QUICK GUIDE FOR LGS FAMILIES

Urine Retention and Epilepsy

LGS FOUNDATION
LENNOX-GASTAUT SYNDROME

The inability to completely empty the bladder — why it happens, what helps, and when to call for help.

How emptying is meant to work — and where it breaks

ACUTE
sudden and painful

CHRONIC
gradual, often painless

The brain says "go"
from the pontine micturition center, the "on-off switch"

Nerves carry the signal
down to the bladder muscle

The bladder squeezes
and urine comes out

Retention means one of these steps has broken down, so urine stays behind and the bladder stretches.

Emergency — get care now if:

- No urine output at all, even with a full bladder
- Severe pain or swelling in the lower belly or groin
- Nausea, vomiting, heavy sweating, or fever

Why it can happen

Brain signals disrupted
LGS can disrupt brain signals, even between seizures.

Right after a seizure
The brain's control over the bladder is temporarily offline.

Seizure medicines
Some leave the bladder muscle too relaxed.

Constipation
Stool pinches the outflow shut, like a hose.

No way to tell you
A full bladder can go unnoticed for hours.

The VNS device
Uncommon. Settings can usually be adjusted.

What can help

Clear the bowels
Softeners, fibre, or a suppository routine.

Review the medicines*
Lower a dose, switch a drug, retune the VNS.

Intermittent catheter
Drains it, then comes out. can be taught to do at home.

A catheter that stays
Foley or suprapubic, draining into a bag.

Bladder-relaxing medicine
Anticholinergics calm an overactive bladder.

Abdominal stimulation
Manual lower abdominal pressure to trigger urination.

*Never change a seizure medicine on your own.
Bring bladder worries to the neurologist and urologist together. The fix is often a bowel plan or a dose change.

What the research says

What we know
Bladder problems are common in epilepsy disorders including LGS because of the brain condition itself. Studies describe bladder leakage far more often than retention.

What we do not
Retention has never been counted in this group. It goes unreported, is mistaken for constipation, and is studied mostly in spinal cord injury and stroke.

Resources

Neurogenic Bladder: What You Should Know — Urology Care Foundation
Credé Maneuver: Manual Abdominal Stimulation— Cleveland Clinic
Self-Catheterization: Clean Intermittent Cathererization— Cleveland Clinic

References

Central Regulation of Micturition and Its Association with Epilepsy
Lower Urinary Tract Dysfunction in Uncommon Neurological Diseases

For information only. It does not replace advice from your own medical team.