

Your Guide to Bladder & Bowel Wellness with Multiple Sclerosis



Managing bladder and bowel health is a vital aspect of living well with multiple sclerosis (MS).

While it's true that many individuals with MS may experience changes in these functions, it's important to recognise that effective management strategies can significantly enhance your comfort and quality of life.

This guide is designed to empower you with knowledge and practical skills to navigate some of the bladder and bowel challenges associated with MS. It is important that you become the expert about yourself and take charge of your own health. By understanding the underlying causes and exploring various management options, you can take proactive steps towards maintaining control and confidence in your daily life.

Remember, you are not alone on this journey. Have the confidence to share your problems and ask for options because they are out there. A wealth of support, resources, services, and healthcare professionals are available to help you on your journey. With the right information and assistance, you can effectively manage these symptoms and continue to lead a fulfilling and active lifestyle.

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The information provided in this guide is not medical advice and is not intended to substitute for the recommendations of your personal physician or other healthcare professional. This guide should not be used to seek help in a medical emergency. If you experience a medical emergency, seek medical treatment in person immediately.

This guide has been peer reviewed.

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Bladder Wellness



A healthy urinary
tract system

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A healthy urinary tract system

Why does your bladder sometimes behave unusually?

To answer that, let's look at the anatomy of a healthy urinary tract system.

Your bladder is part of a complex structure called the urinary tract system, which also includes the kidneys, ureters, urethra, internal and external sphincters, and the pelvic floor muscles for both males and females. Each of these components has its own important function.

1. **The kidneys** filter waste products—such as excess water, toxins, or salts from the blood, and this turns into urine.
2. **The ureters** are two narrow, muscular tubes that transport the urine from the kidneys to the bladder.
3. **The bladder** is a hollow muscular organ called the detrusor. The bladder has two roles: storing and emptying of urine.
4. **The urethra** is a tubular structure lined with a mucous membrane that carries urine from the bladder out of the body.
5. **Two sphincters** surround the urethra. They function like shut-off valves.

- **The internal sphincter** (located at the bladder base) holds urine in the bladder during its storage phase. This can not be consciously controlled.
- **The external sphincter** (located at the end of the urethra) remains tightly closed until the bladder receives the message from the brain to empty. This can be consciously controlled.
- 6. **Pelvic floor muscles** the two sphincters work best when they are surrounded by healthy and strong pelvic floor muscles.

GOOD TO KNOW

For the bladder to empty, the two sphincters and the bladder muscle must work together. As the sphincters open and relax, the bladder muscles squeeze to empty the bladder.

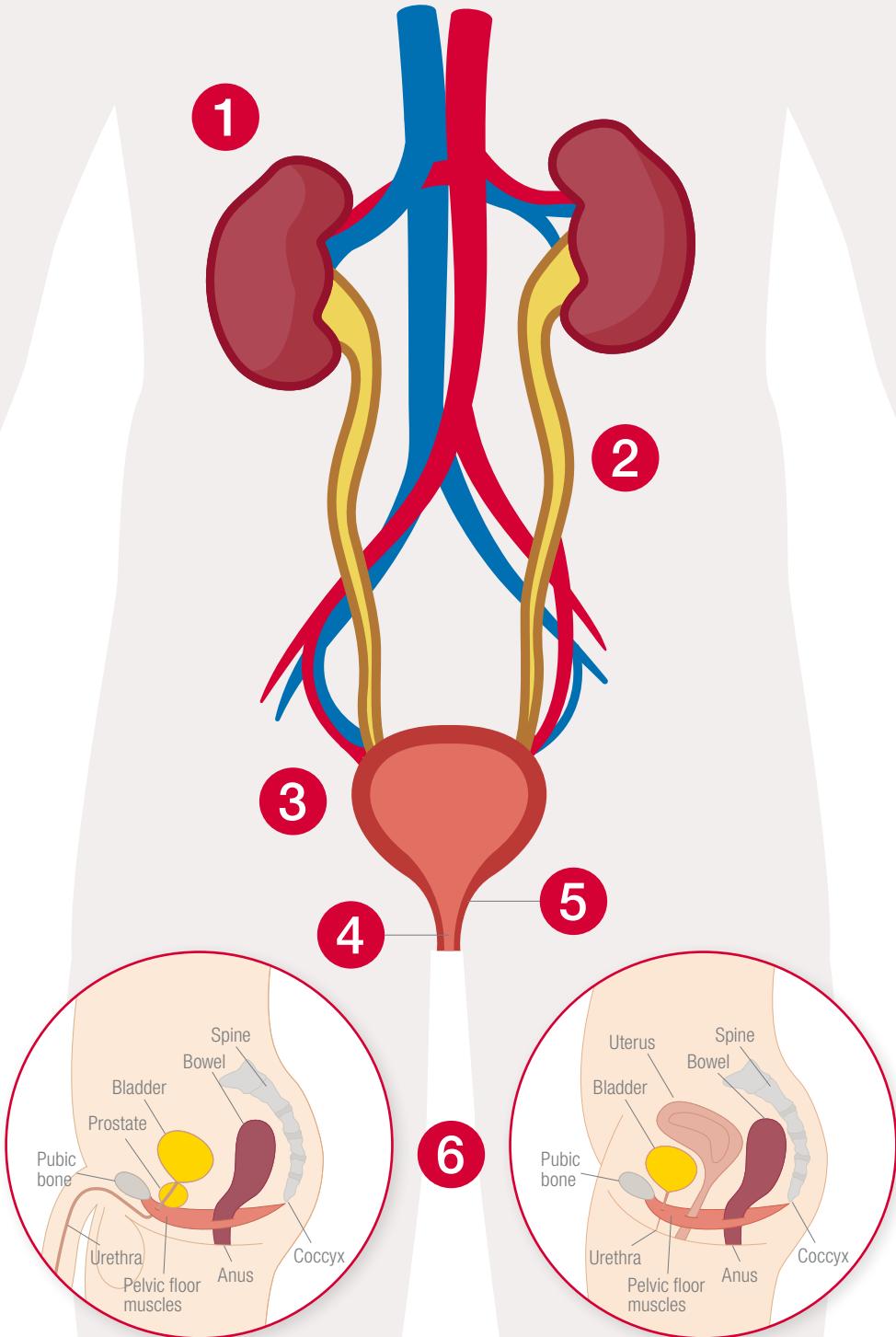


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Continence Health Australia

MS and the bladder

For a urinary tract to function effectively, the central nervous system needs to communicate the flow and coordination of nerve messages between the brain, bladder, and sphincters.

The central nervous system includes the brain and spinal cord. Many parts of the central nervous system help control the bladder.

MS causes damage to the central nervous system by affecting the protective coating on the nerves (the myelin sheath - see figure below). This damage can make it difficult for different parts of the body to communicate effectively with the brain via the spinal cord.

Transmission of nerve impulses through the spinal cord are blocked or slowed, due to the nerve demyelination, causing disruption to the body's communication system.

Because of this, up to 90% of people with MS can develop problems with their bladder (continence dysfunction) at some point during their journey. This is often referred to as neurogenic bladder dysfunction.

In this guide, we will focus on understanding how MS can impact your bladder function and some strategies that may help manage your symptoms.

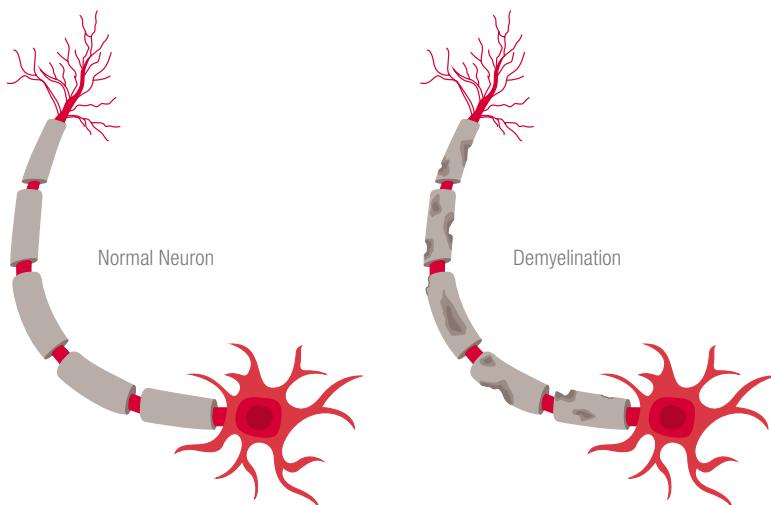


Figure. Myelin sheath on nerve. Normal healthy nerve and damaged nerve

Bladder symptoms in MS

You may experience one or several of these symptoms of bladder dysfunction when living with MS, which can vary depending on your MS lesions.

- **Frequency** is when you feel you are going to the bathroom many times during the day (more than every 2-3 hours).
- **Urgency** is when you feel a sudden strong urge to urinate which is too difficult to ignore—even when you just went to the bathroom.
- **Nocturia** is when your bladder wakes you up from sleep more than twice per night or in some cases you wake up wet without warning (less common).
- **Urinary incontinence** is an involuntary loss of urine from your bladder. The amount of urine leaked can be drops, small squirts, or complete accidental loss of all the urine in your bladder.
- **Retention** is when you are not able to completely empty your bladder during urination. Retention may also refer to an inability to start your urine flow.
- **Hesitancy** is when you have delayed starting of urination, an altered stream of urine, interrupted (stop/start) urine flow, a slow dribbling/flow of urine, or having to return to the toilet just after urination to try again.

GOOD TO KNOW

Just as MS is different for everyone, everyone's bladder dysfunction can be different too. That's why it's so important that you carefully take note of possible changes and share them with your appropriate healthcare provider.

Summary of typical bladder changes with MS



Overactive bladder

Storage Issues

Sudden strong urge to urinate, very frequent visits to the bathroom, with possibly only a small amount of urination. May have to get up overnight frequently to urinate.



Underactive Bladder

Emptying Issues

Loss of urine drop by drop, residual urine, possible urinary retention, possible unawareness of the bladder filling, and feeling the need to strain to empty the bladder. May have a sensation of incomplete emptying.



Detrusor sphincter dyssynergia (DSD)

A combination of storage and emptying issues

Urine flow may present like a 'start-stop' stream and result in urinary retention. There may be difficulty to initiate urine flow, an intermittent urine stream, likely residual urine, and possible urine loss. May have a feeling of incomplete emptying.

For more detailed information: These symptoms are caused by one of three major types of bladder dysfunction. Here's a brief overview of each.

Overactive bladder is defined as a sudden, urgent need to empty your bladder that is difficult to ignore—your bladder muscles contract strongly, telling your brain to empty the bladder NOW.

Sometimes the urge is so strong that you may experience the sudden, unexpected loss of urine. This is called urge urinary incontinence.

The overpowering urge sensation can cause anxiety and impact your confidence to leave home, altering your social life. This impact may be because you may worry about where the bathrooms are and what you'll do if you have unexpected incontinence. Your quality of life can be impacted.

An **underactive bladder** (sometimes called a 'flaccid' or 'hypotonic' bladder) is almost the opposite of an overactive bladder. With UAB, your bladder muscle is not contracting strongly enough to start the flow of urine, or long enough to completely empty your bladder.

You may not feel the urge to urinate despite a large amount of urine in your bladder. This can result in retention of urine and overfilling of the bladder.

Complications of an underactive bladder can be frequent urinary tract infections (UTIs) and the formation of bladder and kidney stones.

If you feel your bladder may be full, but you cannot initiate the flow of urine or can't empty completely, that's called urinary retention. This is a urological emergency. Please contact your care team—or, if necessary, go to an emergency department—as soon as possible.

With **detrusor sphincter dyssynergia (DSD)**, your bladder muscle and sphincter muscles are not working in coordination. While your detrusor muscle is contracting, trying to push urine out of your body, your sphincters should be relaxing to let the urine flow begin—but they stay shut, preventing the exit of urine.

DSD symptoms may include difficulties starting urine stream flow, irregular small volume urine flows, urinary incontinence, and chronic urinary retention. This means there is an increased risk of developing UTIs. If DSD is left untreated, the increased bladder pressure can be one of the greatest risk factors for long-term damage to your bladder and kidneys.



MS and urinary tract
infections (UTIs)

A UTI is an infection within the urinary system, that includes the kidneys, ureters, bladder, and urethra.

Urinary tract infections (UTIs) in people living with MS are very common, as they are at an increased risk for urinary tract infections because MS often makes it difficult to empty the bladder completely. When urine is left behind in the bladder too long, it can create an environment which encourages bacteria to grow, causing a UTI. Some other aspects that increase the risk of UTI include medications, such as MS therapies and medications to manage other MS symptoms, the use of catheters to empty your bladder, your age, and the level of disability.

A UTI can be of significant concern for individuals with multiple sclerosis (MS) and can be extremely dangerous. A UTI may lead to a worsening of your known MS symptoms and lead to hospitalisation.

This is why it is important to recognise the signs of a UTI early and understand the need to treat it as soon and as effectively as possible.

Possible warning signs of a urinary tract infection

As with many aspects of MS, UTI symptoms can vary widely from person to person. It is also important to be aware that UTI symptoms in people with MS can often be confused with other MS symptoms, such as fatigue and cognitive fog or worsening of old MS symptoms.

Some Potential Symptoms of UTI

- Wanting to urinate more often than usual and in a hurry or urgently.
- Only being able to urinate a few drops/very small amounts at a time
- Fever
- Pain when urinating, but if you have sensory loss you may not experience this
- Lower back or side pain
- Foul-smelling urine
- Urine that is milky, flaky, cloudy or dark in colour
- Leakage of urine, unexpectedly
- Blood in your urine
- Possible increased spasticity and/or muscle weakness
- Increased fatigue or exhaustion
- Cognitive fog or confusion

If you notice any of these above signs, or the re-emergence or worsening of your MS symptoms, please contact your appropriate healthcare provider or continence care nurse as soon as possible.

Assessing and Treating UTIs

GOOD TO KNOW

It's a good idea to have a new urine specimen collection pot on hand. If you suspect you are experiencing symptoms of a UTI it is important to notify your healthcare team as soon as possible, so a sample of urine can be sent off promptly for testing and culture to identify the presence and type of bacteria.

This can be effectively managed by your GP. Your healthcare provider may then prescribe an appropriate antibiotic for your infection. Even if the symptoms of the UTI improve it is very important that you take the complete course of the medication as prescribed.

Prevention of UTIs

Knowing your possible risk factors for developing UTIs.

Through understanding risk factors, being able to recognise your symptoms, and knowing when and how to implement effective testing, management and prevention strategies, you can significantly reduce the number of UTIs you might experience, and this can lead to an improvement in your overall health and quality of life.

While antibiotics are helpful in treating an active UTI, it is also very important to try and prevent further infections, by understanding their cause.

Further assessments and follow-up may be arranged with your healthcare providers.

The different steps you can take to lessen your risk of UTI can be tailored to your needs, and may include lifestyle and other changes such as:

- good nutrition and fluid intake
- good hygiene
- preventing constipation
- medication management
- specialist care (to discuss bladder symptoms and UTI history)
- longer term management of neurogenic bladder dysfunction

The best way to find ways to prevent UTIs is to have open and honest communication about your bladder function with your appropriate healthcare provider. They understand the risks of UTI in people living with MS and are there to help and support you.

GOOD TO KNOW

Regular follow-ups and check ins with your health care teams such as your MS nurses and nurse practitioners, your neurologist, your urologist and your GP, are key to effective prevention and management plans of both continence dysfunction and UTI. This is important to maintain a healthy bladder, even if you are not showing any symptoms of UTI.

If you have symptoms of a urinary tract infection, contact your GP as soon as possible.

- It is common for your doctor to take a urine sample or culture to confirm you have a UTI. If you experience UTIs frequently, you may need additional tests and management. When collecting a urine sample, the aim is for a 'clean catch'.
 - wash your hands prior to collection
 - do not touch the inside of the collection container or lid
 - avoid catching the first passing of urine but rather collect the urine after the flow has commenced
 - securely seal the specimen container
 - wash your hands again
- The initial test may not be able to distinguish where the bacteria is located so it is important to watch for symptoms like a persistent fever or pain in your back or flank. This may indicate the infection is in your upper urinary tract, your ureters or kidneys and should be reported to your appropriate healthcare provider.





Managing your
bladder symptoms

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Identifying your bladder symptoms

- Talk to your appropriate healthcare provider if you experience any continence changes that impact your daily activities.
- The first simple test is a completing a bladder diary at home. Document what and how much you drink and how often, and how much you urinate over a 72 hour period (three days consecutive if possible, but 3 x 24 hour periods is also helpful). You can find a bladder diary at the end of this guide.
- Another simple test is a pre and post (before and after) **bladder scan** by ultrasound. A clinician will take a scan of your lower abdomen before you pass urine. You then go to the toilet and empty your bladder as best you can. The clinician then repeats the scan to see how much urine is left behind.
- Depending on the results of diaries and bladder scans, other tests that may be scheduled by your appropriate healthcare provider may include **urinalysis, urine culture, a uroflow, urodynamics, a renal ultrasound, or a cystoscopy**.
- After reviewing the results of the testing, your health care team will work with you to develop a plan that is best for you to treat your bladder symptoms with the goal of improving your quality of life.

GOOD TO KNOW

Not all bladder symptoms may be the result of a MS diagnosis, so it is important to discuss any bladder symptoms with your healthcare professional. For example, pregnancy, prostate changes, menopause, or ageing.

Self management steps to help

Your care team may start treating your bladder symptoms with recommendations for simple lifestyle changes that involve you that you can adopt.

- **Avoid foods and drinks** that can irritate your bladder. Examples are caffeine, carbonation, acidic foods or fluids, spicy foods, and alcohol that may irritate your bladder. Avoid constipation as it can have a negative effect on bladder function. See page 31 for more information.
- **Quit smoking** because smoking can also irritate your bladder.
- **Maintain a healthy weight** could also help your bladder symptoms.
- **Drink enough fluids**—drinking enough, but not too much, fluid—can be extremely helpful. If you don't drink enough, you can become dehydrated, which makes your urine more concentrated and can lead to bladder irritation, more bladder spasms, and increased risk for UTIs. Too much fluid can increase your symptoms of frequency, urgency, and nocturia. You should drink between six and eight glasses (250ml each) of fluid daily,

and limit fluid in the hours before bedtime. Each person is different so discuss this with your appropriate healthcare provider.

Bladder Techniques

1. **Extend period of time between voids** guided by your physiotherapy or continence nurse.
2. **Double voiding** helps you empty your bladder more completely by standing up after you urinate, then sitting down to try to urinate again.
3. **Mindfulness techniques** are mental activities to help distract you the urgency and desire to go to the toilet as guided by your physiotherapist or continence nurse.
4. **Pelvic floor muscle exercises** may be recommended by a continence nurse or continence physiotherapist after assessment. These exercises may help strengthen or relax the muscles that can help improve your bladder function.

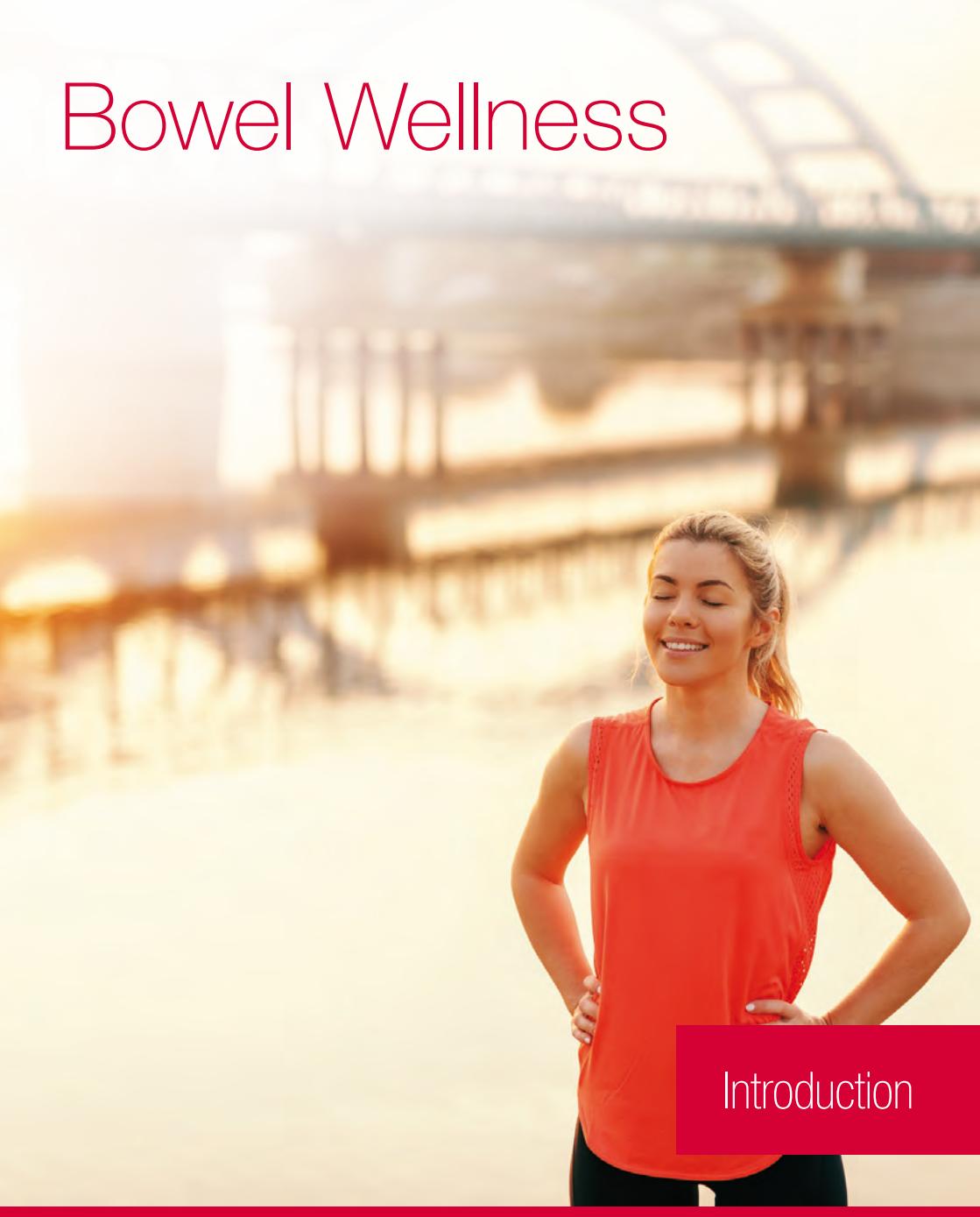
Potential Next Steps

- Completion of a bladder diary is very helpful to understand your symptoms and how they are affecting you.
- Your healthcare provider may refer you for a bladder ultrasound to assess for retention and review your urinary tract health.

After review of bladder diary and bladder scan the following may be arranged, depending on your symptoms:

- Your healthcare provider or another specialist may prescribe specific medications or devices, such as intermittent catheters, that may improve your bladder storage and emptying.
- A referral to a specialist or specialist team may be required for further investigations such as urodynamic studies.

Bowel Wellness



Introduction

Living with multiple sclerosis (MS) can present unique challenges including those related to bowel health.

Maintaining bowel wellness is crucial for your overall comfort and quality of life. MS can affect the nerves that control the bowel, leading to symptoms such as constipation, diarrhoea, and loss of control. Bowel problems related to MS (often called neurogenic bowel dysfunction) are one of the most frequent problems experienced by people with MS.

In this section you will find some information about how your bowel works, some management methods for maintaining bowel wellness, as well as practical advice and tips for you to develop the best approach that works best for you.

If you find some of these techniques do not help, discuss with your healthcare provider as other solutions and techniques are available.

GOOD TO KNOW

Bowel problems can often be one of the first symptoms to appear at the beginning of MS and can continue throughout the course of the disease.

Understanding your bowel and how it works

The bowel is a tube-like organ that is part of the digestive system.

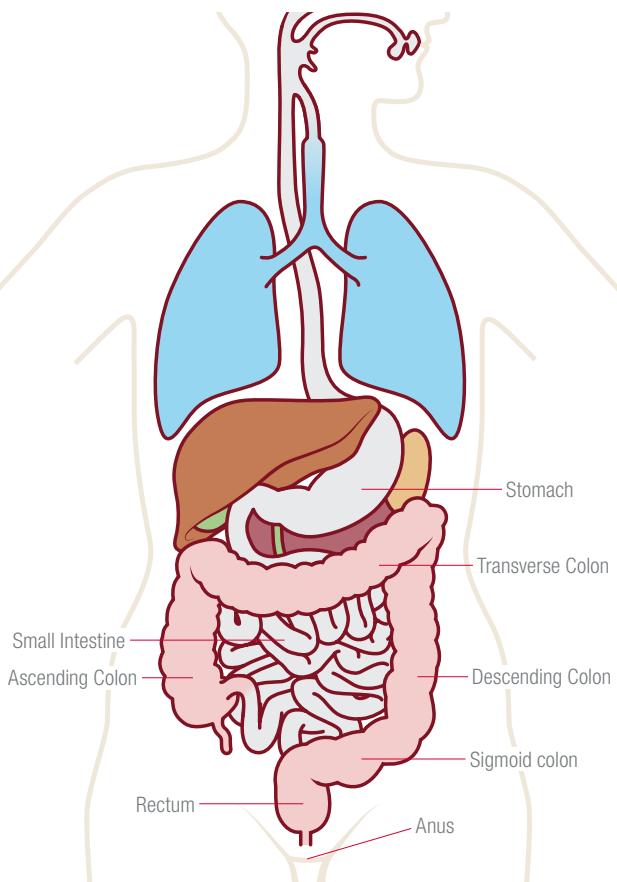
It starts at the mouth and finishes at the anus (back passage). The digestive system breaks down and absorbs the food and fluids you consume to provide energy to your body.

As the food passes from one part of the bowel to another, it stays long enough for the fluids and nutrients to be absorbed into your body or expelled as waste through the anus. This waste is called faeces, bowel motions, stools, or 'poo'.

The bowel is divided into two parts: the small bowel and the large bowel/colon (also called the small intestines and large intestines).

GOOD TO KNOW

One of the main roles of the large bowel is to absorb water. If it is moving too slowly, you may develop constipation. It is important to maintain a good fluid intake to avoid this.





What are the signs of a healthy bowel?

Being 'regular' is a way of describing good bowel habits or normal bowel function.

We often talk about our bowels being regular, but this is often misunderstood as meaning that you go to the toilet to pass faeces every day. This regularity can vary from person to person.

It's common for people to empty their bowel once a day, although it's still normal to go more or less often. Being regular really means that soft, yet well-formed bowel motions are easily passed and that this happens anywhere from 1 - 3 times a day to 3 times a week.

The bowel often wants to empty about 30 minutes after a meal (commonly breakfast), but this can vary from person to person.

There's more to good bowel function than just being regular.

For example, you should be able to:

- hold on for a short time after you feel the first urge to go to the toilet
- pass a bowel motion within about a minute of sitting down on the toilet
- pass a bowel motion easily and without pain – you shouldn't be straining on the toilet or struggling to pass a bowel motion that is hard and dry
- completely empty your bowel when you pass a motion – you don't have to return to the toilet soon after to pass more.
- have no sensation of incomplete emptying

What causes the urge and how is the stool eliminated?

Defaecation occurs once the stool moves to the last section of the gut.

By contracting the external sphincter (*using pelvic floor muscles*), the rectum can remain closed, distend, and then be voluntarily emptied later. After the rectum distends, it acts as a reservoir for the stool.

Under normal circumstances, you should be able to differentiate between intestinal gas and liquid and solid stool. This means being able to voluntarily release gas when the rectum is full without evacuating any stool. As the rectum fills further, there is an increasing need to empty your bowels, which, in a healthy state, can be delayed voluntarily via the anal closing mechanisms until the time is right.



GOOD TO KNOW

The urge to defaecate (poo) and the ability to control the stool depends mainly on its consistency. By firming up the stool, if you have limited stool retention or even mild faecal incontinence, you can once again achieve sufficient control.

Bowel function & MS

Bowel movement problems can be common among people living with MS. This includes constipation and incontinence.

Constipation is when bowel movements do not occur as often as they used to, or you have trouble passing stools. While constipation is more common than loss of control, people with MS can suffer from poor control, with spontaneous release of stool, gas, or liquid. Some people with MS can experience both.

Causes for constipation for people with MS include:

- slowing movement of stool through the large intestine
- spastic anal sphincter (opening and closing challenges)
- sensory changes

(see the stool chart on the next page, specifically types 1 and 2)

Reasons for loss of bowel control include:

- flaccid (loose) sphincter creating loss of control
- severe constipation and/or diarrhoea
- impaired rectal sensation and reflexes
- functional challenges which may make it more difficult to get to the toilet in time
- faster movement of stool through the large intestine/colon

Other factors can make this worse such as:

- not drinking enough liquids
- poor diet
- a lack of physical activity
- side effects of certain medications, for example some pain medications or iron supplements can cause constipation, some dietary supplements can cause a loosening of bowels. Discuss all medications and supplements with your appropriate healthcare provider.
- degree of disability
- depression & anxiety

GOOD TO KNOW

Not all bowel symptoms may be related to MS. It is important to discuss any bowel symptoms with your appropriate healthcare provider.

Bristol Stool Chart

Type 1



Separate hard lumps, like nuts (hard to pass)

Type 2



Sausage-shaped but lumpy

Type 3



Like a sausage but with cracks on its surface

Type 4



Like a sausage or snake, smooth and soft

Type 5



Soft blobs with clear-cut edges (passed easily)

Type 6



Fluffy pieces with ragged edges, a mushy stool

Type 7



Watery, no solid pieces, entirely liquid

What you can do for constipation

- Make sure you drink enough liquids (*six to eight cups - 250ml each - per day*).
- Increase the amount of fibre in your diet. Whole grains and legumes such as lentils and kidney beans are good sources of fibre.
- If water and dietary fibre do not help prevent constipation, speak to your healthcare provider about over-the-counter products that may be helpful.
- Keep as active as you can.
- Establish a bowel management program with your healthcare provider.
- Sit on the toilet correctly for the best position (*see Image on the following page*).
- Abdominal massage may help in some cases.
- Completion of bowel diary - at least 7 days (*see page 41*).

GOOD TO KNOW

Overflow faecal incontinence is where stool builds up in the rectum and gradually hardens. Looser/more liquid stool can pass around the hard stool and may leak out, sometimes when coughing or sneezing or passing wind. This may be confused with diarrhoea. Make sure you discuss your bowel habits with your appropriate healthcare provider if you have diarrhoea.

An appropriate healthcare provider can help you establish an effective bowel management program.

Occasionally you might need to consult a gastroenterologist (a physician specialising in the stomach and bowel), but a few simple changes can often improve bowel regularity.

GOOD TO KNOW

Adopting the correct position when sitting on the toilet can help you empty your bowels more fully. (See image below)

Correct Position



Knees higher than hips

Lean forward and put elbows on your knees

Bulge out your abdomen

Straighten your spine

High fibre diet to promote bowel movements

Include plenty of fibre in your diet.

Fibre can be obtained from fresh fruits and vegetables, whole grain breads and cereals. You may also try dietary additives such as powdered psyllium preparations. If your mobility has been affected by MS, you may need as much as 30 grams of fibre a day to help with bowel function.

High fibre food options include:

- Almonds
- Apples
- Broccoli
- Brussel sprouts
- Carrots
- Chickpeas
- Pears
- Lentils
- Oats
- Quinoa
- Split peas
- Strawberries



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– Continence Health Australia

Medications for bowel problems associated with MS

Discuss any treatments or strategies you are taking for bowel problems such as stool softeners, bulk-forming supplements, enemas, suppositories, or manual stimulation with your healthcare provider. It may take some time to know if these treatments are working.

Continuous or regular use and overuse of laxatives generally is not recommended. Overusing laxatives not recommended by your healthcare provider can lead to problems such as diarrhoea, dehydration, electrolyte abnormality and even constipation. They can also cause long-term and potentially permanent damage to the digestive system, including chronic constipation and damage to the nerves and muscles of the colon.

Always follow the advice given to you by your appropriate healthcare provider or your MS team.

Living your life well

Maintaining bowel wellness is an essential aspect of managing multiple sclerosis. By staying hydrated, eating a balanced diet, exercising regularly, and establishing a routine, you can significantly improve your bowel health. These strategies not only help alleviate common symptoms like constipation and diarrhoea, but also contribute to your overall well-being and comfort.

Remember it's important to listen to your body and seek medical advice if bowel issues persist. Healthcare providers can offer tailored treatments and support to help manage symptoms effectively. With the right approach and care you can achieve better bowel wellness and enhanced quality of life.

If you have any further questions or need more information, feel free to ask!



Glossary

Bladder: A hollow organ with a muscle wall that stores and voids urine. A hollow, muscular organ whose main function is to store urine and empty urine at intermittent intervals.

Bladder control: The ability to start and stop urination.

Bladder diary: A bladder diary is a simple chart which allows you to record the fluid you drink and the urine you pass during the day and night, as well as document if you have urgency and/or accidental urine leakages.

Bladder neck: The transition of the bladder into the urethra; also, the location of the internal sphincter muscle.

Bladder voiding: Urination. The process of moving the urine out of the body through the urethra.

Continence: The ability to control bowel defecation and bladder voiding emptying at will—to hold back urine and stool so that it can be voided emptied at a self-determined time.

Detrusor sphincter dyssynergia

(DSD): A condition in which the bladder muscle and the sphincter muscles are not coordinated.

External sphincter: A muscle that surrounds the urethra and can open to void empty the urinary bladder and close to hold back urine. It can be controlled consciously.

Incontinence: Inadvertent leakage of urine or stool due to a lack of control of the bladder or rectum.

Infection: A pathological change triggered by pathogens such as bacteria, virus, or fungi

Internal sphincter: Part of the muscle in the bladder neck that holds urine in the bladder. It cannot be controlled voluntarily.

Kidneys: Two bean-shaped organs located in the lumbar region to the left and right of the spine. They filter urinary substances and water from the blood to produce urine. The kidneys also secrete hormones that regulate blood pressure and make red blood cells.

Meatus: The opening of the urethra where the urine exits the body.

Medical history: A comprehensive survey of a patient's health situation, including the clarification of existing illnesses, previous health problems, allergies, injuries, medications, and surgical interventions.

Nocturia: Getting up 2 or more times at night to urinate.

Neurogenic bladder: A bladder dysfunction due to a malfunction or damage of nerve tracts that control the muscles of the bladder and urinary sphincters.

Overactive bladder: Bladder dysfunction characterized by unwanted muscle tension contractions in the urinary bladder before it reaches its capacity limit.

Overflow incontinence: The unwanted leakage of urine when the urinary bladder is overfilled.

Pelvic floor muscles: Several small muscle groups that surround the urethra and anus. They support the pelvic organs and help maintain continence.

Pyelonephritis: Infection of the kidneys, also known as pyelonephritis.

Prostate: A glandular organ in men that lies between the bladder neck and the external sphincter and completely surrounds the urethra.

Reflex incontinence: The leakage of urine due to detrusor hyperreflexia and/or involuntary relaxation of the urethral obstruction.

Reflux: The backflow of urine from the bladder into the ureters and kidneys.

Stress incontinence: The unwanted leakage of urine during physical exertion or strain, e.g., when coughing or sneezing.

Ultrasound: A type of imaging examination in which the shape and position of the urinary organs can be examined.

Underactive bladder: A condition in which the bladder muscle is working too little, or not at all, contracting too weakly to effectively empty the bladder. Sometimes called atonic/flaccid bladder.

Ureters: Two muscular tubes that carry urine from the kidneys into the bladder.

Urethra: A tubular connection lined with mucous membrane that conducts urine from the bladder to the outside of the body.

Urge incontinence: The unwanted leakage of urine in connection with the urge to urinate.

Urinary incontinence: A general term for the involuntary leakage of urine.

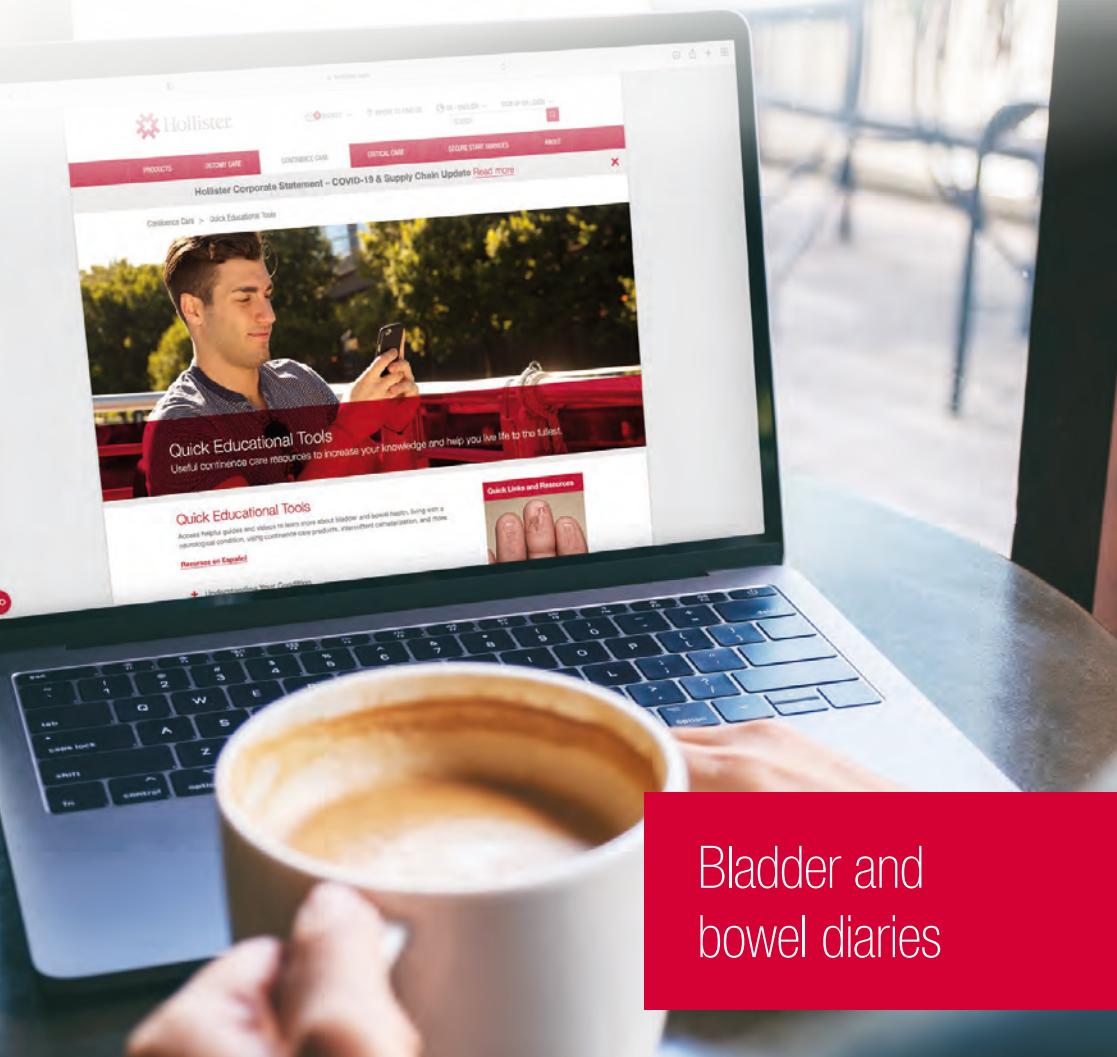
Urinary tract infection (UTI): A general term for inflammation in the urinary tract.

Urine: The product of the urinary substances and excess water filtered out of the blood by the kidneys.

Urination: The process of moving urine out of the body through the urethra.

Weak bladder: A bladder that is too large in volume and overfilling, incapable of producing muscle contractions strong enough to empty the urine collected.

Keeping a diary can be an essential step to help you and your care team determine the best options for treating your bladder and/or bowel dysfunction.



Bladder and
bowel diaries

Bladder Diary

Keeping a diary can help you track when and how much fluid you drink, when and how much you urinate, how often you feel the urgency to urinate, and when and how much urine you may leak.

It's best to keep your bladder diary for at least three 24 hour periods. These days do not need to be consecutive. An example of a bladder diary you can use can be found below. To obtain your full-size bladder diary, please scan the QR Code below.



Scan QR code or visit:
<https://shorturl.at/eAfmM>

Bowel Diary

A bowel diary is a record of when and how much faeces (poo) you passed or leaked. This will help your MS nurse develop your management or treatment plan.

An example of a bowel diary you can use can be found below. To obtain your full-size bowel diary, please scan the QR Code below.

Bowel Diary Fill in this diary for about seven days in a row . Use with the Bristol Stool Chart.						Name:		
Day and time		Bowel movement				Pads or clothing	Bowel medication	What happened at the time of the leak?
Day	Time	Poo (bowel motion) type (Bristol Stool Chart Type 1-7)	How urgent was your need to use your bowels (poo)? 1 = no urge to 3 = normal urge to 5 = strong urge	Did you leak or soil? (Yes or No)	How much did you leak or soil? (Smear, small, medium or large)	Did you change your pad or clothing? (Yes or No)	Did you take any laxatives, fibre supplements, enemas, suppositories etc?	Where you were, or what you were doing when you leaked?
Examples Saturday 3 March	9.00am	5	1	Yes – both wee and poo	Medium	Yes – my underpants and jeans	Psyllium husks the night before	Went for a walk after breakfast. Did not realise I leaked wee and poo at the time

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Scan QR code or visit:
<https://shorturl.at/Kopuq>



Resources available

Australia

National Public Toilet Map

www.toiletmap.gov.au

Continence Health Australia

www.continence.org.au/about-us/who-we-are

MS Australia

www.msaustralia.org.au/supports-and-services/

Australian Government

National Continence Program

www.health.gov.au/our-work/national-continence-program-ncp

Hollister Continence Care Education

www.hollister.com.au/en-au/continencecare/continencelearningcenter

New Zealand

National Toilet Maps

www.continence.org.nz

Multiple Sclerosis New Zealand

www.msnz.org.nz

Continence NZ

www.continence.org.nz

Other

MS Trust UK

www.mstrust.org.uk

Scan QR codes to learn more

'Healthy Bowel & Bladder Habits' – Continence Health Australia



'Looking After your Bowel' – Continence Health Australia



'Good Bladder Habits for Everyone' – Continence Health Australia





References

Thomas S, Bradley J, Bharadia T, Pomeroy I, Roberts M, Stross R, Straukiene A, Webb M, Yates A, Young J. Expert opinion consensus document. Management of bladder dysfunction in people with multiple sclerosis. *BJN* 2022; 31 (3 Suppl 3), S1–32

Li, V, Barker, N., Curtis, C., et al. The prevention and management of hospital admissions for urinary tract infection in patients with multiple sclerosis *Multiple Sclerosis and Related Disorders*, Volume 45, 102432

Continence Health Australia - Healthy Bowel & Bladder <https://www.continence.org.au/continence-health/bladder>

MS Australia, What is MS?

<https://www.msaustralia.org.au/what-is-multiple-sclerosis-ms/>



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Please make sure to consult with your healthcare professional for further guidance or instruction.
Prior to use, be sure to read the Instructions for Use for information regarding Intended Use,
Contraindications, Warnings, Precautions, and Instructions.