



Taking Control of Your Bladder Health

A Guide for Those Living
with Multiple Sclerosis



BE BLADDER AWARE WITH MS



Making a difference in the journey of life.



Bladder issues are common and can be distressing for people with Multiple Sclerosis.

This guide will help you understand how your bladder works and why having MS might affect your bladder function. You will also learn how you can make changes to control your bladder and help you feel more secure.

You have choices to enhance your confidence to live life on your terms.

Feel Empowered

To **Ask** More

To **Know** More

To **Do** More



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Multiple Sclerosis and bladder dysfunction

MS causes damage to the nervous system, which can make it difficult for different parts of the body to communicate effectively with the brain. Because of this, many people with MS have problems with their bladder.

You are not alone

Bladder dysfunction in the UK



130+

people a week are diagnosed with MS.¹

130,000

people with MS (PwMS) living in the UK.¹

MS is growing at a rate of

2.4% EACH YEAR.²



1 in 10 people

report bladder dysfunction at the time of their MS diagnosis.³



Nearly all MS patients

will experience bladder problems after 10 years.³



61%

report incomplete bladder emptying
according to a recent review.⁴

Symptoms

There are a range of symptoms related to bladder dysfunction. Each person's symptoms depend on the severity of their multiple sclerosis (MS).

It's possible to have one or more symptoms related to bladder dysfunction.

- **Urinary frequency** is when you feel the need to urinate frequently throughout the day.
- **Urgency** is when you suddenly feel a strong urge to urinate, even if you recently went to the bathroom.
- **Urinary retention** is when you have not completely emptied your bladder after you've been to the toilet. You may also find it difficult to get the urine to start flowing – being unable to urinate even though you need to.
- **Nocturia** is the need to get up and urinate at least once during the night.
- **Reflux of urine** happens when urine backs up into your kidneys because the bladder is full and has not been emptied.
- **Urinary incontinence** is when urine leaks from the bladder accidentally.

People with MS suffer a range of different bladder symptoms. Symptoms vary depending on the damage or scarring each person has to their nervous system.

Bladder dysfunction can have wide-ranging negative impacts on your quality of life, if left untreated.



Depression, anxiety & physical health



Reduced ability to move or **exercise**



Fear of travel or social occasions leading to **isolation**



Sleep disruption and **fatigue**

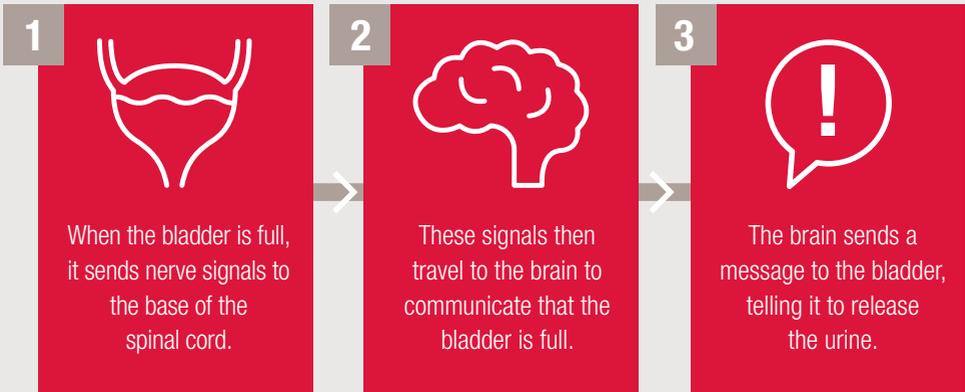


Physical **intimacy** and relationships²

Urinating, it's something we all do

Understanding the basics of how your bladder functions can give you a greater sense of control over your body. Even if you haven't given it much thought before, taking the time to learn about it can be a positive and empowering experience.

The process can be explained in three simple steps:





How do we urinate?

The kidneys filter excess water and waste products from the blood to produce urine. Urine is stored in the bladder. In order to pass urine, the bladder and the small ring-shaped muscles around the urethra (called the sphincters) must work together - but this requires a healthy nervous system.

1 Kidneys

We each have two kidneys which are responsible for filtering excess water and waste from the blood. They produce between 30-80mls of urine an hour.

2 Ureters

The urine travels from the kidneys through tubes known as ureters (one from each kidney) to the bladder. In adults, they are about 28-36cm long. Ureters have muscles which help the urine to pass from the kidneys into the bladder but prevent urine from flowing back up into the kidneys.

3 The bladder

The bladder is a hollow organ where urine is stored before being passed from the body.

4 The urethra

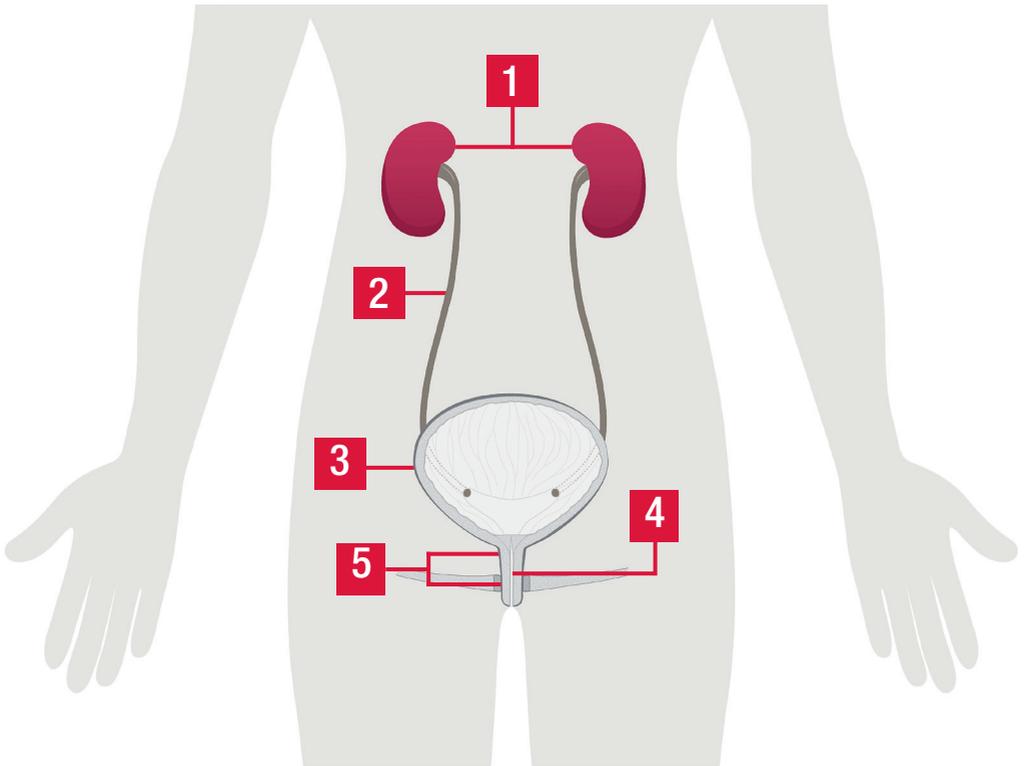
The urethra is a muscular tube that takes urine from the bladder out of the body.

5 Sphincters

There are two ring-shaped muscles – one at the top and one at the end of the urethra, called sphincters.

+ Muscle contraction

The sphincter muscles are opened and closed to let the urine flow from the body. The sphincter at the top of the urethra, close to the bladder, is “involuntary”, meaning it isn’t consciously controlled. However, the lower sphincter is voluntary, meaning that we can open it consciously and therefore have control over when we pass urine. Muscles in the bladder contract (or squeeze) to let the urine out as the sphincter muscles open. Pelvic floor muscles, that surround the urethra, vagina (in women) and rectum, help hold everything in place.

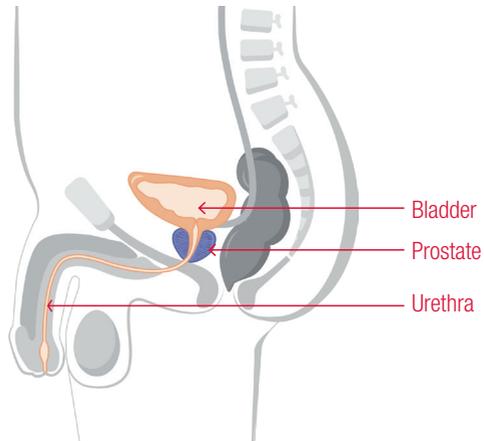


The urinary system

The differences between the male and female system.



Male



Urethra length

About 20–26cm*

Urethra shape

An S-shaped curve from the bladder through the prostate and the pelvic floor

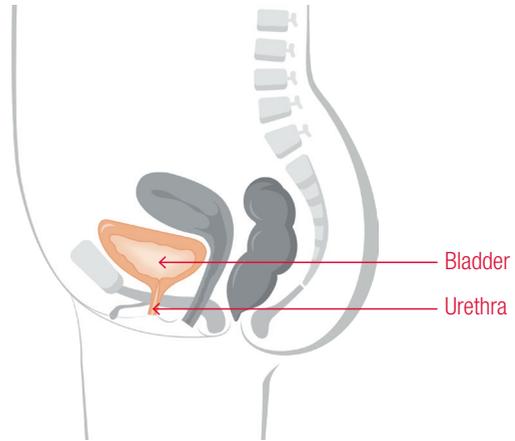
Urethra end

At the tip of the penis

* Intermittent catheters are available in different lengths and sizes to suit the differences between men and women.



Female



Urethra length

About 3–5cm

Urethra shape

A slight curve behind the pelvic bone

Urethra end

In front of the vaginal opening

Urinary problems and MS

Many people with MS have symptoms of urinary dysfunction. These can usually be managed successfully with lifestyle changes (see page 20). However, if you're having problems, consider these options.

Intermittent Self-Catheterisation (ISC)

An ISC catheter is a thin, flexible tube that's introduced through the urethra and into the bladder to drain urine. The tube is then removed and thrown away. Patients are taught how to insert the catheters themselves. ISC can give you more independence compared to other options, as it is discreet and can easily fit into daily life. Medical professionals consider ISC the gold standard of care for urinary problems.

Indwelling urinary catheters

An indwelling urinary catheter is a flexible tube that's placed through the urethra and into the bladder to drain urine. The catheter stays in the bladder permanently and urine is collected in a drainage bag. A doctor or nurse usually inserts the urinary catheter.

Alternative therapies

There are several alternative or complementary therapies that you might consider. Your Healthcare Professional will discuss what is the most appropriate solution for you.

How will ISC fit into my life?

If you think that ISC might be the right choice for you, speak to your Healthcare Professional to find out more.

There are different types of catheters designed for your comfort, discretion, and protection.

- Touch free catheters protect against infection
- Designed for smooth and comfortable insertion
- Discreet enough to fit into your daily life

Benefits of ISC

- Maintains independence
- Reduces the risk of infections
- Reduces the risk of damage to the urethra
- Helps maintain kidney function and bladder tone

With the right knowledge and guidance, having a choice can make a real difference to how empowered you feel.



“There’s a huge difference between ISC and indwelling. It’s Independence! One patient wanted to enjoy the summer, wear shorts and go swimming. If it works for your body and you learn to ISC, you can do what you like, when you like.”

Corey Knott, Nurse Continence Advisor

Hints and tips for ISC

We've got some useful hints and tips from Corey Knott a Urology Nurse.

1

Catheterise when you're not at your fullest, this can help alleviate discomfort and prevent urinary complications.

2

Give yourself time to find a toilet and get ready to catheterise to avoid unnecessary stress.

3

Set an alarm to establish a good routine and ISC regularly to ensure optimal bladder health.

4

Wear accessible clothing to catheterise more easily.

5

Have everything ready and laid out before you start the ISC process.

“Regular catheterisation has significantly reduced my incontinence and thus the fear of unwanted urine leakage. My night’s sleep has also become much calmer and therefore more restful. I am particularly pleased that spontaneous excursions are now possible again. With the experience that I have had, I can only advise other people affected to try out what will help them best.”

ISC catheter user

6

Wash your hands thoroughly to reduce the risk of infection.

7

Take up a comfortable position that suits you.

8

Breathe deeply and keep calm to ensure maximum comfort.

9

Always ensure you have an ample supply of products with you and at home to avoid running out of essential items.

Practicing good personal hygiene can reduce the risk of Urinary Tract Infection (UTI)

UTIs can have a significant impact on every day life



Wash your hands
before you perform ISC



Catheterise regularly
Remember to keep
to a routine



Stay hydrated



**Reduce the
amount of caffeine**
in your diet

Lifestyle changes

Your Healthcare Professional may offer advice for simple lifestyle changes to improve your bladder function.

- **Eat fewer irritants**

These include caffeine, carbonated drinks, acidic food & drink, spicy food, and alcohol which all may irritate your bladder.

- **Stop smoking**

Smoking can also irritate your bladder. If you do smoke, stopping is one of the best things you will ever do for your health.

- **Keeping your body weight in its normal range**

If you're overweight, losing weight has many health benefits. It may also help your bladder symptoms.

- **Timed voiding**

This involves urinating at set times regularly throughout the day, not based on how you feel.

- **Double voiding**

It can help you to empty your bladder more completely by standing up or walking around after you have urinated and then trying to urinate again.

- **Fluid management**

Not drinking enough causes dehydration which can irritate the bladder. Drinking too much can make you urinate more frequently. You should drink between six and eight glasses of fluid daily. Try not to drink too much before bedtime.



Be empowered to make the right choice

The product you decide to use can make a difference to your life. Choose catheters that are convenient, comfortable, easy to use, and help reduce the risk of infection.

VaPro Plus Pocket™ Intermittent Catheter



This catheter is designed for male and female use. The protective tip reduces the risk of bacteria being carried into the urinary tract during the insertion process.

VaPro Plus Pocket™ catheters provide 100% No Touch Protection with a protective tip and sleeve. They also have an integrated 1 litre collection bag, so you can use it at home or on-the-go. There's no need for a toilet or container.

- The collection bag is easy-to-open and easy-to-empty. It includes a non-return valve to prevent backflow of urine.
- VaPro Plus Pocket™ catheter has pocket-sized packaging making it easy to carry and discreet to use away from home.

VaPro Pocket™ Intermittent Catheter



VaPro Pocket™ catheters provide 100% No Touch Protection with a protective tip and sleeve. They come in pocket-sized packaging making it easy to carry and discreet to use away from home.

Infyna™ & Infyna Plus™ Intermittent Catheter



An intermittent catheter that's simple and easy to use. The catheter has a balance of flexibility and rigidity to make insertion easy. Smooth eyelets also help easy insertion and withdrawal of the catheter.

- Ready to use right out of the package with no extra steps required
- Easy-to-open
- Just right stiffness allows for no touch insertion

Infyna Chic™ Intermittent Catheter



Designed for women, this hydrophilic intermittent catheter is beautiful, easy, and discrete to use.

- Catheter case can be opened and closed with one hand
- Just the right catheter stiffness helps touch-free insertion.
- The catheter length gives confidence that the bladder can be fully drained
- Does not leak liquid when reclosed
- Free from PVC



Scan the QR code to order FREE samples



“With the decision to switch to ISC, my everyday life became noticeably easier because my bladder issues were reduced significantly. I have to catheterise around 10 times a day, so relatively often.

I live much more comfortably than before. My catheter is easy to use and its external appearance looks more like a cosmetic utensil than a medical product.”

ISC catheter user

What should I ask my Healthcare Professional?

- Can you help with my issues or do I need to see a specialist? (such as a continence nurse or urologist)
- **What's your recommended treatment** for my type of problem? What will happen without treatment?
- Are there any diet, lifestyle, or bathroom routine **changes that you would recommend?**
- **What is the long-term plan** for my bladder management?
- **Who do I contact** if I have any problems or issues?
- **What are the next steps?** When will my next appointment be?

Tip 1

Arrive with a list of questions to get the most out of your appointment.

Tip 2

Consider bringing someone you trust for support and to take notes.

Tip 3

Make sure the positives and negatives of any treatment plan are explained to you.

Keep a record

So you can be your best advocate.

Keeping a diary is a great way to keep track of your symptoms and experiences. It can help reduce stress and anxiety, while providing a powerful tool to remember changes in your condition such as new symptoms, pain, urinary leakage, urine volume, sexual function, and emotional well-being.

Example journal topics:

- Your daily fluid intake – when and how much you drink
- Time of passing urine and a rough estimate of the amount
- Accidents or leaks, including amount, any urge feelings, and what you were doing when they occurred
- Any other relevant observations



Scan the QR code to download
your own bladder diary.



Bladder diary example

From a 64 years old male, experiencing bladder dysfunction for the first time.

For illustrative purposes only.

Daytime



7:30am

Urge to use the toilet but nothing came out. Toast and a cup of tea for breakfast.



9:00am

Urinated a small amount, approx a cupful. Quite dark in colour.



11:00am

Ate a banana and had a big glass of water (approx. 250ml).



12:00pm

I had a cheese sandwich, a packet of crisps, and a yoghurt for lunch, with a cup of tea.



3:00pm

Leaked a little bit before I got to the toilet. Felt okay, but the urge came on suddenly and I couldn't get to the bathroom quick enough. Urinated approx 150ml.

Evening



7:00pm

Had shepherd's pie, gravy and veg, followed by ice cream for dinner. Drank 250ml of water and a glass of wine.



7:15pm

Urge to urinate, but nothing came out.



8:30pm

Passed urine (only a small amount, roughly 100ml).



12:00pm

Had to get out of bed with the urge to urinate. Passed a cupful of urine (approx. 100ml).



12:30pm

Trouble sleeping. Pain in my lower abdomen and urge to need the toilet throughout the night.

In the United Kingdom (UK),
approximately

450,000

people require long-term urinary
catheterisation of which

50,000

regularly perform intermittent
self-catheterisation for management
of bladder drainage conditions.⁵



Remember. You are not alone.

“We’re all stronger when we work together. I try to change the way people think about it, and remind them that using a catheter doesn’t mean they’re unwell – it’s part of them being well.”

Corey Knott, Urology Nurse

Looking after your mental health

Dealing with anxiety and grief around diagnosis and new symptoms is a slow process. Feeling supported and not alone is vital for maintaining a positive mindset.

Some people find it helpful to talk to their friends and family about living with MS whilst others may find support from other places where they feel heard and have their concerns validated.



Find details of counselling services and buddy networks over the page.

Join the Community

Charities



Shift.ms
Forum, Community & Support
For Those With MS
www.shift.ms



The MS Buddy Network
www.shift.ms/the-buddy-network



Multiple Sclerosis Trust
www.mstrust.org.uk/



Overcoming MS
www.overcomingms.org/



MS Society
Information, research and support
www.mssociety.org.uk/

Counselling



Multiple Sclerosis Trust
www.mstrust.org.uk/a-z/counselling



MS Society
www.mssociety.org.uk/care-and-support/emotional-support/getting-help

Organisations

Secure StartSM

Hollister Secure Start
www.hollister.com/en/consumerservices



Bladder and Bowel UK
www.expertselfcare.com/health-apps/confidence-app



Embarrassing Problems
embarrassingproblems.karger.com

Apps



Calm
www.calm.com



CONFidence
www.expertselfcare.com/health-apps/confidence-app

Glossary

Bladder: A hollow organ with a muscle wall that is used to store urine.

Catheter: A thin tube that can be inserted into a body cavity like the bladder.

Catheterisation: The process of inserting a sterile tube into the bladder to empty the urine.

Continence: The ability to control your bowel and bladder emptying at will – to hold back so that you can “go” at a time you choose.

External sphincter: A muscle that surrounds the urethra and can open to empty the bladder, and close to keep urine in. It can be controlled consciously.

Hydrophilic: This means “water-loving” and refers to a sterile liquid in catheter packaging that activates the coating of the catheter helping it slide in and out easily.

Incontinence: Accidental leakage of urine or faeces due to a lack of control of the bladder or bowel.

Infection: An invasion of bacteria, viruses, or fungi in the body causing inflammation, pain and fever.

Intermittent catheterisation: A method of inserting a catheter into the bladder to empty urine at regular intervals.

Intermittent self-catheterisation (ISC): When a person performs intermittent catheterisation on themselves.

Kidneys: Two bean-shaped organs that sit under the lower ribs at the back, one on either side of the body. They filter waste and water from the blood to produce urine. The kidneys also secrete hormones that control blood pressure and make red blood cells.

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

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

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

Protective cap: Part of some catheters that helps keep the catheter tip sterile after opening the package.

Protective sleeve: A catheter wrapping that enables contact free and safe use by protecting it from germs.

Protective tip: Part of some catheters that prevents germs getting into the bladder.

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

Suprapubic catheter: An indwelling catheter that is placed above the pubic bone through the abdominal wall and into the bladder.

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

Urethra: A tube that takes urine from the bladder to the outside of the body.

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

Urinary tract infection: A general term for an infection in the urinary tract.

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

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

Weak bladder: A bladder that has weak muscles. It often becomes too large, overfills, and cannot hold the urine inside, leading to leaks.

Our Values

Inclusiveness | Collaboration | Independence | Dedication

As an-employee owned company our values are the heartbeat of what we do, they detail the attributes and personality of our company to those we consider most important - our customers. Each value reflects how we behave and describes the type of experience a clinician or end user can expect.

We are empowered by our values, they enable us to grow and evolve to make sure we to meet the changing needs of those who we are dedicated to serve.

We advocate Inclusion, We drive Collaboration, We champion Independence and we are committed to Dedication.

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2. Optimum clinical pathway. Multiple sclerosis (July 2019) Secondary User Services (SUS) database.
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4. Al Dandan HB, Coote S, McLurg D, Prevalence of lower urinary tract symptoms in people with multiple sclerosis: a systematic review and meta-analysis. Int J MS Care. 2020a; 22(2): 91-9. <https://doi.org/10.7224/1537-2073.2019-030>
5. Carson L, Wylie M, 2022 Guide to intermittent catheterisation technology

The testimonials, statements and opinions presented are applicable to the person depicted. These testimonials are representative of that person's experiences, but the exact results and experience will be unique and individual to each person. The people quoted in this document received compensation from Hollister Incorporated for their work.

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

Prior to use of Infyna, Infyna Plus, Infyna Chic, VaPro Plus Pocket, VaPro Pocket and VaPro catheters, be sure to read the Instructions for Use for information regarding Intended Use, Contraindications, Warnings, Precautions, and Instructions. Not all products are CE marked.

Rx Only