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BLADDER MANAGEMENT POST STROKE

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Nicky Schluter (Physiotherapist, Community Stroke Rehabilitations Service)

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"Urinary incontinence is not a diagnosis, it is a symptom that something is wrong. If the cause is unknown, the client deserves a full assessment and diagnosis. Aging or being female are not on their own, a cause of urinary incontinence"

Janet Thackray (RN)

Owner and Operator

Continence Educator

Continence Confidence

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Why?

Urinary incontinence can exist as a new problem post stroke, or if pre-existing, it can significantly worsen.

Urinary incontinence assessment and management has primarily been viewed as a nursing role (Arkan et al., 2018; Vaughn, 2009)

Current stroke guidelines recommend that physios are involved with addressing urinary incontinence problems post stroke.

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Barriers

Recent research indicated that physios in NZ considered that a lack of formal training and uncertainty about their role in urinary incontinence rehabilitation, limited their involvement (Martin, Hay-Smith, Aldabe 2023).

Our service:

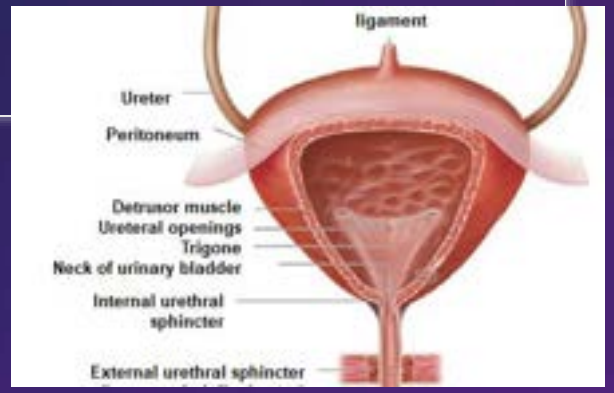
Not consistently asking about it

Lack of knowledge, confidence to do with management and awareness of what to do and who to refer to

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Normal Bladder Function

- To achieve storage the Detrusor muscle relaxes to store 300-400mL and then must contract at the correct time to empty the bladder.
- The Uretha is supported by the pelvic floor muscles to remain closed during storage
- Its normal to pass urine every 3-4 hours without urgency

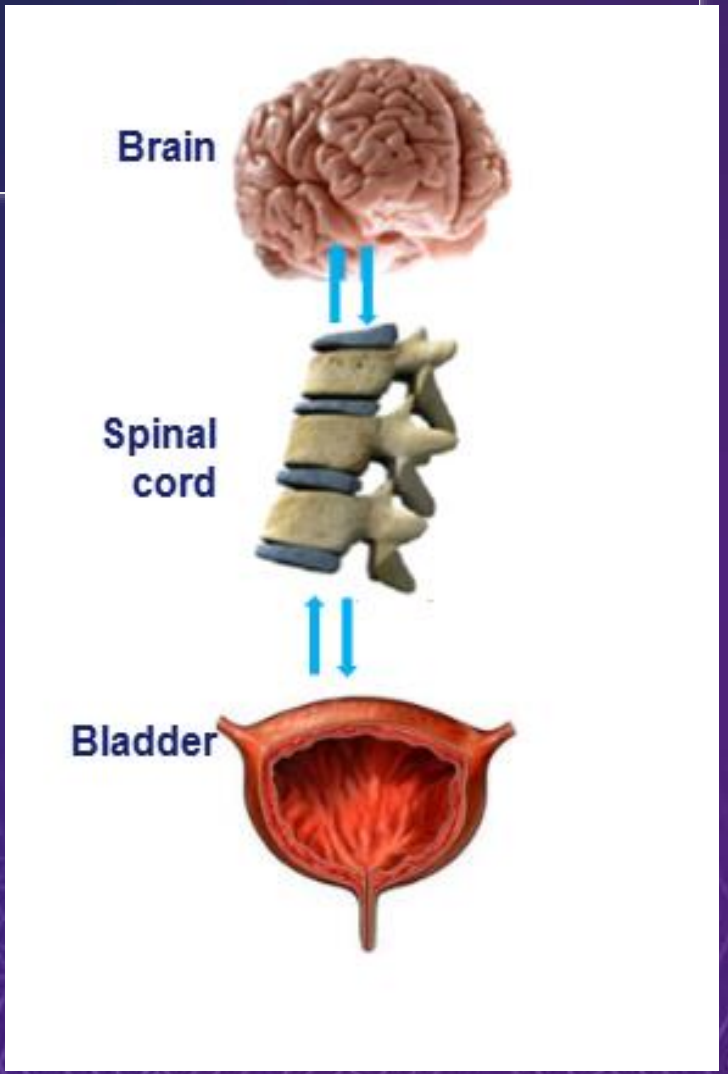




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Neurologic Bladder Control

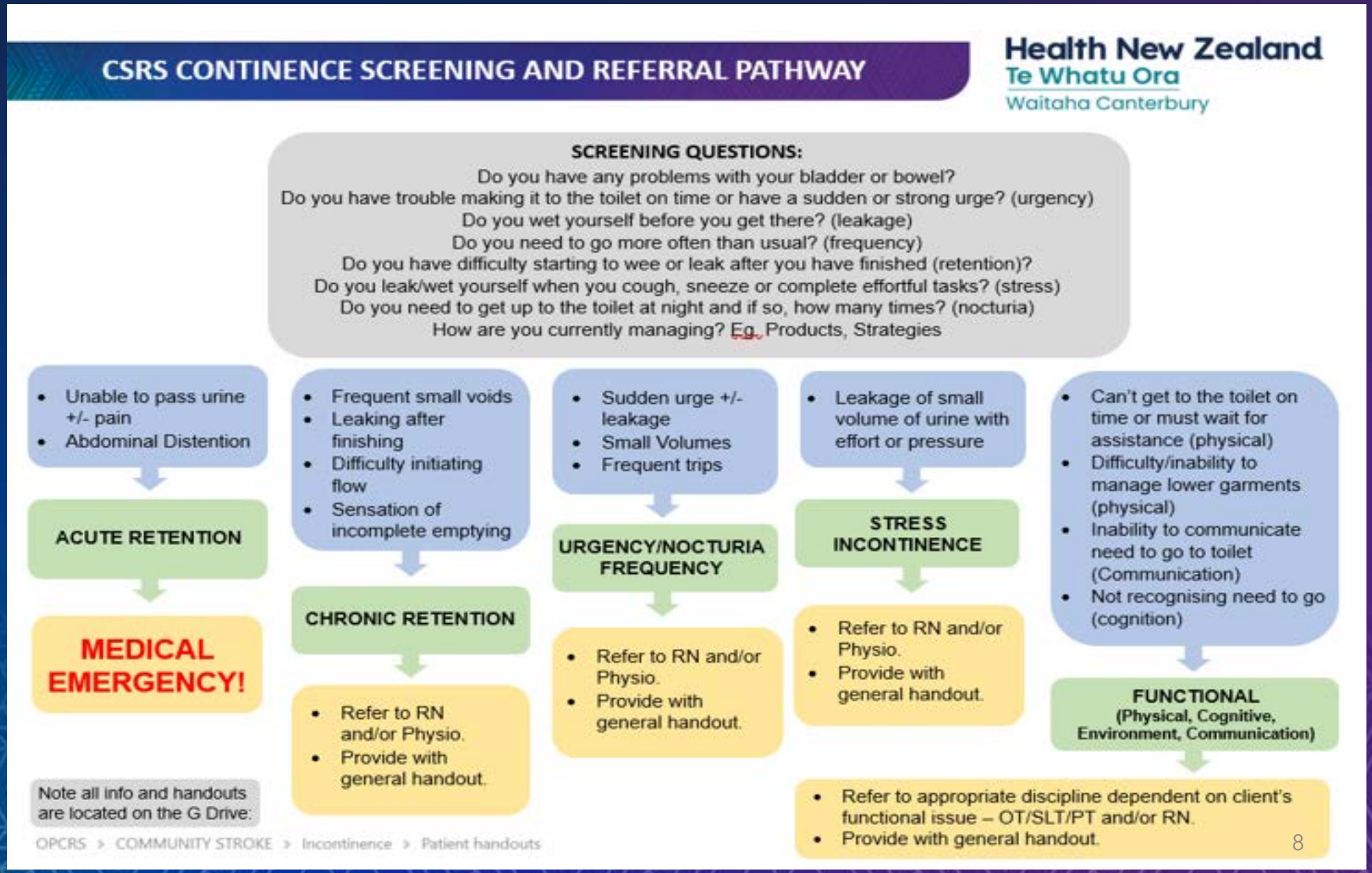
- Spinal micturation centre S2-S4 – relaying incoming sensory nerve impulses and outgoing motor nerve impulses
- Pontine micturation centre – neural switch between storage and voiding
- Cerebral cortex micturation centre – allows inhibition of micturation



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Where do we start - Questions

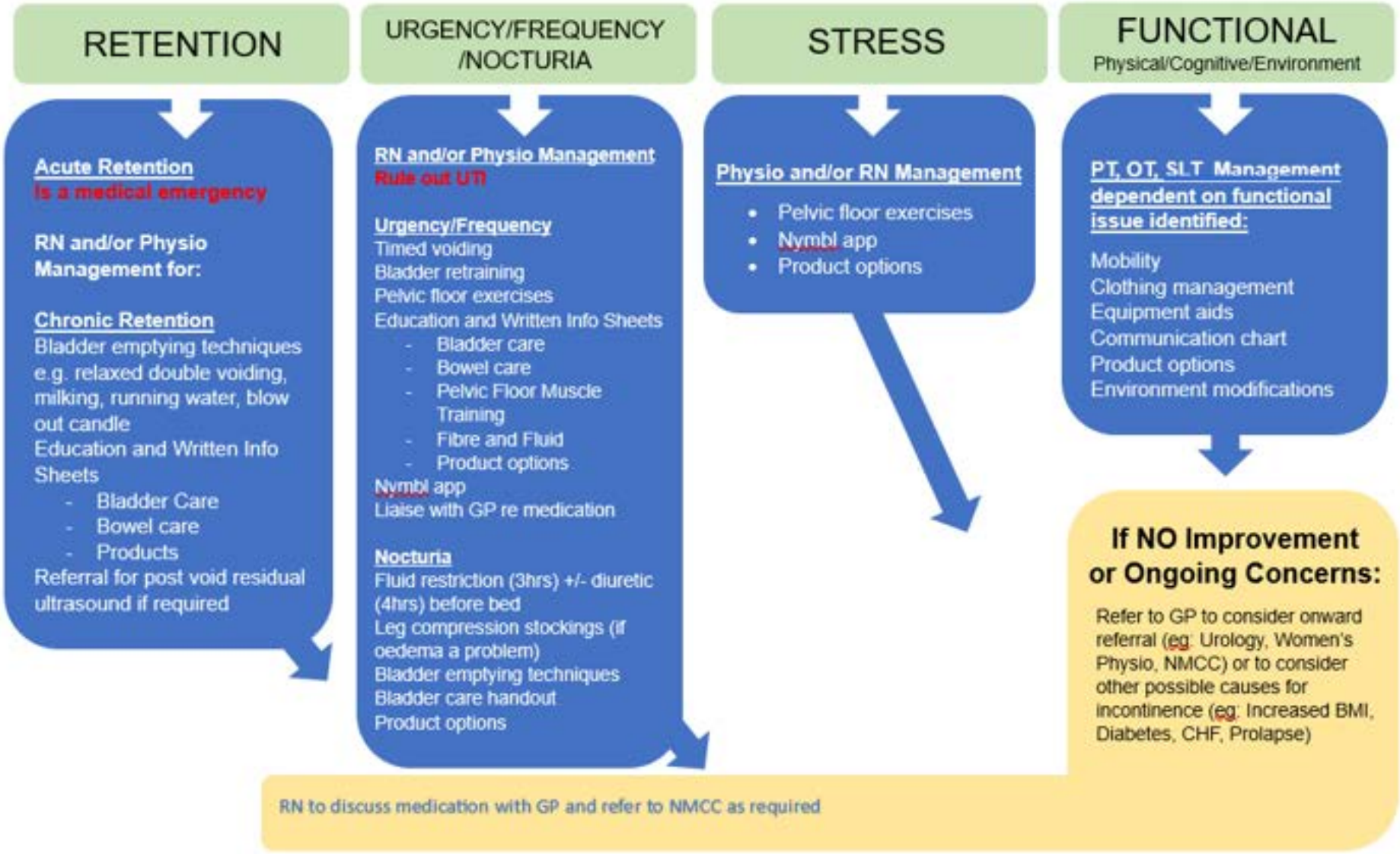
- Asking about toileting daytime and overnight.
- How often and do they make it in time.
- Do they use products.
- Is it different to before the stroke and in what way.
- Is it that they are too slow due to their physical changes (functional), have little warning (urgency) or need to go more often (frequency), or difficulty initiating or there is still more after they have been (retention).
- Is it when they cough, sneeze or lift/strain (stress).


CSRS CONTINENCE SCREENING AND REFERRAL PATHWAY
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SCREENING QUESTIONS:
Do you have any problems with your bladder or bowel?
Do you have trouble making it to the toilet on time or have a sudden or strong urge? (urgency)
Do you wet yourself before you get there? (leakage)
Do you need to go more often than usual? (frequency)
Do you have difficulty starting to wee or leak after you have finished (retention)?
Do you leak/wet yourself when you cough, sneeze or complete effortful tasks? (stress)
Do you need to get up to the toilet at night and if so, how many times? (nocturia)
How are you currently managing? Eg. Products, Strategies
Unable to pass urine +/- pain
Abdominal Distention
ACUTE RETENTION
MEDICAL EMERGENCY!
Frequent small voids
Leaking after finishing
Difficulty initiating flow
Sensation of incomplete emptying
CHRONIC RETENTION
Refer to RN and/or Physio.
Provide with general handout.
Sudden urge +/- leakage
Small Volumes
Frequent trips
URGENCY/NOCTURIA FREQUENCY
Refer to RN and/or Physio.
Provide with general handout.
Leakage of small volume of urine with effort or pressure
STRESS INCONTINENCE
Refer to RN and/or Physio.
Provide with general handout.
Can't get to the toilet on time or must wait for assistance (physical)
Difficulty/inability to manage lower garments (physical)
Inability to communicate need to go to toilet (Communication)
Not recognising need to go (cognition)
FUNCTIONAL
(Physical, Cognitive, Environment, Communication)
Refer to appropriate discipline dependent on client's functional issue – OT/SLT/PT and/or RN.
Provide with general handout.
Note all info and handouts are located on the G Drive:
OPCRS > COMMUNITY STROKE > Incontinence > Patient handouts

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CSRS Urinary Continence Management Guidelines

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Urinary Retention - Acute



Signs and Symptoms

- Sudden inability to Urinate
- Lower abdo pain – can be severe
- Abdominal distension

MEDICAL EMERGENCY

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Urinary Retention - Chronic



Signs and Symptoms:

- Frequent small volumes
- Difficulty starting/Hesitancy
- Straining
- Sensation of incomplete bladder emptying
- Poor Flow (Weak or slow stream)
- Post micturation dribble (leaking after finishing)
- Constantly leaking –overflow Urinary Incontinence bladder is too full and overcomes urethral closure pressure

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Management – For Chronic Urinary Retention

- Timed Toileting – 3 hourly
- Relaxed double voiding technique
- Other strategies eg Running water, Blow out candle
- Milking technique (men with post void dribble)

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Urgency



- Sudden desire to pass urine which may result in involuntary leakage. May occur with a change of position or sudden movement.
- Learned response: Examples: key in door, driving up drive, water running, just in case
- Also consider and rule out a UTI
- Functional Limitations can also impact. urgency

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Management – Urgency

Education

- Fluid intake
- Avoid bladder irritants
- Information sheets
- Product options
- Consider constipation and education regarding this

Medication

- Discuss medication management of urgency with Medical Team
- Anticholinergics (oxybutynin and Solifenacin). Side effects: reduced cognition and falls

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Management – Urgency

Aim to get bladder back under control

- Don't rush to toilet!
- STOP
- SIT – pressure on perinium
- KEEP BREATHING
- DISTRACTION (physical, cognitive). This tells the bladder that it isn't a good time to pass urine
- It will take time to retrain the bladder – months
- PELVIC FLOOR EXERCISES alongside this

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PELVIC FLOOR EXERCISES

- Cues
- Checking correct recruitment
- If they are struggling every other way, then can get then to try and stop the flow and/or refer back to the GP
- Start with 2-3 sec hold, 10 x
- Progress/vary as able
- Nymbl training

Stress Incontinence

Leakage on effort or exertion

Typically small volumes

Encourage – Pelvic floor activation prior



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Nocturia



- Normal:

  Elderly - Up one to two times a night is normal

  Adults - Up zero to once at night is normal

- Management Options:
  - No fluids 3 hours before bed
  - Elevate legs in the evening/compression stockings if have oedema
  - Diuretics 4 hours before bed (discuss with GP)
  - Ovestin cream (for females)
  - Products

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Tips and Tricks - containment

Avoid Sanitary pads

- Don't absorb urine well
- Slow absorption
- Increased Odour
- Skin Irritation

Barrier Cream for those with leakage

Products

- Poise and Tenna are good supermarket brands designed for urinary incontinence
- Wide Range to suit needs/gender
- Other cheaper options to NM: BL Stringer, Chemist Warehouse/Bargain Chemist

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If issues ongoing:

- Refer back to GP for consideration of referral onto specialist service

  Nurse Maude Referral

  Womens Health Physiotherapy Referral

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Education and Resources

- Handouts from various services, many have info in multiple languages
- Nymbl training
- Adult Continence Assessment - Community HealthPathways Waitaha | Canterbury
- Continence NZ - Empowering people affected by incontinence to thrive
- Incontinence prevention, management & support | Continence Health Australia (formerly the Continence Foundation of Australia)
- Urinary continence and stroke | InformMe - Stroke Foundation
- IUGA – Home - Your Pelvic Floor
- Health Info: HealthInfo Canterbury
- Urinary Incontinence in Women - Allied Healthways Canterbury

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TAKE HOME MESSAGES

- ASK
- Have caring conversations
- Provide education/information if they want it
- Address management options/strategies if appropriate
- Refer on if needed

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Questions?