Learning for Life: Managing MS-related Bowel and Bladder Dysfunction
Presented by the National Office of the MS Society of Canada
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Learning for Life

Our Mission
To be a leader in finding a cure for multiple sclerosis and enabling people affected by MS to enhance their quality of life.
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Managing MS-related Bowel/Bladder Dysfunction
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MS Common Symptoms

- Fatigue
- Depression
- Focal Muscle weakness
- Ocular changes
- Bladder/bowel/sexual dysfunction
- Gait problems/spasticity
- Paresthesias
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Bladder Management
Bladder Physiology

- Initial urge 200-300cc
- Capacity 500+cc’s
- Flow rate 15cc’s/second
- Voiding Pressure 30-60cm/ women 80 cm/ men
- Post Void Residual volume is negligible
Male Anatomy
What does a full bladder look like?
A Closer Look at the Bladder
Common Bladder Symptoms

- Urgency
- Frequency
- Hesitancy
- Double voiding
- Involuntary urine
- Nocturia
- Urinary Tract Infections
- Dysuria
Effects of Incontinence

- Social isolation
- Lost sleep
- Additional laundry
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MS Neurogenic Bladder Problems

- Inability to store urine
- Inability to empty urine
- Combined dysfunction – storing and emptying
Inability to Store

- Uninhibited detrusor contractions
- Small capacity bladder
- Sphincter dysfunction
- Symptoms of urgency, frequency, nocturia, incontinence
- Post void residual volume is less than 100 cc
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Treatments / Inability to Store

• Limit fluid intake to certain times of day
• Frequent bathroom breaks
• Quick access to bathroom
• Pads or protective undergarments
• Decrease use of bladder irritants (caffeine, aspartame, alcohol)
• Anticholinergic/antimuscarinic agents
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Bladder Management Medication

- Anticholinergic/Antimuscarinic agents: oxybutynin (Ditropan®, Ditropan XL®, Oxytrol®)
- Tolterodine (Detrol LA®)
- Propantheline (Probanthine®)
Anticholinergic Mechanism of Action

- Increase bladder capacity
- Diminish frequency of involuntary bladder
- Delay initial urge to void
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Side Effects of Anticholinergics

• Dry mouth
• Constipation
• Blurred vision
• Drowsiness
Inability to Empty

• Detrusor dysfunction
• Outlet (sphincter) obstruction
• Symptoms of urgency, hesitancy, incomplete emptying, nocturia, incontinence, urinary tract infection
• Post void residual volume is more than 100 cc’s
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Treatments inability to empty

- Adequate fluid intake
- Structured, timed voidings
- Intermittent catheterization
- Alpha blockers/anti-spasticity agents
Bladder Management Medication

- Alpha blockers: prazosin (Minipres®), terazosin (Hytrin®), quinazoline (Cardura®), tamsulosin (Flomax®)
- Antispasticity agents: baclofen (Lioresal®), tizanidine (Zanaflex®)
- Anti-diuretic: desmopressin acetate- DDAVP®
Combined Dysfunction

- Detrusor-sphincter dysynergia
- Symptoms of urgency, frequency, involuntary urine, nocturia, urinary tract infections
- Post void residual volume variable amounts
- Diagnosed only by urodynamics
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Treatments Combined Dysfunction

- Anticholinergic medication (ie Ditropan or Detrol LA)
- Intermittent catheterization
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Assessment of Bladder Function

- Thorough history patients main concern voiding patterns (voiding diary) fluid intake
- Spontaneous void
- Measurement of Post Void Residual urine volume (bladder scan or catheterization)
- Urine analysis and culture for infection
Assessment of Motor Skills/Abilities

- Mobility aids
- Balance
- Spasticity
- Upper body strength
- Lower body strength
- Ability to transfer
- Effect of heat
- Effect of fatigue
- Cognition
Other considerations

• Clothing
• Availability of care partner
• Environment
  ➢ Availability of bathroom
  ➢ Accessibility of bathroom
  ➢ Stairs
What You Need to Know

• Adequate fluid intake is about 1/2 litres/day (48-64 oz)

• Urge to void occurs about 1 1/2- 2 hours after drinking something so drink adequate amounts each time – remember when you sip, sip, sip → you pee, pee, pee

• Caffeine, aspartame and alcohol are bladder irritants

• Limiting fluid intake is harmful
What You Need to Know

- Stop drinking fluids about 2 hours before bedtime
- It is not normal to leak urine, wake up more than once at night to void, or have frequent urinary tract infections
- Symptoms of urinary tract infections
- Effect of infections on MS symptoms
- Importance of early treatment of urinary tract infections
Consider a Urology Consult

- Unsuccessful treatment interventions
- Frequent urinary tract infections
- Suspect other concurrent diseases
- Lack of resources at your MS Clinic
Other Interventions

- Indwelling Foley catheter
- Supra Pubic catheter
- Diversionary procedure
- Botox injections
Bowel Dysfunctions in MS
Bowel Dysfunction in MS

- Common problems
- Constipation
- Involuntary bowel
- Diarrhea
- Flatulence
- Fecal impaction
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Constipation
- Slow bowel
- Medication effect
- Weak abdominal muscles
- Impaired mobility
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Treatments for Constipation

• Fluid intake of 1½ liters / day
• Adequate daily fiber (20-30 grams/day)
• Stool softeners
• Oral stimulants
• Mild laxatives
• Suppositories/ mini enemas
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Treatments for Involuntary Bowel

• Bowel training
• Diet
• Suppositories
• Medication
Diarrhea

- Infection
- Malabsorption
- Food intolerance's/allergies
- Medications (antibiotics)
- Fecal impaction
Considerations for Diarrhea

- Monitor electrolytes, weight, diet
- Monitor skin/skin care
- Medication to decrease gastro-intestinal motility
- Bulk forming supplement
Bowel Management Goal

• Comfortable bowel movement in an appropriate place and at an appropriate time.
Bowel Management Strategies

• Daily fiber intake of 20-30 grams/day
• Fluid intake of 1.5 liters of fluid a day (48-64 oz)
• Increase daily activity
• Plan for a bowel movement each day 1/2 hour after eating or drinking something warm (peristaltic activity is increased at this time)
Helpful Hints

• Take your time--HASTE DOES NOT MAKE WASTE
• Meat does not have fiber
• 1/3 cup of All Bran or Bran Buds can provide 10-12 grams/fiber
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Question and Answer

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For more information on MS-related bowel and bladder dysfunction, or any other MS topic, please contact the National Information Resource Centre Program at 1-800-268-7582 or visit www.msanswers.ca.