



WEBINAR 
WEDNESDAYS

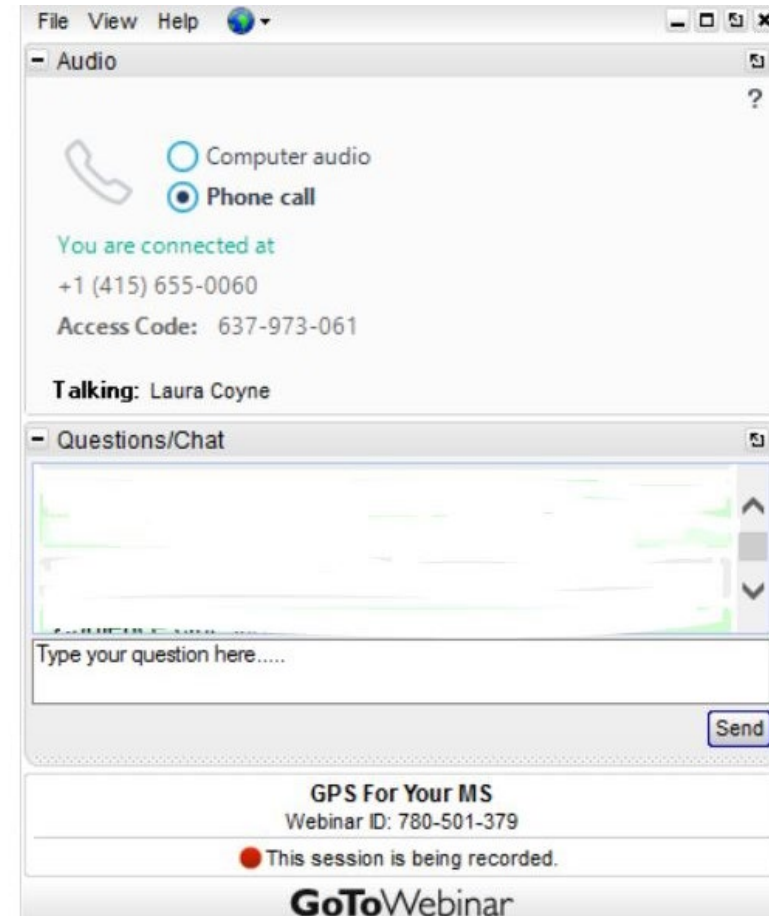
Bowel and Bladder: How to Find Confidence and Control

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How to Ask Questions During the Webinar

Type in your questions using the
Questions/Chat box





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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 both hands, suggesting pain or discomfort. The background is blurred, showing what appears to be a medical or clinical setting.

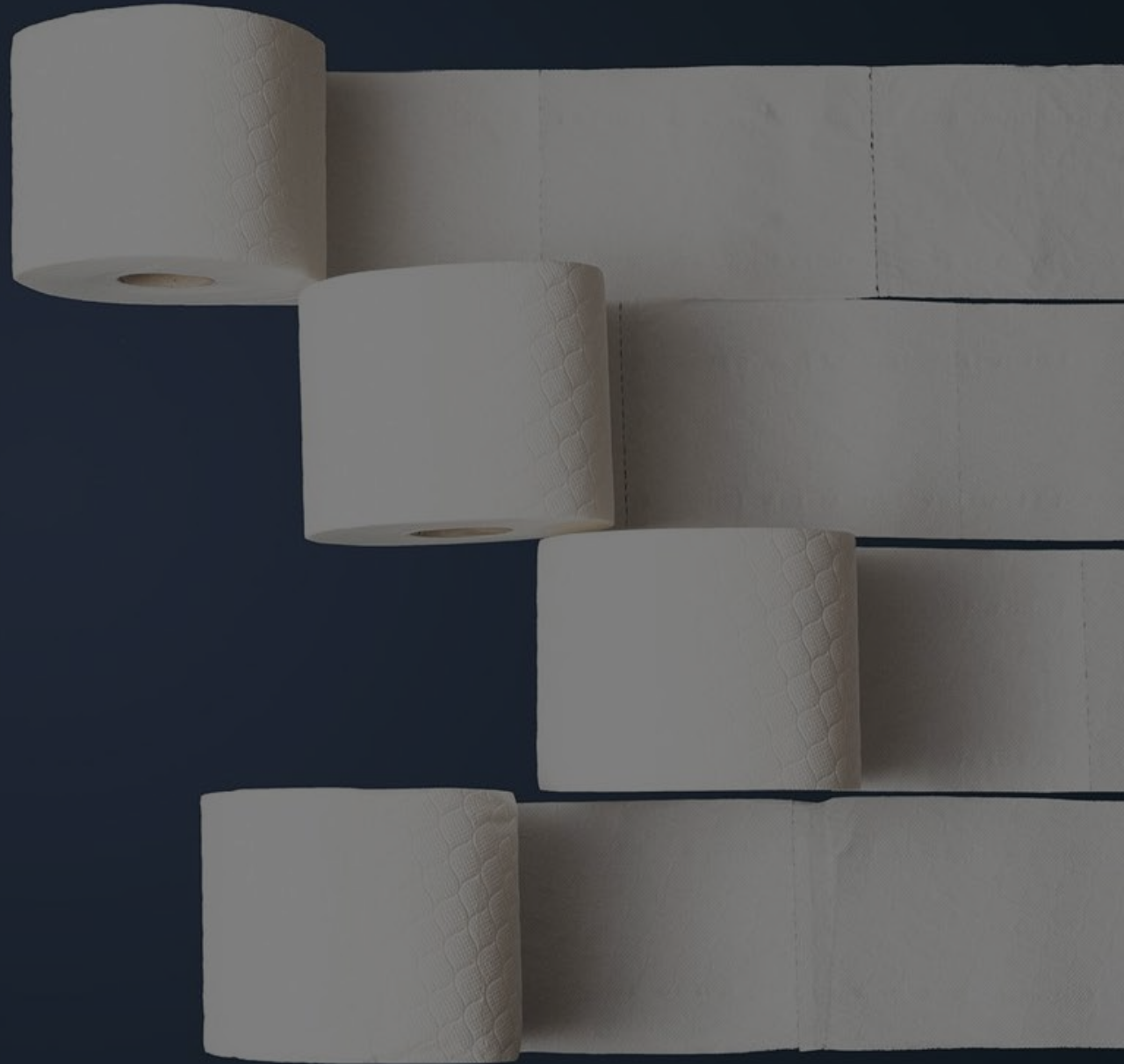
MS and the Bladder

**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**



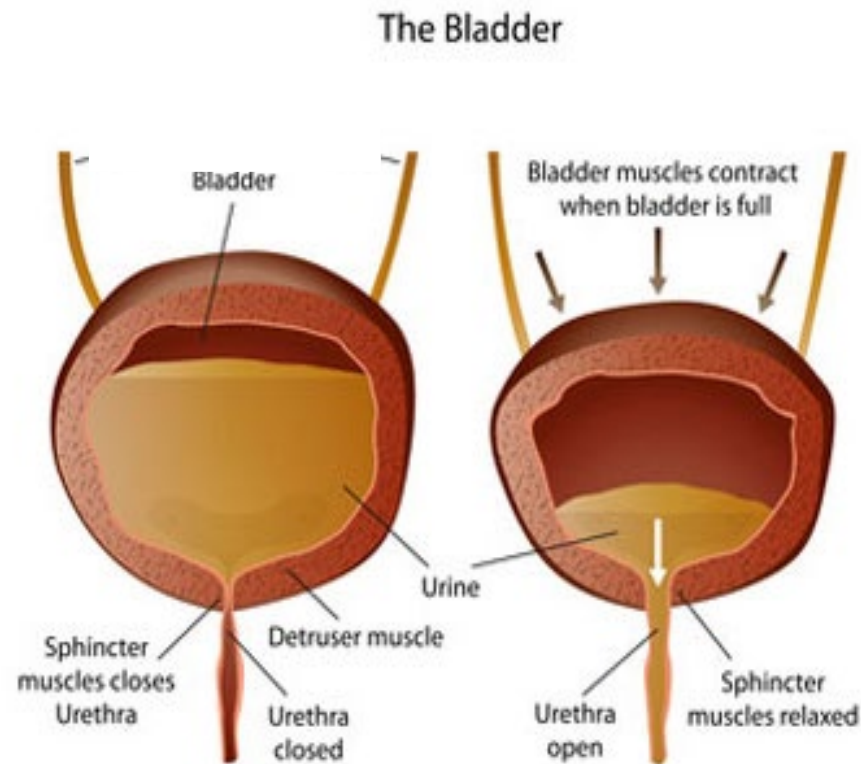
Possible Bladder Issues With MS

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

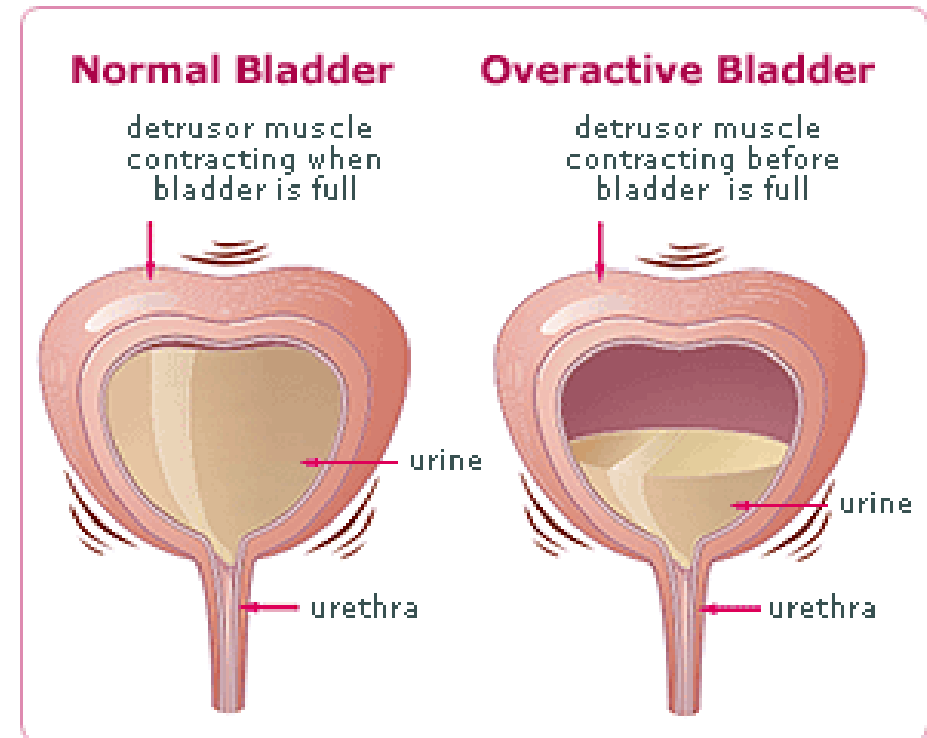


Bladder Function

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 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
Bowel**

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

Common Bowel Issues

- 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

- 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

- 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

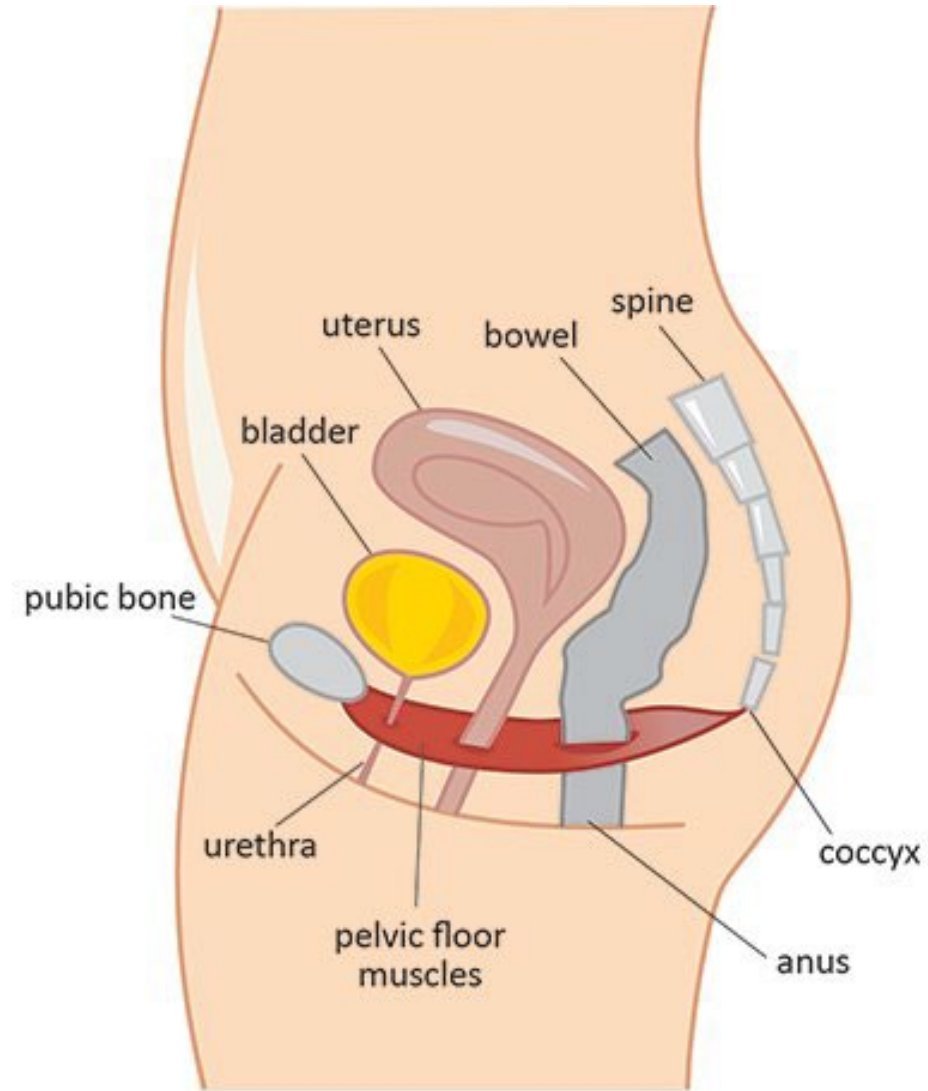
Intermittent Self-Catheterization: Like a Mobility Device for Your Bladder

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

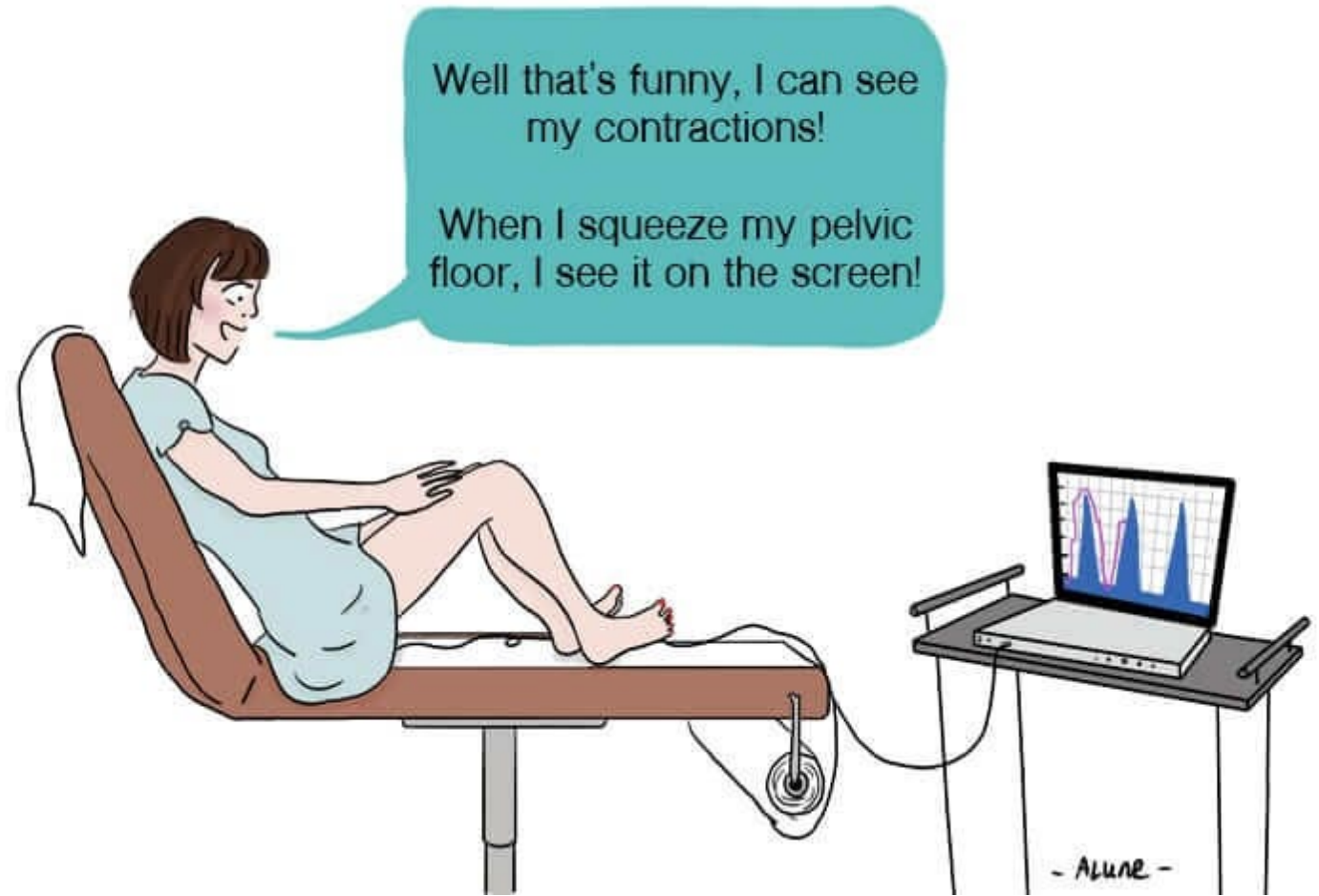
Pelvic Floor Specialist

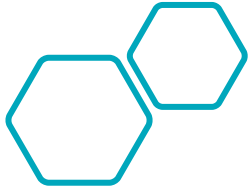
- Pelvic floor anatomy
- What do we need to strengthen?
- Internal exam?



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Biofeedback





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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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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