

Bladder treatments

What works for bladder problems in MS? Here are some tried and tested solutions. "It can change lives."

1. Intermittent Self Catheterisation

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What is Intermittent Self Catheterisation?

You pass a small tube – a catheter – into the bladder via the urethra. This helps to empty out any urine that may be left.

ISC is not the same as an indwelling catheter which involves the use of a catheter that stays in the bladder permanently and is usually connected to a leg bag. ISC allows you greater freedom and does not interfere with sexual function.

What actually happens with ISC?

One of the aims of intermittent self-catheterisation is to drain any urine that has been left behind in the bladder – a common problem in MS.

It is this 'left behind' urine which can irritate the bladder and make you feel you want to go urgently, even though the bladder is not full. As little as

100ml can give you this feeling, even though a normal, full bladder can hold 300-500ml.

Before a session of self-catheterisation, go to the loo normally, if you can. Then wash your hands.

You can do self-catheterisation anywhere that's comfortable. Many do it while sitting on the toilet, though others prefer sitting on a chair, on the bed, or resting against a wall.

You *have* to be taught this technique from a continence advisor or nurse so you can perform the technique properly. They help you learn your own anatomy so they know where to insert the catheter.

Men have to lift their penis up towards them to straighten out the urethra (straightens the 's' curve). They also may find a little resistance at the bladder neck. Just relax or cough to open this area up.

Women have to understand their anatomy and initially, have to find a position that allows them to see their urethra. With time, this can be done just by touch.

Once the catheter is inserted into the bladder, the urine will start draining down the tube. It can be emptied either directly into a toilet, or any other receptacle. You carry on with the



self-catheterisation until all the urine stops draining. Then you remove the catheter, throw it away (depending on the type) and wash your hands.

In the beginning, it may take time to perform self-catheterisation, but once you master the technique, you will be able to do it in a matter of minutes.

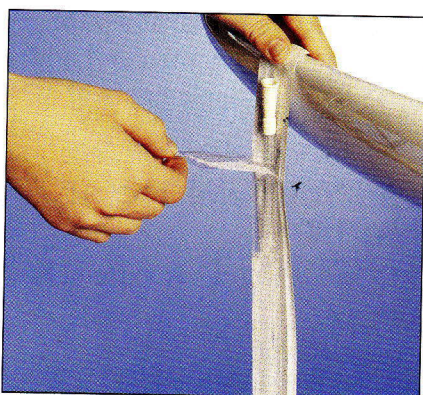
Does Intermittent Catheterisation hurt?

You may feel a little discomfort when first learning and it may take time to adjust. Eventually it becomes automatic.

When to use Intermittent Self Catheterisation

- When the bladder is not completely emptying.
- Repeated Urinary Tract Infections

Urinary tract infections in MS are often due to some urine left in the bladder, which makes it easy for bacteria to grow. By emptying any urine left in the bladder, ISC helps to reduce the number of urine infections.



Intermittent Self Catheterisation

How often do you need to do ISC?

Some catheterise once or twice a day, others up to 6 times a day.

Are there different kinds of Intermittent Catheters?

Yes, there are 3 different kinds of intermittent catheters and also different lengths and diameters, with male and female lengths. These include:

Silver – Made out of a smooth metal and are only available in female lengths. They are rigid catheters and you will get a set that can be washed and dried after each use. Designed for re-use.

PVC & Gel – used for up to one week and are meant to be washed and dried after each use. There are many varieties; some come with a lubricating gel already on them which are meant to be used only once; others don't. Available in male and female lengths and many different sizes.

Hydrophilic – Pre-coated catheters that become lubricated when soaked in water so you don't need to use any other lubricating gel. For single use only. Available in male and female lengths and many different sizes.

What next?

Make an appointment with your local Continence Advisor. You will need to have a full assessment of your bladder function, personal needs and lifestyle requirements by a Continence Advisor, who will decide if ISC is right for you. You may be asked to complete a bladder diary to see how well you empty your bladder and how often you need to pass urine. Take your partner, if you have one, so you can both learn together.

Case: Sue Kent

The Water Catheter Kit

"The Water Catheter Kit has proved a simple but effective solution. No pain. Less bother. No more bladder infections. No drugs."

Jock McTavish, from Canada, has invented a way to make self catheterisation easier.

He says: The way I found out that I needed to self catheterise was I got a really bad bladder infection. Basically, my bladder was staying shut until it was overfull. Even when I did urinate, there was always 500ml left behind – a warm place for bacteria to multiply. Self catheterisation sounded like an easy and affordable solution.

But I found self-catheterisation quite a nuisance. Then bouts of paralysis made the nuisance a painful burden. Even with the skinniest size of catheter and going as carefully as possible, it still hurt.

So I invented the Water Catheter Kit which has proved a simple but effective solution. No pain. Less bother. No more bladder infections. No drugs.

A small water pressure pushes the urethra skin aside and allows easy and pain-free passage of the catheter. Using the Water Catheter Kit makes self-catheterisation more comfortable and more hygienic.

"It gets easier and easier as time goes on."

I did feel weird about it at first. Yes, it is embarrassing, but you will eventually become accustomed to it. Keep going and, I promise you, you will find it gets easier as time goes on. Using catheters has indeed helped me and improved my quality of life."

2. Drugs

Drugs can help treat frequency, urgency, incontinence, bladder instability and spasm.

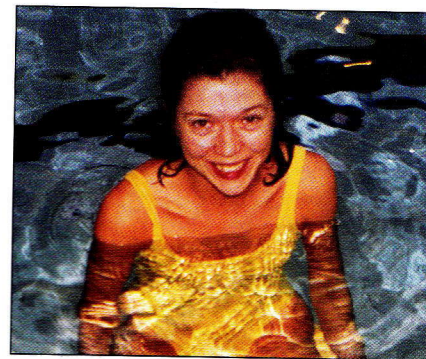
Oxybutynin* ('Ditropan') – Relaxes the bladder smooth muscle, suppresses involuntary bladder contractions, lessens feelings of urgency and frequency.

**More recent drugs are tolterodine ('Detrusitol') and propiverine ('Detrunorm').*

The tricyclic antidepressant imipramine is sometimes effective in the management of an unstable bladder.

Case: Sylvia Brown

"I use Detrusitol (tolterodine tartrate) (2 x 2mg). You can get



one 4 mg pill but I prefer the two smaller doses so that I can ease up using the medicine when I'm at home. I used to take Oxybutylin but was put on Detrusitol because it has fewer side effects.

Oxybutylin caused dry mouth and I used to have to drink at night because of it. It also made me a bit constipated. Apart from some retention – unavoidable because that is how the medicine works – by calming down the overactive bladder, I have noticed no other side-effects using Detrusitol.

Case: Dr Janet Willis

My bladder problems are now fairly well controlled with

Bladder Treatments (continued)

Detrusitol and an indwelling catheter. This had to replace intermittent self catheterisation last year when I lost the use of my hands for a while during a relapse.

Avoidance of tea and coffee is vital and also orange juice. Twice daily cranberry juice is helpful in keeping UTI at bay."

Case: Ed

"My bladder problems started after a small relapse last year. I wanted to go to the loo a lot, but very little came out. Also, sometimes I would get very little notice of a very full bladder! When I visited the urologist she gave me two options: Carry on as I was, or take medication to control my bladder.

I decided to go down the medication route as I was not walking well at the time and would not have been able to rush to the loo if required. This involved taking 25mg of imipramine three times a day and self-catheterising every 3-4 hours. The imipramine effectively "froze" the bladder so that I didn't constantly feel the need to go and would hold in urine until I catheterised.

The only problems I had with the catheters (I call them "tubes"!) was handling them, due to numb hands. I was fine with the action! I've tried many different types including ones where I had to apply lubricating jelly to the "tube," you can imagine what a mess I made with those! As well as ones I had to fill with water from the tap... almost as much fun!

Finally, I've managed to get ones which are pre-coated with lubricant and are ready to use. I've been using this system for over a year with no major hiccups, except the occasional bladder infection (solved with cranberry juice) and a change in medication to tolterodine as the imipramine had a detrimental effect on my sex life."

3. Cannabis

Case: Charlie Gee

"The other week I went with some friends for a curry in Bradford – the first time I had been out in the evening for two years. I was worried that my bladder would let me down but I was away from 7pm to midnight and it never bothered me.

My homeopath put me on a new remedy about a year ago that she hoped would help when it comes to bladders and it seems to work. Recently I asked her what it was and she told me 'cannabis'."

Case: Liz Brice

"My main problem was that my bladder was in constant spasm. For several months I took oxybutynin, but this gave me blurred vision and headaches.

Using cannabis helped me cut back or stop using drugs. I much preferred using cannabis because not only did it seem just as effective, but I also felt I had control over my medication.

4. Reflexology

Certain zones of the feet are stimulated, which has an effect on the bladder. Many people with MS say that reflexology helps with bladder function more than anything else.

Case: Irene Allen

"Thanks to reflexology, I can now get through the night without getting up several times in the night to go to the toilet."

5. Hyperbaric Oxygen Therapy

People with MS often report that they have less bladder urgency and frequency after HBOT. Even in chronic patients, bladder dysfunction can be improved and stabilised.

In one study, 40 out of 87 patients (46%) had improved

bladder function at the end of six months therapy. After HBO treatment, the bladder has a greater capacity, is more stable, and patients don't have to 'go' so often.

6. Uva Ursi (Bearberry)

This herb can help strengthen the bladder muscles and prevent urinary infections. The active agent is a substance called arbutin, which has powerful antimicrobial activity.

7. Pads

Thanks to space travel and NASA scientists, new types of pads have been developed which aren't too bulky, are highly absorbent and keep you feeling dry. 'Rejoice' is used by many people with MS. (If you've tried these, or others, please let us know.)

Info Box

There are good Continence Advisors and Urology Nurse Specialists.

You can find out who your local Continence Advisor is through the Continence Foundation 0845 345 0165 or www.continence-foundation.org.uk

Jock McTavish website:
<http://www.members.shaw.ca/mctavjoc/index.htm>

MSRC website links:
<http://www.msrc.co.uk/index.cfm?fu>
seaction=show&pageid=901&CFID=849059&CFTOKEN=46858466

Bodycare leaflet:
<http://www.msrc.co.uk/index.cfm?fu>
seaction=show&pageid=837&CFID=849059&CFTOKEN=46858466

Rejoice, Caring Products (UK) Ltd,
24 Carter Gate, Newark,
Nottinghamshire NG24 1UB
Order Line 08701 796959

What do you use for bladder problems? If you use something we haven't mentioned, or have more to say on the things we have, then we'd love to hear from you. Just write to or e-mail the msrc. Thanks
– Editor