



**National
Multiple Sclerosis
Society**

Managing MS Bladder and Bowel Symptoms

Pat Kennedy, RN, CNP, MSCN

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**Marlene Murphy Setzko, MD,
Mandell MS Center**

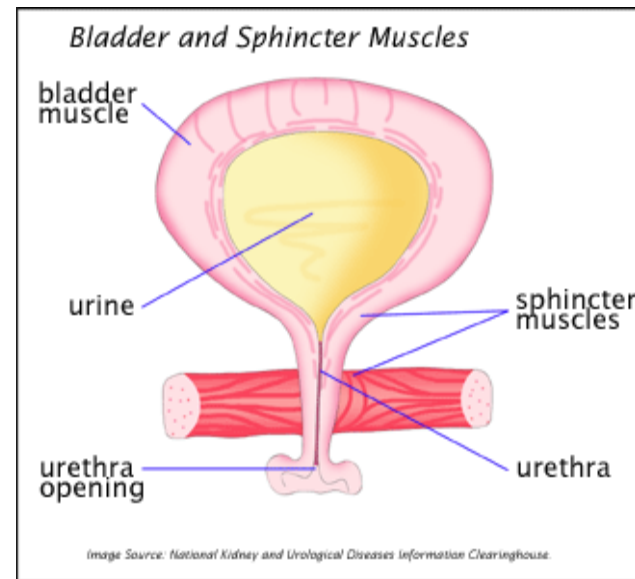
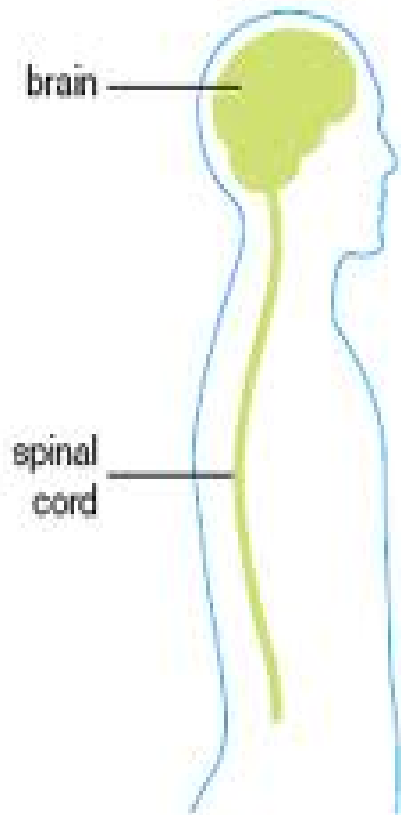
Bladder Dysfunction

- **Approximately 75% of people with MS experience bladder problems**
- **Can have a huge impact quality of life**

Why This Discussion is Important

- Many patients are not aware of bladder problems as a part of other MS symptoms
- Asking health care professionals about bladder symptoms can be difficult
- Finding a provider who understands bladder function and MS is very important
- Bladder dysfunction occurs in other disease states so evaluation must be comprehensive

Causes of MS Bladder Dysfunction



Causes of MS Bladder Dysfunction cont.

- Lesions in brain and spinal cord
 - Cord lesions cause most of problems
 - Brain lesions cause difficulty with voluntary control
- There is a correlation between disability level and bladder problems.

Why Do We Care?

- Social reasons
- Self esteem
- Quality of life
- Risk of:
 - Urinary tract infections
 - Kidney disease
 - Increased bladder pressures

Diagnosis Of Bladder Dysfunction

- Good history
- Urine analysis to include culture and sensitivity
- Pelvic examination/prostate examination
- Measure post void residual
- Cystoscopy
- Urodynamic studies

Failure to Fill

Normal inhibition during filling is lost and a basic reflex that is dependent on volume takes over causing bladder contractions.

Symptoms:

- Frequency
- Urgency
- Incontinence
- No history of UTIs

Failure to Fill

Management:

- Measure post void residual
- Behavioral modification
- Pelvic floor physical therapy
- Fluid management
- Dietary changes to avoid irritating foods
- Anti-cholinergics and anti-muscarinics
- Botox injections
- Stimulators
- DDAVP

Failure to Empty

Spinal lesions may cause 1 of 3 things:

- Detrusor sphincter dyssynergia
- Incomplete sphincter relaxation
- Sphincter paralysis

Failure to Empty

Symptoms:

- Frequency
- Urgency
- Urge incontinence
- Hesitancy
- Not feeling empty
- Slow stream
- UTIs

Management: Measure PVR first...

If low:

- Double voiding
- Timed voiding
- Fluid management
- Medications to relax the bladder sphincter:
- Flomax
- Cardura

If high:

- See urologist
- use previous techniques
- medications might be used to relax the sphincter
- May need IC and/or anticholinergics

Urology Consult

- Unsuccessful treatment interventions
- Frequent UTI's
- Suspect other concurrent diseases
- Lack of resources at your center

What Is A Urologist?

- Board certified surgeon who specializes in the structural and anatomic abnormalities of the genitourinary tract- kidneys, ureters, bladder, prostate, penis, urethra and occasionally vaginal wall prolapse such as cystocele and rectocele
- Skills to test and manage the urinary tract related to neurologic diseases and their impact on urinary function
- Knowledge to prevent and treat urinary infections, incontinence, and stones

Treatment of Urinary Dysfunction

- Generally, if the overall neurologic function is improved, the voiding dysfunction will also improve
- Treatment is individualized based on patient symptoms, expectations, urodynamic findings and the potential side effects of the medications/therapeutic interventions
- Yearly monitoring with renal ultrasound and/or urodynamics is necessary given the unpredictable course of MS and possible changes in the patient's neurologic and urologic function over time

Behavioral Modifications

- Bladder retraining- increasing time between voids will slowly increase capacity and decrease urgency
- Timed voiding- patient follows a schedule of set times to void- particularly useful for patients with significant mobility issues
- Prompted voiding- caregiver prompts the patient to void to prevent incontinence episodes- best used for patients with memory problems
- Absorbent pads/undergarments

Bladder Management

- Clean intermittent catheterization
- Indwelling catheters
 - Urethral foley
 - Suprapubic tubes
- External sphincterotomy with condom catheter for males
- Complications of indwelling catheters include urinary infections, bladder stones, urethral erosion and malignant changes of the bladder lining

Biofeedback and MS

- Pelvic floor muscle training developed by Kegel in 1948
- Originally used for stress urinary incontinence
- Shown in several studies to now be effective in the treatment of MS patients by improving symptoms and decreasing bladder over activity
- Noninvasive form of physical therapy

Treatment of Urge Incontinence

- Medications (antimuscarinic agents) are the mainstay for treating overactive bladder
- Overactive bladder symptoms are relieved by:
 - Inhibition of involuntary bladder contractions
 - Increasing bladder capacity
 - Improving warning time
- Medications available: Detrol, Ditropan XL, Enablex, Vesicare, Oxytrol, Sanctura, Gelnique, Toviaz
- Once a day (long acting medications) improve compliance and minimize side effects: dry mouth, eyes and constipation
- Myrbetriq- Beta agonist works on different receptors recently identified in the bladder that help with storage: used with caution in patients with hypertension

Posterior Tibial Nerve Stimulation

- Office based neuromodulation
- Useful for symptoms of urgency, frequency and urge incontinence
- Twice weekly treatments in office with no recovery time or side effects
- May be combined with behavioral and drug therapy
- Works by stimulating reflex pathways to bladder

When All Else Fails....

- Intravesical injection of Botulinum Toxin A
- Bladder augmentation surgery
- Urinary diversion- continent/non-continent

Intravesical Botox Injections

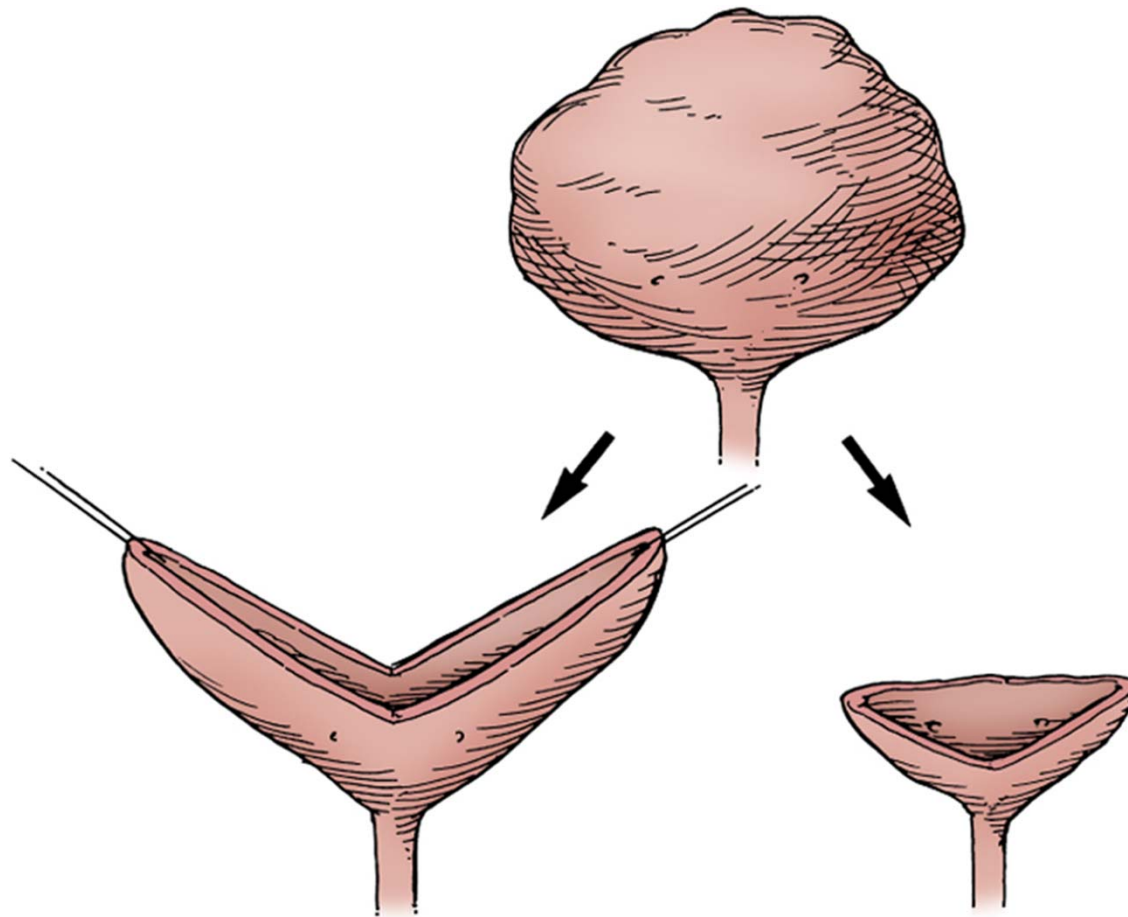
- Effective for patients who fail medical therapy or who cannot tolerate side effects of the medication
- FDA approved for use in neurogenic bladders August 2011- personal experience for 5 years
- Injected into the bladder muscle under IV sedation or general anesthesia- can even be an office based procedure
- Must be coordinated with other injections- no closer than 3 months apart if not performed on the same day
- Duration of efficacy is on average 6 months



Augmentation Cystoplasty

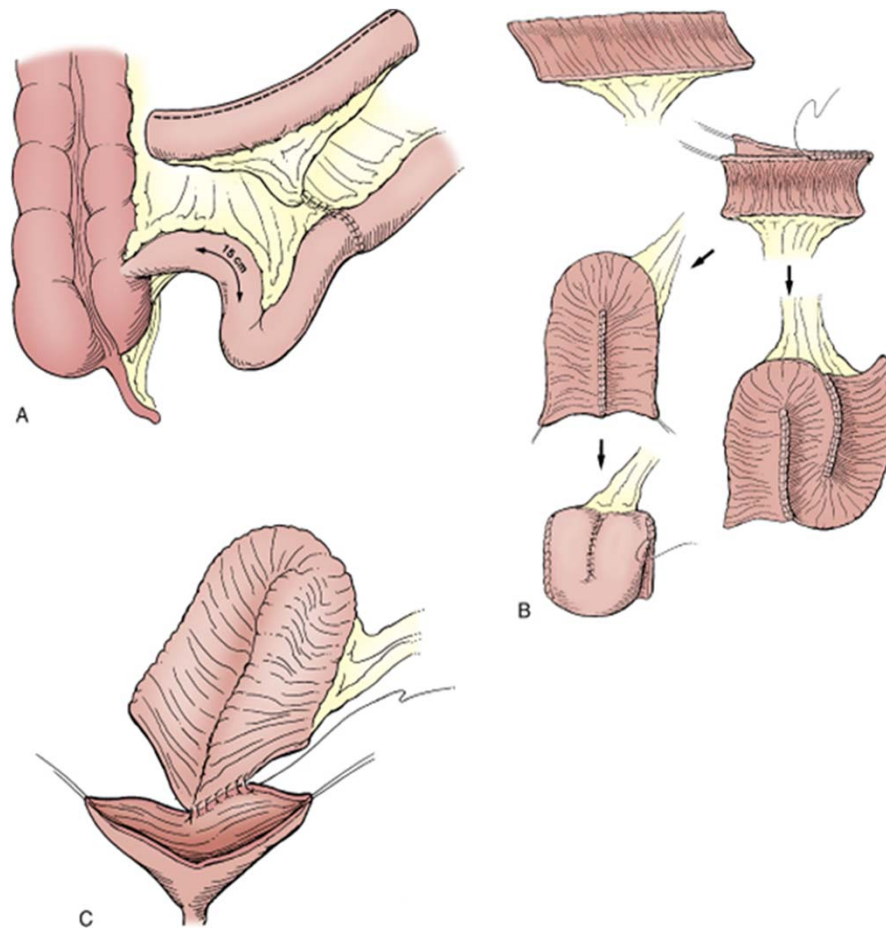
- Improve elasticity of bladder/ improve continence/prevent upper tract (kidney) damage
- GI effects are rare- diarrhea
- Bacteriuria is common- does not require treatment
- Bladder calculi- 10-30% patients
- Mucus
- Spontaneous perforation of augmented bladder

Augmentation Cystoplasty



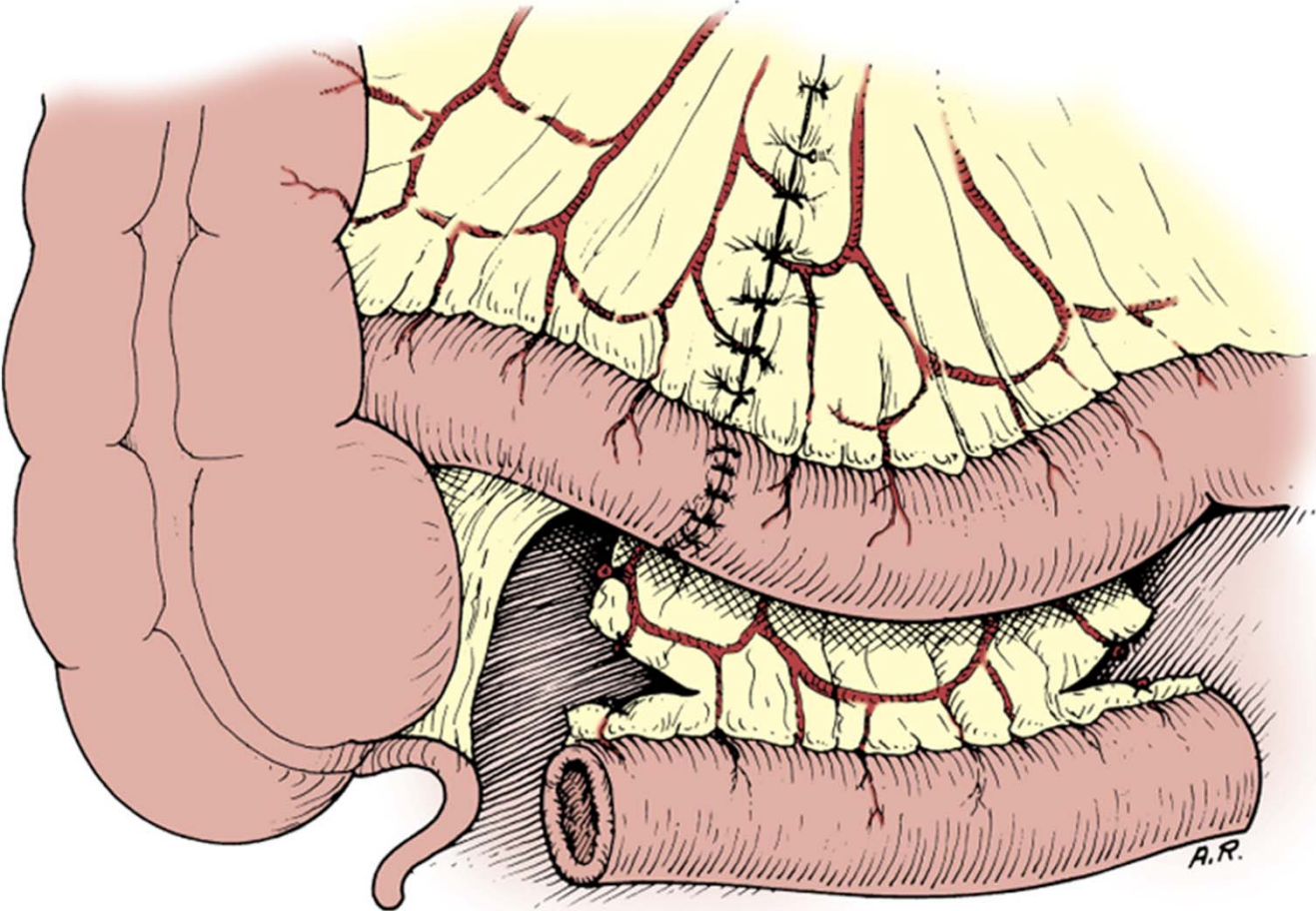
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Augmentation Cystoplasty



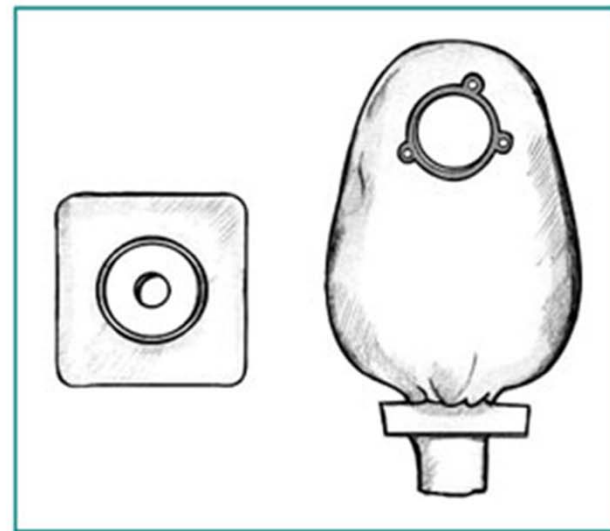
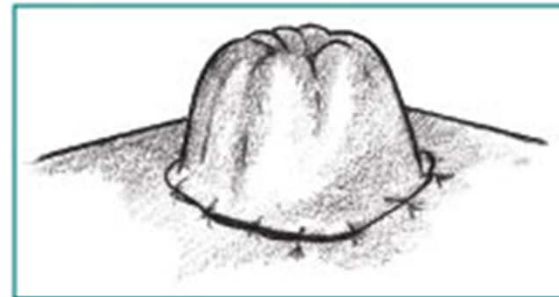
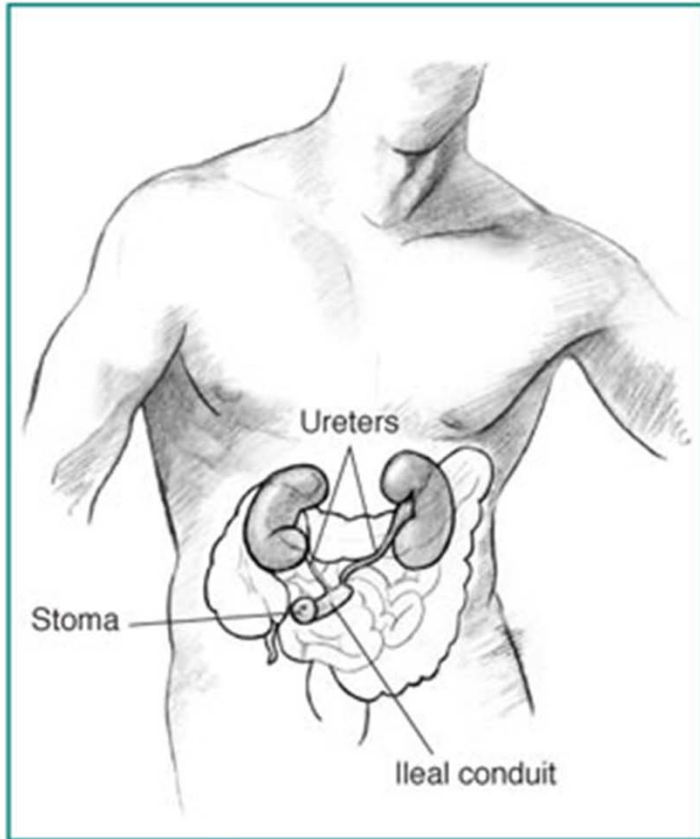
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Urinary Diversion



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Ileal Conduit



Urinary Tract Infection (UTI)

- Urinary tract symptoms are very common in patients with multiple sclerosis
- Evaluation and treatment routinely by a urologist interested and educated in the care of MS patients will provide a significant impact on the patient's quality of life and may prevent irreversible damage to the urinary tract
- Bladder symptoms may not be an accurate indicator of bladder function- urodynamics and imaging of the kidneys are critical for treatment

Bowel Dysfunction

- **Constipation**
 - slow bowel, medications, impaired motility
- **Diarrhea**
 - infection, fecal impaction, medications, food intolerance, malabsorption
- **Involuntary Bowel**
 - diminished sphincter control, hyper-reflexic bowel

Improving Bowel Function

- Move your body more
- Eat regularly and pay attention to including high fiber foods
- Increase your fluids
- Establish a bowel program

Bowel Program

- Establish a schedule: daily? Every 2 days? Every 3 days?
- Choose a time of day that works for you: morning is best for most people
- Sit on the toilet on schedule, even without a sense of needing to
- Don't sit on toilet longer than 15 minutes

Tips to Improve Bowel

- If stool is hard, add a bulk agent and increase water and fiber
 - Metamucil, Benefiber, Psyllium products
- To get stool moving, add stimulation to the rectum:
 - digital stimulation with a gloved finger, glycerin suppositories
- Utilize foods
 - prunes, oatmeal, fruit, whole grains
- Allow a few weeks for the program to work well

Additional Resources

- Bowel Problems- The Basic Facts (publication)
- Urinary Dysfunction and MS (publication)
- Managing Symptoms in MS: Bladder Dysfunction (video)
- Managing Symptoms in MS: Bowel Dysfunction (video)
- Self-Catheterization and MS (video)

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