fluids
can increase incontinence.**

**Do you know which
foods and fluids to avoid?**





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Kegel exercises can help strengthen pelvic floor muscles.

**Why is this important? How do you know
if you are doing these exercises correctly?**

How often should you do them?





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Why is keeping a voiding diary important?





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What are the goals of incontinence management?





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**Have you experienced any
complications of incontinence?**

**What did you experience?
What have you done to overcome them?**





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**What strategies have you
tried to help your incontinence?**

What has worked and what hasn't?





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For more resources on incontinence
and life after stroke, visit
stroke.org