



The Canadian  
Continence  
Foundation

**Governing Board Members**

- President**  
Ms. Elaine McCallum, LL. B.
- Past President**  
Ms. Anita Sallmarche, R.N., MHSC,  
Ms. Bonny Brunet  
Ms. Cheryl Gartley  
Dr. Sander Herschorn, MD, FRCSC  
Dr. Katherine Moore, RN, MN, PhD  
Dr. Luc Valiquette, MD, FRCSC  
Dr. Harold Drutz, MD, FRCSC  
Ms. Claudia Brown, PT  
Mrs. Lily Shatsky

**Professional Advisory Panel**

- Mr. Mark Adesky, LL. B.  
Dr. Darius Bagli, MD.  
Dr. Michael Borrie, MD, FRCPC  
Dr. Susan Bowles, Pharm. D.  
Dr. Jacques Carcos, MD  
Dr. Catherine Flood, MD, FRCSC  
Dr. Jerzy Gajewski, MD, FRCSC  
Dr. George Kuchel, MD, FRCP  
Ms. Fran Monkman, RN  
Ms. Louise Perrin, PT  
Dr. Peter Pommerville, MD, FRCSC  
Dr. Sydney Radomski, MD, FRCSC  
Ms. Carole Riback, M.Ed  
Dr. Lynn Stothers, MD, FRCSC  
Mr. Ted Wise

**Executive Director**

Ms. Ruth Pelletier

**Administrative Assistant**

Ms. Sonia Mancini

P.O. Box 30, Victoria Branch  
Westmount, Qc, H3Z 2V4

Tel: (514) 488-8379  
Fax: (514) 488-1379

E-mail:  
help@continence-fdn.ca

Website:  
www.continence-fdn.ca

Registered Charity  
# 89004 4746 RR0001

# The CANADIAN CONTINENCE FOUNDATION

# Informer

12th EDITION

Reprint of December 1996

## MULTIPLE SCLEROSIS AND URINARY INCONTINENCE

by Dr. Sidney B. Radomski, M.D., F.R.C.S.C.  
Associate Professor of Surgery, University of  
Toronto, Division of Urology

Director Urodynamics Laboratory,  
The Toronto Western Hospital (University Health Network)

**Multiple Sclerosis** is a neurological condition, which affects different people in different ways. Women with MS outnumber men almost 2 to 1. The disease usually progresses through a course of relapses and remissions. Commonly, individuals may have weakness in the limbs, spasms, problems with coordination and vision, and may experience urinary problems as well. Over 80% of individuals with MS will have some kind of urinary problem during the illness. The urinary symptoms will wax and wane, as do the other neurological symptoms.

### SYMPTOMS

Usually, early urinary complaints include symptoms of frequency (feeling the need to go frequently to the bathroom), urgency (the sudden need to urinate immediately), urge incontinence (inability to make it to the bathroom on time) and nocturia (night time frequency). These symptoms are due to uncontrolled contractions of the bladder, which can occur suddenly and cause leakage. In some cases, symptoms of straining to urinate, incomplete emptying and

retraining of some urine in the bladder, or a weak stream of urine can occur. Bowel incontinence, constipation and issues with sexual function can also occur. In many cases, more than one symptom can occur at one time.

For all individuals with urinary symptoms, special studies of the bladder and urethral function, called **urodynamics**, should be performed by your healthcare professional if available.

### TREATMENT

Treatment is based on the severity of the symptoms and on the findings of the urodynamic studies. If you are diagnosed with only a spastic bladder (a bladder that contracts involuntarily), you have a number of options available. These include avoiding caffeine products such as coffee, tea, chocolate, cocoa and colas. The reason for this is that caffeine may worsen the spasms directly or by its effect of increasing urinary output. Excessive amounts of fluids throughout the day and before bed should be avoided. You should keep your fluid intake to 1.5 to 2 litres, which includes soups, fruits and vegetables, and stop fluids after 8 or 9 pm at night.

Medications such as those, which relax the bladder, can be very effective. They do, however, have varying degrees of side effects such as a dry mouth, constipation and fatigue.

If you have a weak bladder, meaning that you retain urine, and have trouble emptying the bladder, **clean intermittent catheterization** can be used to empty the bladder. This process allows you or a caregiver to use a thin tube a few times a day to empty your bladder. Your health professional should help you learn how to do this effectively. It can be very effective with few side effects, as long as it is done properly. A potential side effect is urinary tract infections, which should be rare if the procedure is done properly. In some cases, a catheter, or tube, which stays inside the bladder called an indwelling catheter, may be necessary. This option may lead to more urinary tract infections, or bladder stones.

If the urodynamic studies show that you have both a bladder and a sphincter muscle which contract involuntarily, you may benefit from both the medications and the intermittent catheterization, to help with the bladder spasms and the trouble emptying the bladder.

In general, most people who experience MS can manage the urinary symptoms they may encounter. Effective treatment and management options for incontinence are available. Even lifestyle changes may assist you to control leakage, such as timed toileting, urge suppression and others, depending on your mobility and/or whether or not a caregiver is available to help you. If treatment is not possible, finding the right incontinence product aid can make a significant difference in terms of comfort and managing the leakage.

If you have Multiple Sclerosis and experience bladder problems, ensure that you consult a healthcare professional with a special interest in incontinence to help you treat and manage the

bladder problems as they arise and change over time. Urodynamic studies will assist with the proper diagnosis and treatment plan for your needs.

Some of this information may seem overwhelming – the critical thing to remember is that there are options, and understanding these options will allow you to become a more informed partner with your healthcare professional. It is important to discuss all your options and the risks and benefits of each with your healthcare professional. For further information on Multiple Sclerosis, you may contact The Multiple Sclerosis Society of Canada Division offices at 1-800-268-7582, or by e-mail at [info@mssoc.ca](mailto:info@mssoc.ca).