

to void, or to have frequent urinary tract infections (UTIs).

- Bladder infections in people with MS may result in an increase in MS symptoms, spasticity, and fatigue.

#### Plan of action:

- Drink fluids all at once (drink 6 to 8 ounces at a time.) If you sip, sip, sip you will feel the urge to void frequently. Try to void about 1½ to 2 hours after you drink.
- Stop drinking fluids about 2 hours before bedtime; void right before bedtime.
- If you tend to get frequent bladder infections you are probably not emptying your bladder completely.
- Taking cranberry pills may keep your urine more acidic and decrease the bacteria in your urine.

#### Bowel management points to remember:

- The goal is a comfortable bowel movement (BM) either every day, every other day or every two to three days. For regular bowel movements you need fluid (1 ½ to 2 quarts a day), fiber (20 to 30 grams a day) and activity.
- One-third of a cup of Fiber One®, All Bran® or 100% Bran Buds®

gives you half the fiber you need for the day.

- Greasy foods, spicy foods, or food intolerances (for example, lactose intolerance) may cause loose stool and may result in involuntary bowel.

#### Plan of action:

- Eat regularly for regular bowel habits. Plan for a bowel movement each day about ½ hour after eating or drinking something warm (bowel activity is naturally increased at this time). Sit on the toilet about 10 minutes, and try to have a BM. You may want to gently rock back and forth on the toilet. If nothing happens, leave the bathroom and try again later.
- Use a suppository to help stimulate bowel activity. (It takes about 20 minutes for a suppository to work.) Occasionally, it might be helpful to take milk of magnesia or citrate of magnesia to stimulate bowel activity.
- It may take two to three months to establish a regular bowel regimen.

*This information is not intended to replace the medical advice of your health care provider. Please consult your health care provider for advice about a specific medical condition.*

## Bowel and Bladder Function in Multiple Sclerosis



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## Bladder and bowel function impairments

Impairments in bladder function with MS are common and may affect up to 78 percent to 90 percent of patients during the course of multiple sclerosis (MS). The prevalence of bowel dysfunction in MS is estimated to be about 68 percent of patients. Bladder and bowel symptoms are relatively common in multiple sclerosis and can be treated. Goals for bladder and bowel management include maximizing independence and preventing incontinence and complications.

### Bladder function

As with other MS symptoms, the kinds of bladder problems vary from person to person and can change over time. People may:

- have trouble controlling the release of urine (incontinence)
- experience frequent urges to urinate
- feel constant bladder fullness
- have difficulty in starting to urinate or in sustaining a steady stream.

In fact, some people may experience urinary retention and will require some form of catheterization. All these symptoms usually indicate problems in the function-

ing of the muscles that control urination, although urinary tract infection (UTI) must be eliminated as a cause.

An appointment at the Mellen Center with an advanced practice nurse or physician assistant to initially assess the bladder symptoms is helpful. Initial bladder assessment includes obtaining a thorough history from the patient and focusing on the primary concern.

You will be asked to void during the time of the appointment and urine volume will be measured. Please come to the appointment well hydrated with the need to void.

The specimen will be analyzed for a urinary tract infection through laboratory urinalysis (UA) and culture and sensitivity (C&S). We will also measure for a post-void residual amount with a bladder scanner in the office.

Some recommendations for treating bladder symptoms can be made after the initial assessment. However, if we are not able to help with your bladder symptoms or if you continue to experience frequent bladder infections you may be referred to a specialist in urology. The urologist can help evaluate

the cause of the problem through evaluation of the upper and lower urinary tracts. Other treatment options may include Botox® or surgical interventions.

*Do not try to self-treat your bladder problems by drinking less fluid!* This can lead to constipation or urinary tract infections.

### Bowel function

Bowel dysfunction is also a common symptom for patients with MS (Hinds et al., 1990). One study of 77 patients with clinically definite MS showed that bowel problems are not associated with bladder dysfunction, patient's age, degree of disability, or duration of disease (Chia et al., 1995).

The most common bowel complaint from a person with MS is constipation, but the most distressing bowel complaint is probably that of involuntary bowel/fecal incontinence. Because MS interrupts or slows the transmission of signals to and from the brain, the electrical impulses to the muscles that are involved in emptying your bowel can become disrupted.

Depending on your particular bowel problem helpful suggestions can be made. General interventions

for bowel dysfunction include:

- Education about the causes of bowel dysfunction
- Encouraging dietary changes to include more fiber and fluid
- Consulting with your health care provider to adjust medication regimens that may be contributing to bowel dysfunction
- Establishing a regular bowel routine, individualized to the patient
- Encouraging regular physical activity

Bladder and bowel symptoms are common in MS and can be effectively managed. Speak with your healthcare provider about what you can do to help keep these symptoms under control.

### Bladder management points to remember:

- Adequate fluid intake is 1 ½ -2 quarts of fluid a day. The urge to void occurs about 1 ½ -2 hours after drinking something.
- Caffeine, aspartame, and alcohol are all bladder irritants.
- Smoking also is irritating to the bladder.
- Limiting fluid is harmful.
- It is not normal to leak urine, wake up more than once at night