

URINARY DYSFUNCTION AND BOWEL PROBLEMS



Multiple Sclerosis Society
of SA & NT

MS can affect the bladder and the bowel's ability to function effectively. Damage to nerve pathways can interfere with signals from the bladder or bowel indicating the need to go to the toilet and/or the responding signals from the brain to the bowel or bladder to maintain normal functioning.

Many people are too embarrassed to seek help over losing control of their bodily functions, but with a little forward planning, expert medical advice and input, plus good management techniques, these problems can be brought under control.

Urinary dysfunction

Many people, including those who have MS, find that their bladder becomes troublesome at some point in their lives.

The bladder has complex nerve controls which are easily disrupted. This can lead to an overactive or "unstable" bladder, which needs emptying very often

(frequency) and in a hurry (urgency). If a toilet is not reached in time, urge incontinence can result. Alternatively, nerve damage can mean that the bladder does not empty properly, leading to overflow incontinence and other possible bladder problems or a bladder which fluctuates between the two patterns.

It is important to realise that bladder problems are extremely common in the general population, not just in those who have MS. Many Australians have problems with urinary incontinence and it is more common in women and older people and 13% of Australian men have urinary incontinence. If you have bladder troubles, MS may be the cause or one of the causes - but there are many other possible causes. Do not simply assume that MS is the cause - symptoms should always be properly investigated and an accurate diagnosis made.

Helping yourself and preventing problems

Generally, keeping as fit and active as possible will have a beneficial effect on your bladder. It is important to try to avoid constipation as this disrupts the bladder. Do not get into the bad habit of emptying the bladder more and more often "just in case". You may find that the habit becomes very hard to break and you end up with a very sensitive, small capacity bladder.

Many people are sensitive to caffeine and, if you pass urine too often, it is worth trying decaffeinated drinks to see if this reduces the frequency.

Drug treatments

Urgency, frequency and urge incontinence may be controlled by drugs which dampen unstable bladder muscle contractions. The quest for an effective drug, without side effects, has not yet been successful.

Detrusitol and Oxybutynin are probably the most successful drugs available at present although some people also respond to propantheline or imipramine. It is likely that you would be started on a very low dose, gradually increasing until an

effect is achieved. Side effects such as a dry mouth, disrupted vision and constipation are very common. Detrusitol is the preferred drug prescribed to date (over Oxybutynin) because it has fewer side-effects.

Indeed, constipation should be anticipated and preventive measures implemented as soon as a person starts to take the medication. Drug treatment for urgency will usually be taken in combination with a bladder training programme.

Bladder training

People with urgency and frequency will often benefit from a training programme. A baseline chart of toilet visits is kept for 4-7 days and then the time interval between visits is deliberately but gradually extended. This will only work if you really believe that it will. It is a good idea to obtain professional advice on bladder training from your GP and a Continence Adviser.

Intermittent catheterisation

Many people with MS fail to empty their bladders completely and they will not necessarily know that. One of the best ways to manage the problem is self-catheterisation, by which the person learns to

insert a thin plastic tube (catheter) into the bladder once, or more times a day, to drain out the excess urine and prevent overflow leakage. Although this can seem quite alarming at first, most people find learning to catheterise very easy. Where a person cannot manage to self-catheterise a carer may be willing to learn the technique and do it for them.

Many people with MS have had their lives transformed by using intermittent catheterisation.

Pelvic floor exercises

These exercises may help by strengthening the muscles around the bladder and bowel outlets, making more likely better control of any tendency to leak. This is especially relevant to women, who naturally have a relatively short bladder, perhaps weakened by childbirth, and may have stress incontinence. Like any other muscle, the more you use and exercise it, the stronger the pelvic floor will be. A physiotherapist can help where self-help is not practicable and the Continence Foundation (see link below) can provide instructions on how to do these exercises and on the use of vaginal cones. The use of mild electrical stimulation may also be

recommended or your doctor may prescribe hormone cream or tablets. In cases of very severe leakage, or where a prolapse is involved, an operation may be suggested.

Complementary therapies

There has been very little research on the use of these therapies for dealing with bladder problems and virtually none that is specific to MS. However, some people have had good experiences and report success with a wide range of treatments. Hypnotherapy, acupuncture, homeopathy, reflexology and others have all helped people and may be worth a try, particularly if more conventional therapies have failed.

Managing incontinence

Where, despite every effort, bladder control remains unreliable, then continence products may help to manage the problem. No one product suits everyone for people are of different shapes and sizes, have different patterns and amounts of incontinence and have varied personal preferences. A range of absorbent products, washable or disposable, for body or bed, and in different sizes and designs is needed. People with very heavy incontinence may use

an all-in-one diaper style garment but this can make toileting more difficult, adding to the problem and certainly making any degree of independence unlikely. Men may use a sheath and bag collection system.

Catheters

A long-term catheter can be associated with many problems. However, they still have a place where there is severe urinary incontinence or if toileting involves much difficulty and discomfort because of disability. Some people find that a catheter enables them to lead a much more active life as well as being more dignified than having to rely on carers to deal with the incontinence perhaps many times each day.

If a catheter is used it is important to find both a brand or style of catheter and a care routine that minimises the problems for the user and the carer. A suprapubic catheter which does not use the bladder outlet but enters the bladder via the abdominal wall, is often preferred.

Incontinence and sexual activity

Contrary to what some people believe, those who wear a catheter all the time can still have sex. It is likely that a suprapubic

catheter will be more comfortable than the kind that uses the bladder outlet. An alternative is to learn how to remove the catheter for the time required and then replace it with a new one, paying attention to safety, hygiene and comfort. If neither of these alternatives is practicable, women may find it most comfortable if the catheter is taped to one side and men fold back the catheter holding it in place with tape or by wearing a condom. KY jelly may be needed to improve lubrication.

People with a bladder problem may find that although they have a tendency to leak a little during sex, it need not be a barrier to enjoy a fulfilling sexual relationship. The leakage can be due to direct pressure on the bladder, because an overactive bladder is contracting, or orgasm, any of which may lead to a reluctance to relax and enjoy sex. It may be possible to reduce or stop one or more of these problems by controlling medicine - ask your doctor to advise.

Worries about these potential embarrassments and fears that they may be a "real turn-off" are natural and can mean that many people try to avoid all intimate

contact.

Discussing these feelings with your partner may reduce the embarrassment.

Maintaining a regular bladder and bowel programme is the best protection against leakage for most people. It may help to drink less than usual for a few hours before sexual activity and, if possible, empty the bladder beforehand.

Personal hygiene

Maintaining a high standard of personal hygiene is particularly important for anyone with a continence problem, both men and women, and can result in increased confidence about physical attractiveness. Genital washing at least daily is essential. The use of talcum powder or cream should not be too generous or discomfort may occur.

Summary

It can be very distressing to experience problems of continence but it need not simply be something to be suffered - you just may not have to put up with it! A combination of preventive measures, self-help and medical advice will enable most problems to be brought under control.

Bowel Problems

Many people are often too embarrassed to seek help over losing control of their bowels, however it's really important to seek medical advice to rule out a multitude of other conditions which may cause this.

What exactly is faecal incontinence?

People with faecal incontinence have difficulty controlling their bowel. As a result, they pass faeces at the wrong time or in the wrong place. They may also pass wind without control or totally lose control and soil themselves.

Whilst a lack of bowel control is a distressing symptom, it is not very common in MS.

What causes faecal incontinence ?

It can result from damage to the coordination of the bowel mechanism caused by MS or diarrhoea from overuse of laxatives. Faecal incontinence can also be a by-product of constipation, with poorly formed stools overflowing around impacted stool.

How can faecal incontinence be treated?

The first step is to obtain a referral to a Continence Advisor via a Neurologist or GP. This will lead to a bowel assessment to determine the cause of the problem, eg if it's caused by the spilling over of liquid bowel contents due to constipation or faulty bowel mechanism due to MS.

Medication

If symptoms are mild, infrequent, and not due to impaction with overflow, Loperamide is safe and effective. This can benefit people with soiling or passive leakage and those with urge incontinence and can be used as required or continuously. It works by slowing down the movement of the intestine so that food remains in the intestine longer and water is more effectively absorbed and making the stool more formed. It is available in chewable tablet, capsule and oral liquid form and is also known as Immodium, Arret, Diocalm and other brand names. Other medications include Codeine Phosphate (prescription only), for more severe cases as well as other anti-cholernegic drugs i.e. those which work by

reducing contractions in the colon.

Dietary management

This includes introducing bulking substances such as fibre which absorbs stool water thereby thickening the consistency of stool.

Sphincter exercises

Sphincter exercises can help you to improve your bowel control, especially if the main problem is urgency. When done correctly, these exercises can build up and strengthen the external anal sphincter to help you to hold both gas and stool in the back passage. A specialist nurse or physiotherapist can teach you these exercises. Sometimes a course of biofeedback therapy will be suggested. This involves using a computer or machine to show you how your muscles are working, and how well you can co-ordinate the use of these muscles with a full bowel, and to teach you how to improve your control.

A disposable enema or manual evacuation of faeces

This is used in more extreme cases of MS where a person is usually totally immobile and not recommended for mild cases. After the bowel has been cleared, preventive measures must be

taken with an adequate intake of fluids, fibre and exercise to enhance normal stool consistency.

Anal Plugs

These are available after consultation with a Continence Advisor usually as a temporary measure e.g. trips outside the home.

Skin care for people with Bowel Incontinence

Anyone who has frequent bowel motions, diarrhoea or accidental leakage may get sore skin around the back passage from time to time. This can be very uncomfortable and distressing. Occasionally, the skin may become so inflamed that it breaks into open sores which are then difficult to heal. Taking good care of the skin around your back passage can help to prevent these problems from developing.

Some tips

After a bowel action, always wipe gently with soft toilet paper, or ideally the newer moist toilet paper. Discard each piece of paper after 1 wipe, so that you are not re-contaminating the area you have just wiped.

Whenever possible, wash around the anus after a bowel action. A bidet is ideal. If this is not

possible, you may be able to use a shower attachment with your bottom over the edge of the bath. Avoid flannels and sponges, as they can be rough and are difficult to keep clean.

Do not be tempted to use disinfectants or antiseptics in the washing water as these can sting, and many people are sensitive to the chemicals in them. Just plain warm water is best.

Avoid using products with a strong perfume such as scented soap, talcum powder, deodorants on your bottom. Choose a non-scented soap (e.g. 'Simple', or a baby soap). Many baby wipes contain alcohol and are best avoided.

Wear cotton underwear to allow the skin to breathe. Avoid tight jeans and other clothes that might rub the area. Women should avoid pantihose and wear stockings instead. Use non-biological washing powder for underwear and towels.

Avoid using any creams or lotions on the area, unless advised to do so. A few people who are prone to sore skin do find that regular use of a cream helps to prevent this. If you do use a barrier cream, choose a simple one (such

as zinc and castor oil), use just a small amount and gently rub it in. Large amounts stop the skin from breathing and can make the area sweaty and uncomfortable. Make sure that the old layer of cream is washed off before applying more. Some people are allergic to lanolin, and creams containing this should be avoided.

Your doctor or nurse may suggest using a barrier wipe which forms a protective film over the skin, especially if you have diarrhoea and are opening your bowels very frequently (available on prescription).

If you need to wear a pad because of incontinence, try to make sure

that no plastic comes into contact with your skin and that you use a pad with a soft surface. A Continence Nurse can advise you on which pads are best.

Note: Women are advised always to wipe front to back, i.e. away from the bladder and vaginal openings as bacteria from the bowel can infect the bladder and vagina if you wipe from back to front.

Public Toilets

Australia has a unique website that provides a map of all public toilets which can also be downloaded as a free Iphone app -see the references section.

If you are interested in more information

The Society has more information sheets included in the Symptoms Series as well as a Managing MS and a Healthy Living series. Please see the website for more details.

References

MS Society Australia

Understanding the effects of MS on the bladder

http://www.msaustralia.org.au/documents/effects_of_ms_on_bladder.pdf

Biogen Idec Australia

'Bladder Dysfunction in MS'. This booklet is only available by contacting the company – either phone on 02 8875 3900 or email

enquiriesaunz@biogenidec.com

Continence Foundation of Australia

This website lists a wide range of resources including pelvic floor exercises, continence products and bladder and bowel diaries <http://www.continence.org.au/>

National Public Toilet Map

<http://www.toiletmap.gov.au/>

MS Resource Centre (MSRC)

Urinary Incontinence

<http://www.msrc.co.uk/index.cfm/fuseaction/show/pageid/751/>

Faecal incontinence

<http://www.msrc.co.uk/index.cfm/fuseaction/show/pageid/1587/>

MS Society of Canada

Urinary Dysfunction and MS A guide for People with MS

<http://mssociety.ca/en/pdf/bladder.pdf>

Understanding bowel Dysfunction <http://mssociety.ca/en/pdf/bowel.pdf>

MS Trust

Bladder Problems and Bowel Problems (2 separate publications)

<http://www.mstrust.org.uk/shop/products.jsp?catid=36>

MS Society NZ

MS and your Bladder and Bowel <http://www.msanz.org.nz/Document.Doc?id=28>

MSIF

MS in focus Issue 2 Special Focus on dealing with Bladder Problems

http://www.msif.org/en/resources/msif_resources/msif_publications/ms_in_focus/issue_2_bladder_problems/index.html

MS Society (UK)

MS Essentials 07 Managing bladder problems

http://www.mssociety.org.uk/support_and_services/free_publications/ms_essentials_07.html

MS Essentials 25 Managing the bowel in MS

http://www.mssociety.org.uk/support_and_services/free_publications/ms_essentials_25.html

National MS Society US

Bowel problems the basic facts (brochure)

<http://www.nationalmssociety.org/multimedia-library/brochures/brochures-alpha-listing/index.aspx>

Urinary dysfunction and MS <http://www.nationalmssociety.org/multimedia-library/brochures/brochures-alpha-listing/index.aspx>

MS Society (Ireland)

What everyone should know about incontinence <http://www.ms-society.ie/pages/msi-publications>

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