MS INFO CHANNEL

Guide · Diaries · Talking aids

Bladder and Bowel with MS: Everyday Confidence

A practical guide with diaries, checklists and talking aids for symptoms, aids and doctor visits

PDF BOOK · A4

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Foreword: Talking about it helps

Bladder and bowel problems are common in MS. This book makes it easier to raise them and to do something about them.

Many people with MS have trouble with the bladder or the bowel. Many do not talk about it. That is understandable. The topic is personal, and it often comes with embarrassment.

But it is not a side issue. The current German MS guideline reports that bladder problems occur in 65 to 88 percent of people with MS [1]. You are not alone.

REMEMBER The short version

Bladder and bowel problems in MS are common. They can be checked. There are many ways to live better with them. The first step is to mention them.

How to use this book

- You do not have to read it from start to finish. Jump to what matters to you now.
- Chapters 1 to 3 explain what happens and how common it is.
- Chapter 4 shows how to get things checked, with diaries to fill in.
- Chapters 5 to 8 show what can help day to day and in treatment.
- Chapters 9 to 11 cover aids, costs, going out and the doctor visit.
- The appendix has checklists, worksheets, a glossary and contacts.

What this book is not

ATTENTION Not a substitute for medical advice

This book gives orientation. It does not diagnose. It names no doses and gives no advice for your individual case. What suits you is decided together with your neurologist, urologist (if needed a neuro-urologist) and family doctor.

Who this book is for, and Germany

This guide is written for readers anywhere. Most of the medical findings apply everywhere. Rules on insurance, co-payments and certain services are different from country to country. This book was prepared in Germany. Where it describes German law or services, the text says **Germany**. For other countries we give general questions to ask and do not invent local rules.

How we handle sources

Every figure has a source in square brackets. The sources are listed at the end. The most important are the German MS guideline [1] and the European urology guideline on neuro-urology [2]. Where something is only shown for other conditions, the text says so. Where research is small or divided, the text says that too.

INFO Date of the information

As of 4 November 2026. Laws and co-payments change. Check amounts and deadlines with your insurer before every application.

INFO Invented examples

The case examples in this book are clearly marked as invented. They show how a conversation or a day can look. They are not real people.

1 Why this topic matters

What the numbers show, why many people notice late, and why silence does not help.

Bladder and bowel are controlled by nerves

Bladder and bowel do not work on their own. Nerves control when they fill, when they empty and when the sphincter muscles hold. In MS these nerve signals can be disturbed. Doctors call this neurogenic dysfunction [1].

It is not weakness and not clumsiness. It is a possible result of the disease.

How common is it?

The guideline gives a frequency of 65 to 88 percent for bladder problems in MS [1]. Even among people without complaints, bladder pressure tests (urodynamics) showed abnormalities in 51.9 to 79.2 percent [1]. So you can have abnormal findings without noticing.

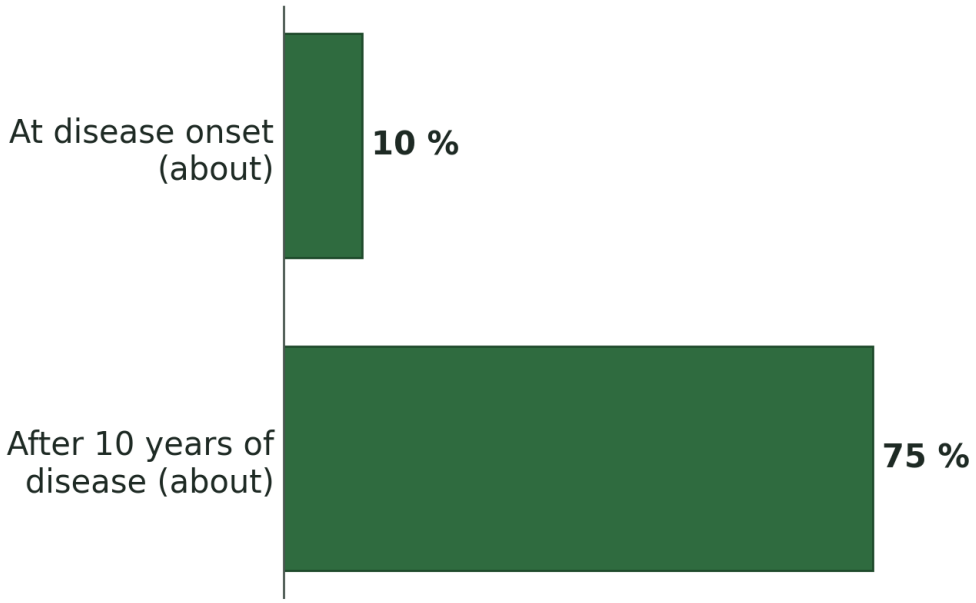


Figure 1: Bladder emptying problems in MS over the course of the disease
Source: [2] EAU Neuro-Urology guideline, 2024/2025.

The chart shows: at the start only a few people have problems. After ten years many do. That is why it pays to ask early and not to wait [2].

REMEMBER

The guideline recommends asking everyone with MS about bladder function [1]. So you may raise the topic yourself. It belongs to MS care.

The bowel is mentioned even less often

Bowel problems are common too. Neurogenic bowel dysfunction occurs in 39 to 73 percent of people with MS. Chronic constipation affects 24 to 71 percent. Faecal incontinence affects 25 to 51 percent. About 30 percent have both [1].

INFO Why such wide ranges?

Studies differ. They ask different groups with different methods. That is why we show ranges and not one single number. We do not smooth them.