

Palliative Pain and Symptom Management Consultation Program Northeastern Ontario



Elimination Changes: Bowel and Bladder

THINGS YOU CAN DO AS A CAREGIVER OR LOVED ONE

Create a Routine

- Schedule bathroom visits every 2–3 hours during the day and check at least once overnight to reduce accidents.

Prepare the Environment:

- Remove trip hazards, ensure adequate lighting (nightlights), and consider a raised toilet seat or bedside commode.

Use Proper Products:

- Utilize disposable briefs, pull-ups, or bladder control pads with high absorbency. Use mattress protectors or underpads to protect bedding and furniture.

Maintain Skin Health:

- Use alcohol-free, gentle cleansers and lotions to clean and moisten skin quickly after an incontinence. Apply barrier creams to protect skin.

Manage Diet & Hydration:

- Encourage adequate fluid intake during the day (if appropriate and part of goals of care) but limit liquids before bedtime. Reduce consumption of irritants like caffeine, alcohol, and spicy foods.

Stay Prepared:

- Keep a "care kit" when leaving home, including wipes, spare clothes, pads/briefs and plastic bags for soiled items.

ARE THERE TREATMENT OPTIONS?

- Treatment may include medication and/or other non-medication methods to provide comfort and symptom relief.

ELIMINATION CHANGES

Urinary changes often occur in advanced disease and again, nearing end-of-life.

Some changes may include:

- Incontinence
 - No control or limited control of bladder
- Nocturia
 - Urinating at night time without control.
- Urgency
 - Feeling you have to go frequently and urgently.
- Urinary Retention
 - Inability to release or start urine flow.
 - The loss of signal from the brain to the bladder when bladder is full

Stool production changes are also common

- Constipation
 - Related to decrease fluids, intake, slowing of bowel motility with disease progression
- Incontinence
 - No control or limited control of bladder and bowels

ADVANCED DISEASE AND END-OF-LIFE CONSIDERATIONS

- As mobility and function decline there may be consideration of the insertion of a indwelling urinary catheter to drain the bladder and support dignity, care needs and comfort.
- It is normal for people to eat and drink less and less as disease advances and when someone is approaching end-of-life.
- Despite decreased intake your loved one should still be having regular bowel movements. This is important for comfort and dignity.
- Urine will become less in amount, darker in color and potentially more odorous
- Stool will start to be less in amount and frequency, see bullet 2 above for consideration