Managing MS Bladder and Bowel Symptoms

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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
Augmentation Cystoplasty
Urinary Diversion
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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