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Identifying Continence Options after Stroke

Bladder training protocol

Overview

The objectives of the bladder training protocol are to:

- increase the time interval between voids to a maximum of 4 hours
- this may lead to an increase in bladder capacity, leading to reduction in incontinence.

Please implement the protocol for 14 hours a day (7.30am to 9.30pm), 7 days a week.

Protocol

Patient education

Go through the Patient Education booklet with the patient; family and/or friends can be present if the patient would like them to be.

Bladder diary review

The patient (or nursing staff if the patient is not able) will have completed a baseline bladder diary for at least three days. At the first discussion with the patient (following the explanation of the patient education materials), review the baseline bladder diary with the patient, noting the time and circumstances of each accident. Decide on initial voiding interval based on the table below:

Guidelines for initial voiding intervals prescribed

If diary shows urinary frequency (or leakage) occurring on average of:	Prescribe initial voiding interval of:
30 minutes	30 minutes
60 minutes or less	60 minutes
90 minutes	90 minutes

Bladder training

Explanation for participants

Explain the purpose of the bladder training programme; suggested wording:

“Bladder training will help you regain control by strengthening your brain's ability to control your bladder. You do this by practicing emptying your bladder to a specific timetable. Initially, the time between toilet visits will be brief. However, the time will gradually be lengthened until you achieve a normal toilet pattern without leakage or problems controlling the need to go.”

Protocol

1 Encourage patients to follow the voiding timetable as closely as possible during the day time only. (Grace period: 10 minutes on either side of hour).

2 Explain to patients that if they feel they need to empty their bladder prior to their schedule voiding time, they should try to wait until their due time. Explain that if they can distract themselves long enough, often the urge to empty their bladder will pass. Suggest the following strategies which may help put off the desire to void:

- Use mind games to distract your attention. Count backwards from 100 by **7's** or work on a crossword puzzle.

- Concentrate on a task which requires a great deal of concentration. For example, writing a letter, count backwards from 100 by 7's, do some therapy exercises, or some other activity that requires a great deal of attention.
- Try to distract yourself by concentrating on another body sensation, such as deep breathing. Sit down and take five slow deep breaths. Try to concentrate on the air moving in and out of your lungs, and not on your bladder sensation.
- Use self-statements when urgency occurs such as "I can wait," "I don't have to go," "I can conquer this," or "It's not time yet to go." Create a statement that fits your situation the best.
- Time how long you can push off the feeling of urgency and try to double this time when urgency occurs again. For example, if you could only control your urgency for 1 minute the first time, aim for controlling your urgency for 2 minutes the next time, and for 4 minutes the time after that.

If patients have to interrupt their schedule, they should get back on schedule at the assigned time even if it has been only a few minutes. For example, if they had to void 15 minutes before their assigned time, they should be asked to void again at their assigned time. Encourage patients to continue on their voiding schedule, trying not to interrupt it again.

- 4 Encourage patients to follow the voiding schedule as closely as they can.
Suggested wording:

"Even if you do not feel the desire to void, go to the toilet at the assigned time, and try to empty your bladder. Remember, the amount of urine in your bladder is not important; the important part is your effort to empty it. Whether you pass a few drops or a pint, it really does not matter. The important thing is the effort."

- 5 Record each voiding on the Daily Treatment Log.
- 6 If the patient misses one or more scheduled voiding, ask them to return to the schedule as soon as they remember.

Please document all activities (e.g. taking patients to the toilet and the outcome of each scheduled void) on the DAILY TREATMENT LOG for each patient.

Review

Review patient at weekly intervals using

- bladder diary
- log of bladder training activities in the last week.

If patient has managed to control their bladder using the schedule without any problems, increase voiding interval by half an hour.

If the patient has had difficulty controlling their bladder, the time period between voidings may remain the same or be shortened. Adjust this to meet the patients' needs.

Decide on voiding schedule for the following week and document this in the back of the Patient Information Booklet and in the nursing care plan.

Maintenance

Weekly progress reviews are an ideal time to discuss progress with patients and to provide support and encouragement to help motivate patients to continue with their schedule.