



WEBINAR   
WEDNESDAYS

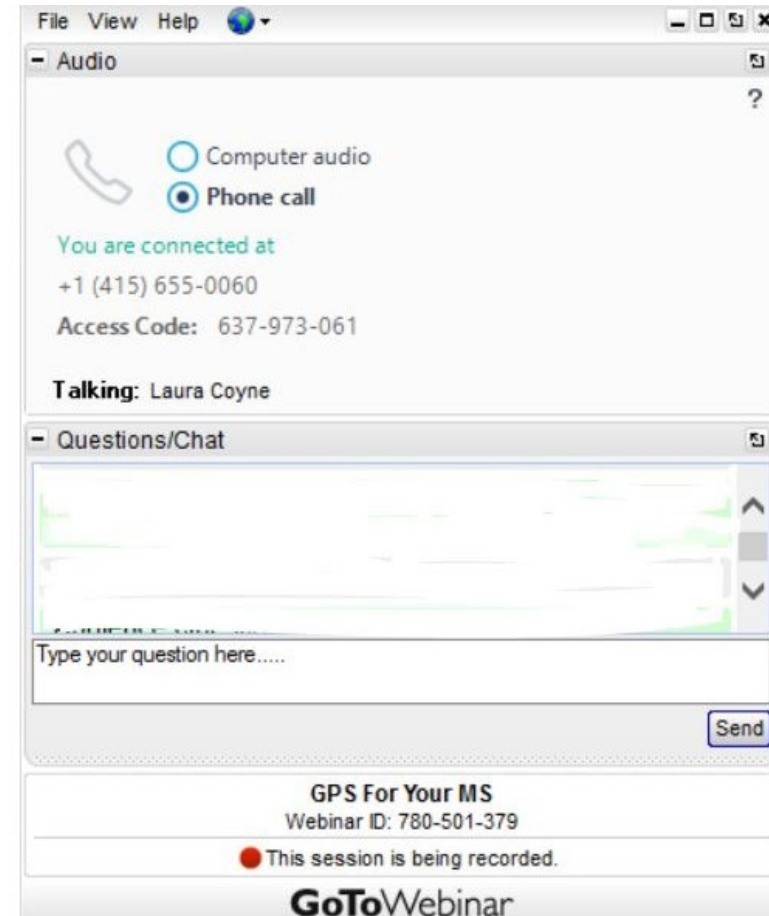
# Bowel and Bladder: How to Find Confidence and Control

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# How to Ask Questions During the Webinar

Type in your questions using the  
**Questions/Chat** box





# Lindie Schreiner, PTA

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- Physical Therapist Assistant
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# Learning Objectives

1

Understanding bowel and bladder symptoms and their interactions with one another

2

Recognize the impact on daily activities, mood, and overall health

3

Understand the role of the healthcare team in bowel and bladder management

# Impact on Daily Activities, Mood, and Overall Health

- Shrinking world/avoiding new public places/avoiding leaving home for fear of embarrassment
- Avoiding social situations
- Depression
- Lack of motivation to complete daily activities

**Let's talk about what you CAN DO and who can help!**



A person wearing a grey suit is shown from the waist down, holding their lower back with their right hand, suggesting pain or discomfort. The background is blurred, showing what appears to be a medical or clinical setting.

## **MS and the Bladder**

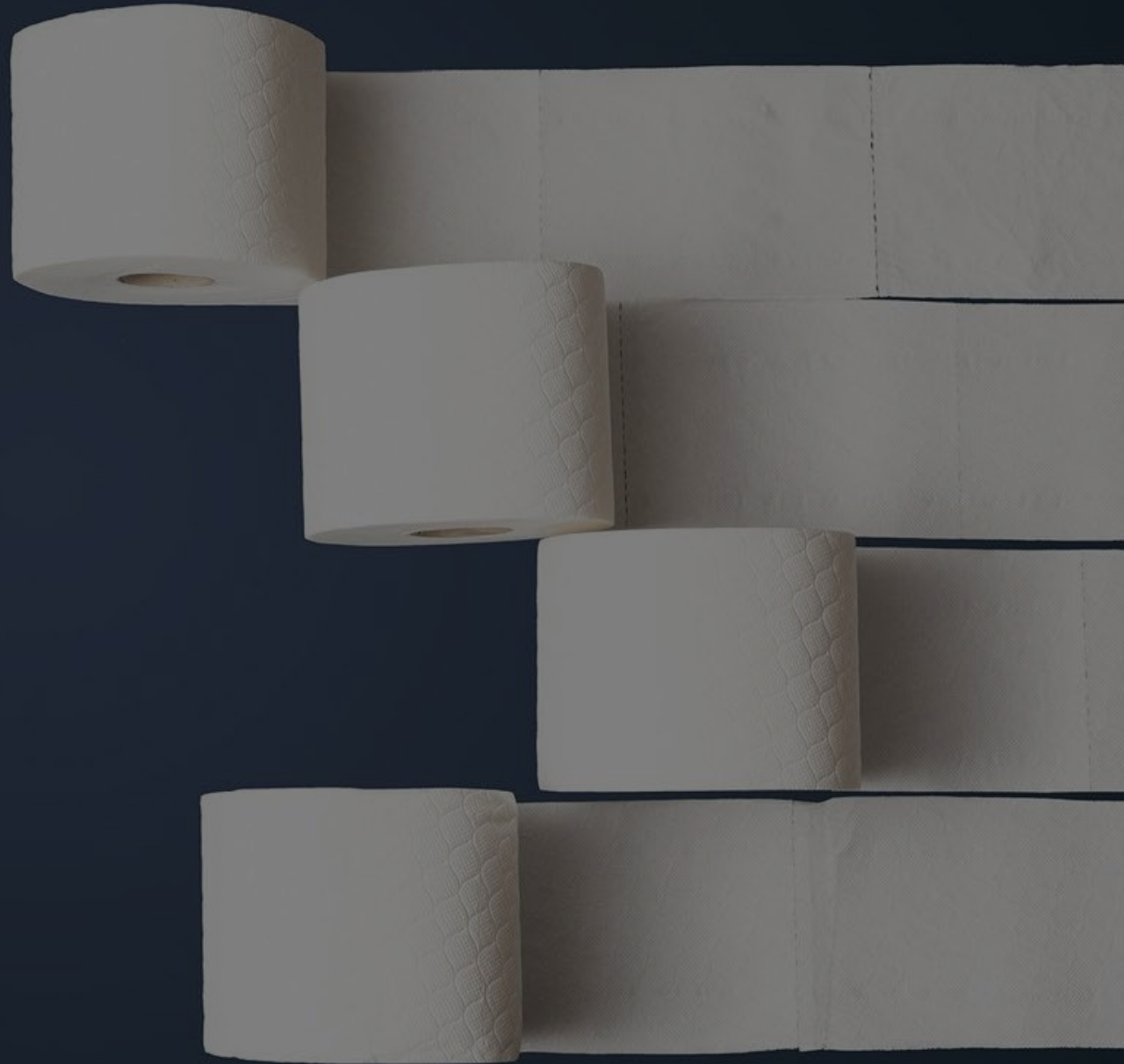
**50-80% of people with  
MS have some kind of  
bladder issues**

# Normal Bladder Function

1. Bladder fills as kidneys make urine
2. Urge to urinate increases as the bladder fills
3. When urge is strong enough decision is made to go to the bathroom
4. Bladder emptying (urination) occurs when/where you want it to
5. The bladder empties completely



**Issues Can Occur  
Due to Sensory  
Issues or  
Functional Issues**



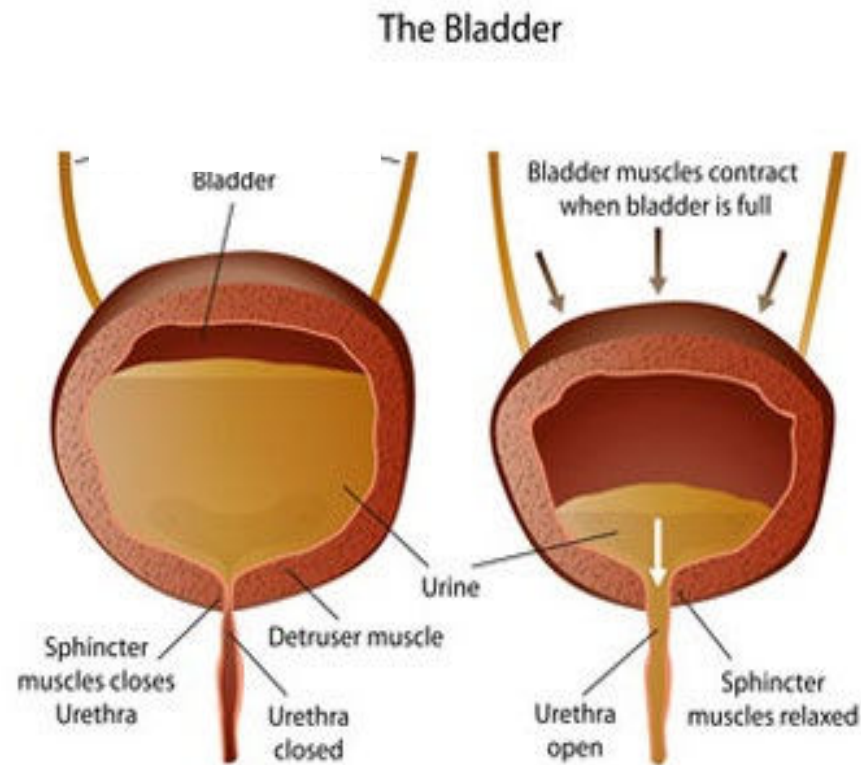
# Possible Bladder Issues With MS

- Urgency
- Frequency
- Incontinence/leaking
- Nocturia
- Hesitation
- Retention
- Double voiding
- UTI's
- Or combination of two or more!

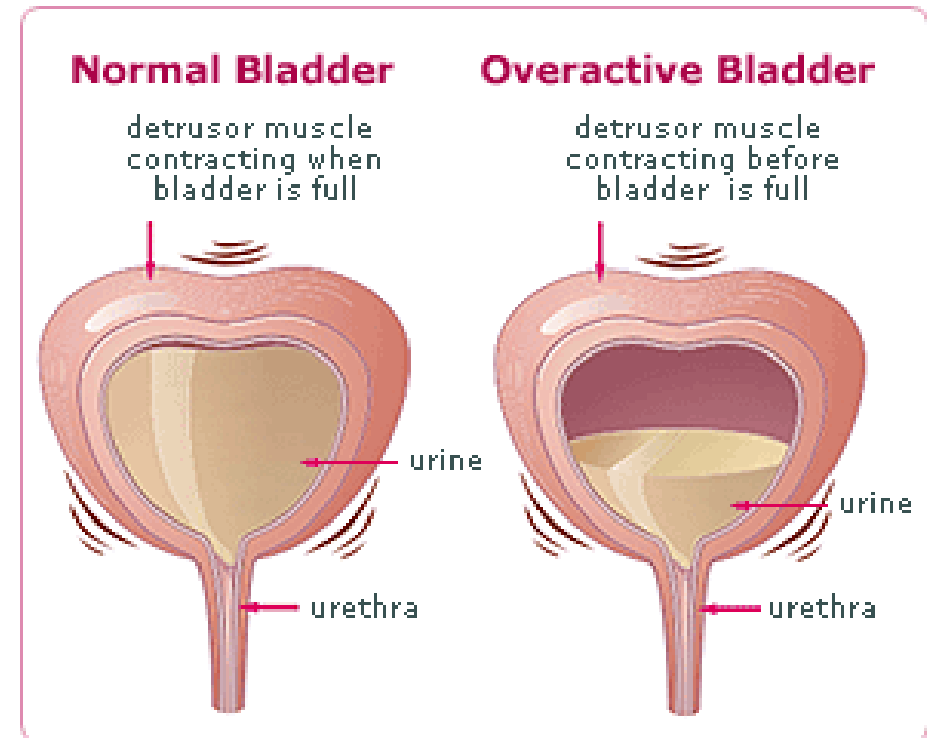


# Bladder Function

## Normal Bladder



## Overactive Bladder\*



\*Could also be referred to as bladder spasm and detrusor overactivity



A person wearing a grey suit is shown from the waist up, holding their lower back with their right hand, suggesting pain or discomfort. The background is blurred, showing what appears to be a medical or clinical setting.

**MS and the  
Bowel**

**50-68% of people with  
MS have some kind of  
bowel issues**

## Common Bowel Issues

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- Constipation
- Diarrhea
- Incontinence





# Common Causes of Constipation in MS



# Bowel & Bladder Management

- Diet – include fiber, fruits, vegetables, and healthy fats
- Drink water
- Exercise
- Reduce consumption of sugar and artificial sweeteners
- Reduce caffeine
- Eat limited amounts of spicy food and citrus fruits
- Keep a diary of diet and hydration
- Relax and allow body to void – stress increases problem in both bladder and bowel

# Bowel Management Tips

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- Eat regularly for regular bowel habits
- Fluid (48-64 oz/day) and 20-30 grams of fiber a day are needed
- Plan for bowel movement ½ hour after warm beverage or meal (peristaltic activity is strongest at this time)





**Talk to your healthcare provider about your symptoms.**

**Ask for referral to urology or gastroenterology if necessary**

# Your Healthcare Team & What To Expect At Appointments

- Neurology
- Urology
- Gastroenterology
- Nursing
- Physical Therapy
  - Pelvic Floor Specialist
- Occupational Therapy
- Mental Health Professionals



## Possible Options

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- Pelvic floor therapy
- Medications
- Botulinum Toxin (Botox)
- Catheters
  - Self catheterization or suprapubic



# Oral Medications

## Anticholinergics

- Oxybutynin - oxybutynin
- Detrol (LA) – tolterodine
- VESIcare – solifenacin
- Sanctura – trospium
- Enablex – darifenacin
- Toviaz - fesoterodine

## Beta-3 agonist

- Myrbetriq – mirabegron
- Vibergron

# Storage Problems: Other Options

## Botulinum Toxin (Botox)

- FDA approved for neurogenic bladder if oral meds fail
- Injected through scope in office (do not need to go to hospital/operating room)
- Lasts 6-10 months (dose dependent), so need reinjection
- Risk of catheterization 5-25%
  - Dose dependent
  - Often no more than
    - 1-2 times/day (you are still voiding on your own!)
    - for 1-2 weeks

# **Intermittent Self-Catheterization: Like a Mobility Device for Your Bladder**

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# Intermittent Self-Catheterization (ISC)

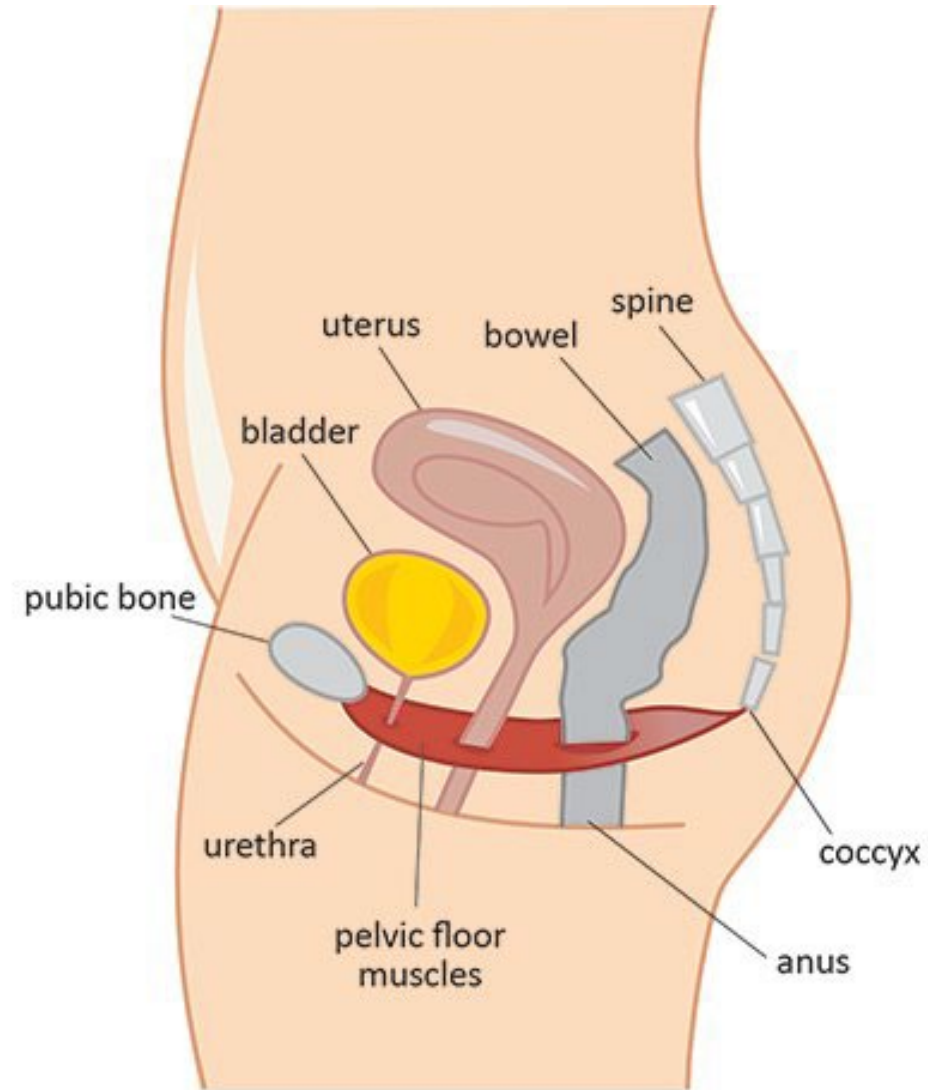
- When medications are not effective
- “Clean” procedure – little risk with hand function/sensation and cognitive function
- Support partners can help
- Most common risk: Urinary Tract Infection (UTI)
- Important to follow clean procedure and have enough equipment



# Pelvic Floor Specialist

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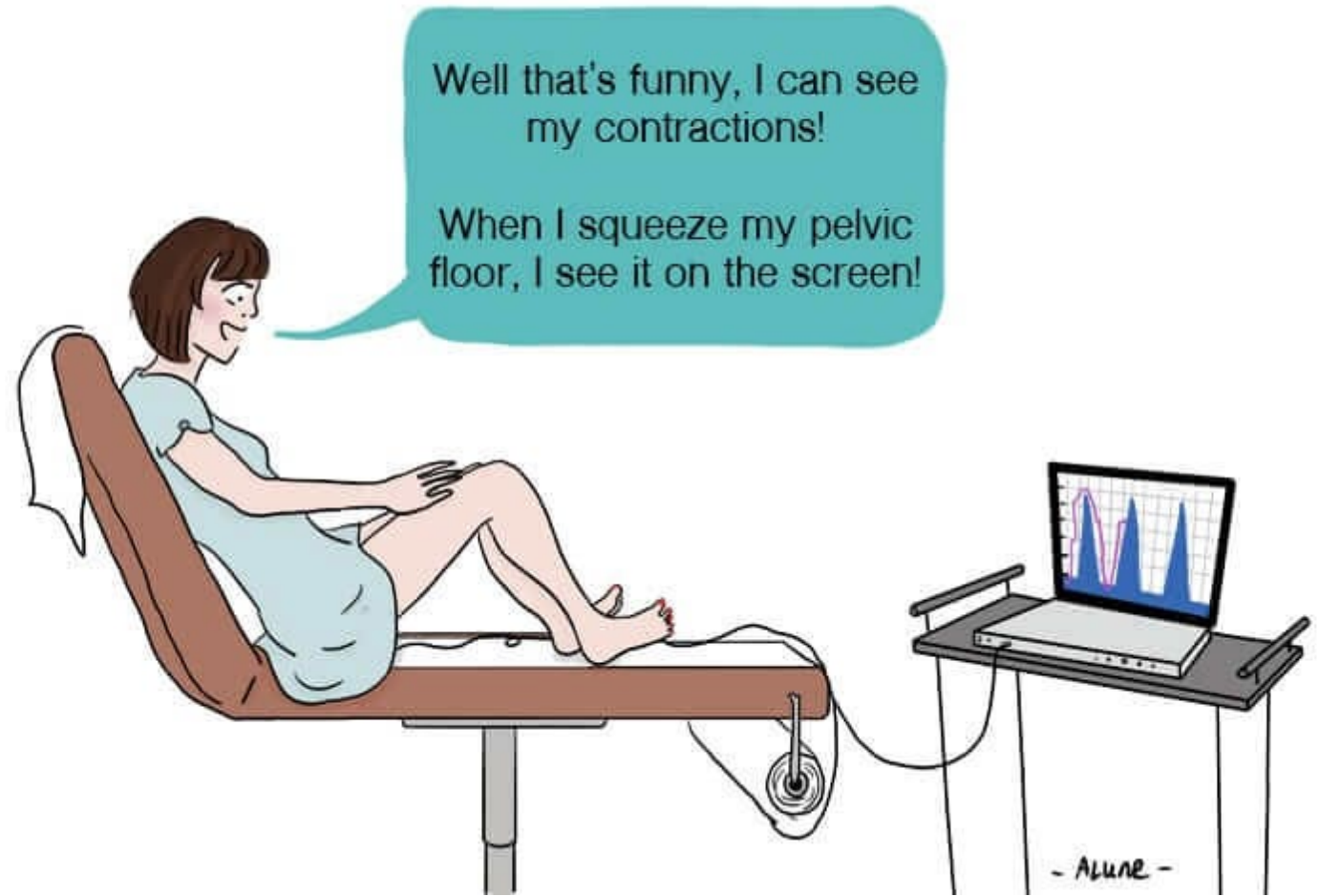
- Pelvic floor anatomy
- What do we need to strengthen?
- Internal exam?



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# Biofeedback

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## Exercise

- Kegels
- Core stabilization
- Cardio
- General strengthening





# Occupational Therapy Tips & Tricks

- Timed drinking/timed voiding
- Double voiding
- Tools for self cathing
- Positioning for emptying bowels/pressure techniques, bowel massage, using the gastrocolic reflex
- Staying hydrated regardless! Diluted urine with decreased risk of UTI's/Bladder infections and will help with constipation as well!
- Coffee can help facilitate bowels, but can also irritate bladder to it's best to use in moderation

# Tools That Can Help





# Reducing Complications of Bladder and Bowel Issues



## **Don't tolerate bladder symptoms:**

- "It's just because I have MS"
- "These are things most women my age deal with"
- "It must be my prostate"

# Focus On What You CAN DO!

- It might take more planning, time, and adapting from how you've done things in the past.
- Rely on your toolbox of equipment and strategies!
- Exercise! Move your body daily!
- Call upon your healthcare team! As we've learned today, they can help in so many ways!

Q & A





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# June Programs: Bowel & Bladder

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JUMPSTART – June 9  
*Get Started with Regaining Your Freedom*

YOUR QUESTIONS ANSWERED – June 14  
*Bowel and Bladder*



WEBINAR   
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# How to Stay Steady When Sensory Symptoms Throw You Off Balance

Wednesday, July 6 at 8pm ET

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