

INCONTINENCE



A stroke can cause urinary incontinence if it affects structures or pathways in the frontal lobe and pontine center.



Incontinence can be a result of bladder hyper/hyporeflexia or stroke-related motor, cognitive, and language deficits despite normal bladder function.



Incontinence post stroke is associated with poor outcomes including slower recovery, prolonged hospitalization, and low health-related quality of life.

Approximately
15% of stroke survivors remain incontinent after one year.

IDENTIFICATION



All stroke survivors should be screened for urinary retention and incontinence.



Keep record of survivors' voiding patterns, urination habits, diet and fluid intake.



Assess factors that could impact incontinence such as environment, visual, mobility and cognitive deficits.



Assess for symptoms of complications; fever, lower abdominal/back pain, increasing confusion and agitation.

INTERVENTIONS

Reducing occurrences of incontinence can greatly impact the quality of life and self-esteem of patients.



Stroke survivors should be assessed by a trained professional using a structured functional assessment to determine cause of urinary incontinence and to develop personalized care plan.

1. Tailor intervention to type of incontinence.
2. Follow through with bladder interventions.
3. There is minimal evidence to support the effectiveness of anticholinergic medications for stroke related incontinence.
4. Provide emotional support and reassurance to people experiencing incontinence.
5. Chronic catheterization is associated with adverse events and poor outcomes.
6. Regularly monitor skin to maintain skin integrity.

USE AN INTER PROFESSIONAL APPROACH; MANAGEMENT OF INCONTINENCE CAN INCLUDE SUPPORTIVE DEVICES, SURGICAL, BEHAVIOURAL, AND PHARMACOLOGICAL INTERVENTIONS.