



Saskatchewan  
**Health Authority**

# Bowel Symptoms In Multiple Sclerosis



CS-PIER-0151  
NOVEMBER 2024



[saskhealthauthority.ca](https://saskhealthauthority.ca)

## This handout discusses managing bowels symptoms in multiple sclerosis (MS):

- There is no “one size fits all” approach for managing bowel symptoms.
- Finding the best management for you may require some time and adaptation along the way.
- Bowel symptoms are very common in MS and may interfere with quality of life.
- In MS, the stool moves more slowly through the bowels and coordinated emptying of the stools may be impaired.

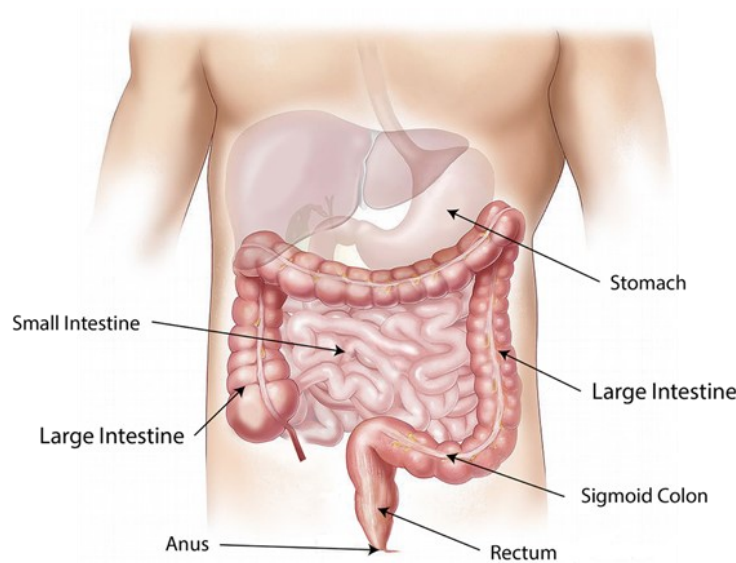


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## Common bowel issues in MS:

- **Constipation:** constipation is the most frequent issue involving infrequent bowel movements (less than 3 per week) or difficult passage of stool.
- **Urgency:** the feeling of having to have a bowel movement very suddenly.
- **Impaction:** the result of more severe constipation when stool gets stuck.
- **Diarrhea:** loose/watery/more frequent bowel movements.
- **Incontinence:** accidental bowel movements.

## Tips for healthy bowel habits, no matter your symptoms!

- Establish a regular toilet routine aiming for a bowel movement every 1 to 2 days.
- Morning is often the best time to go.
- Try to sit on the toilet 20 to 30 minutes after eating or drinking something, even if you do not sense you need to go.
- Do not sit on the toilet or commode for more than 15 minutes at a time.
- Consider a padded toilet seat.

- **Remember the 3 F's: Fibre, Fluid, and Fitness.**



Image produced by Macmillan Cancer Support and is reused with permission.

## Fibre:

- **25 to 38 grams of fibre** a day is recommended.
- Increase slowly to find the amount right for you to avoid causing gas, bloating, cramping, or diarrhea
- Remember to drink plenty of water as you increase the amount of fibre
- Start with fruits and vegetables first, followed by wheats and grains. Divide fibre containing foods throughout the day at both meals and snacks
- See the chart on last page of this handout for fibre serving sizes
- Most people can meet their fibre needs by eating a variety of healthy foods that includes vegetables, fruits, whole grains, legumes, nuts and seeds. Talk to a registered dietitian if you need help increasing the amount of fibre in your diet.

Resource: Dietitians of Canada, Practice-based Evidence in Nutrition (PEN), The Global Resource for Nutrition Practice, Food sources of Fibre <https://www.pennutrition.com/>

## Fluid:

- **6 to 8 glasses of water per day** is recommended (1 glass = 8 ounces).
- Time fluid intake 2 hours before outings or sleep to reduce urgent or frequent urination.

## Fitness:

- Staying active helps keep your bowel movements regular.
- If you have not been active recently, start slow and build up to meet the exercise guidelines:
  - ⇒ 30 minutes of moderate intensity (able to talk but not sing; break a sweat) aerobic activity 2 times per week; and
  - ⇒ strength training exercises 2 times per week.
- If you experience barriers to exercising, talk to a doctor for a referral to a physical therapist about an individualized exercise program that is right for you.
- Both standing and seated exercise helps to move the bowels.

## The Bristol stool chart can help you monitor your stools:

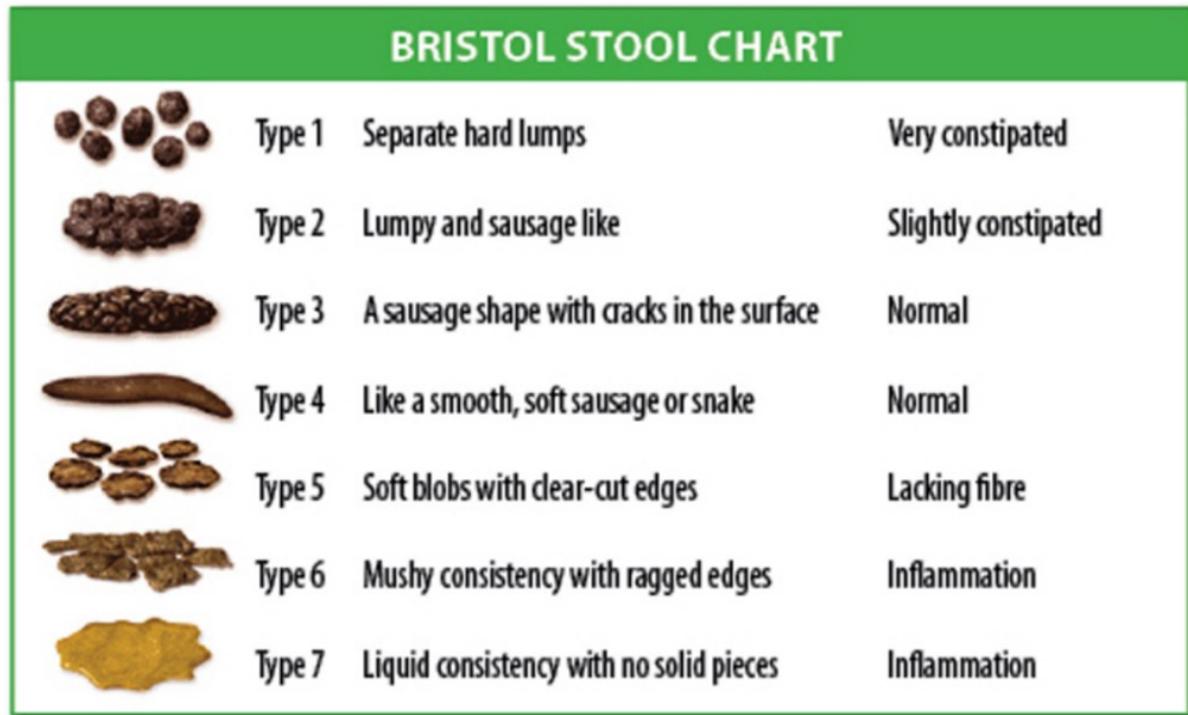


Image licensed under the [Creative Commons Attribution-Share Alike 3.0 Unported](http://cdn.intechopen.com/pdfs-wm/46082.pdf) and used unedited. Source: <http://cdn.intechopen.com/pdfs-wm/46082.pdf>. Author: Cabot Health, Bristol Stool Chart. Cited April 15, 2024 and retrieved from: [https://commons.wikimedia.org/wiki/File:Bristol\\_stool\\_chart.svg](https://commons.wikimedia.org/wiki/File:Bristol_stool_chart.svg).

## Constipation:

- An uncomfortable feeling of having a full rectum but being unable to have a bowel movement.
- Having less than 3 bowel movements per week, or stools that are difficult to pass.

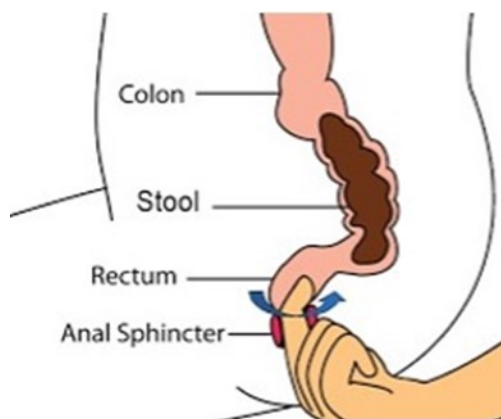
## Constipation can cause or worsen:

- pain;
- risk for urinary infections;
- muscle stiffness or spasms;
- Hemorrhoids;
- bladder urgency;
- bowel urgency and accidents;
- sexual health disruption; and/or
- risk of hospitalizations.

## How to manage constipation:

- If stool is hard, add water and fibre.
- Add high fibre foods (see fibre chart on [page 10](#)).
- It is normal for stool urgency or incontinence to occur when making a change in your bowel routine.
- A good toileting position, regular use of suppositories and digital stimulation (see below) help empty the rectum of stool.
- Keep a diary of your bowel routine and stool type. Allow a few weeks after making changes to your bowel routine before deciding if it is working.
- Stick with an effective bowel routine has been established.
- Bowel medications used under the advice of a healthcare professional may help prevent or treat constipation.
- Some medications worsen constipation.
- Pharmacists at the MedSask program 1-800-667-3425 are available to provide information to Saskatchewan residents about medications.
- If you are on the Para Program through SAIL (Saskatchewan Aids to Independent Living), speak with a healthcare provider about coverage for medications and incontinence supplies.

## Digital Stimulation:



Using a glove and lubricant, insert finger into the rectum and make circular motions.

Image from University Health Network – Toronto Rehab. Reused with permission.

Delpartee JJ, Chau, BA, Mills S, Burns AS, eds. Spinal Cord Essentials: Your spinal cord rehabilitation handbook. Toronto ON: Toronto Rehab; 2011.

## Examples of over the counter medications for constipation:

Type of treatment	Examples
Suppositories	Dulcolax®
	Magic Bullet®
	Glycerin
Bulk forming agents	Benefibre® powder
	Metamucil® powder
Stool softeners	Lactulose®
	Polyethylene Glycol Products
Laxatives	Dulcolax®
	Senokot®

## Other approaches for managing the bowel may improve quality of life if symptoms continue to affect you:

- **Fleet® enemas:** inserted into the rectum to help empty the rectum.
- **Transanal irrigation:** introduces warm water into the bowel through a catheter, training by a health care professional recommended.
- **Surgical:** sacral nerve stimulation or colostomy.

## Diarrhea:

Diarrhea and incontinence may occur in MS and may be caused by:

- Medications
- Caffeine
- Alcohol
- Stress
- Lack of fibre in your diet
- Too much of certain foods. Some examples may include dairy, fatty or spicy foods, caffeine.
- Constipation can lead to leakage of loose or liquid stool around the area of constipated stool. This occurrence is referred to as “overflow” diarrhea or incontinence.

## Diarrhea management:

- Keep a diary of your bowel routine, stool frequency, and type.
- Review medications with your healthcare professional. Other medications prescribed for MS may also affect bowel symptoms.
- Minimize or avoid caffeine and alcohol (these stimulate your bowels).
- Establish regular bowel habits.
- Consider bulk forming agents (see medication chart on page 7).
- Refer to the fibre chart on [page 10](#) for recommendations.



## Incontinence management:

- Review your diet for possible triggers. Some examples may include dairy, fatty or spicy foods, caffeine.
- Remember that constipation may also be the cause of incontinence episodes.
- Pelvic floor exercises (see a physiotherapist with expertise).
- Help empty the rectum with digital stimulation.
- Help empty the rectum with suppositories: Dulcolax® suppositories or the Magic Bullet® may work faster than glycerin suppositories. Insert suppositories into rectum 15 to 30 minutes prior to emptying your bowels.
- Time your bowel routine before outings to avoid accidents.
- Anal plugs: An anal plug is inserted into the rectum to help control leakage of stool in between bowel movements. Use as advised by a health care professional.
- Medications (i.e., loperamide): may be taken prior to outings under the advice of a healthcare professional (rarely required once a bowel routine is established).

## Fibre Chart:

Recommended: 25 to 38 grams per day

Increase fibre intake slowly. Reading the Nutrition Facts table on food labels is an easy way to find foods that are sources of fibre.

Cooked vegetables	Serving Size	Total Fibre
Asparagus	½ cup (6 spears)	1.8 grams
Potato or sweet potato with skin	½ cup (1 medium)	3.3-4.3 grams
Brussel sprouts	½ cup	3.0 grams
Broccoli (fresh or frozen)	½ cup	2.0-2.3 grams
Carrots	½ cup	2.3 grams
Raw vegetables	Serving Size	Total Fibre
Green pepper	1 cup chopped	1.7 grams (approximate)
Celery	1 cup chopped	1.7 grams (approximate)
Carrots	1/2 cup	2.3 grams
Onions	½ cup chopped	1.7 grams (approximate)
Red cabbage (cooked)	1/2cup	2.1 grams
Fruits	Serving Size	Total Fibre
Red apple with skin	1 medium	3.5 grams
Mango with skin	½ small	1.7 grams
Blueberries	¾ cup	1.4 grams (approximate)
Pear with skin	1 medium	5.3 grams
Raspberries (fresh or frozen)	1 /2 cup	4.0-4.8 grams
Dried or cooked prunes	1/4 cup	3.6 grams

## Fibre Chart—Continued:

Recommended: 25 to 38 grams per day

Increase fibre intake slowly. Reading the Nutrition Facts table on food labels is an easy way to find foods that are sources of fibre.

Legumes (cooked)	Serving Size	Total Fibre
Black beans	3/4 cup	11.1-13.6 grams
Chick peas	3/4 cup	5.50 grams
Lentils	3/4 cup	6.2 grams
Dark red kidney beans	3/4 cup	8.6-9.9 grams
Pasta, rice, grains	Serving Size	Total Fibre
Whole wheat spaghetti	½ cup	2.4 grams
Wheat bran	½ cup	12.3 grams (approximate)
Brown or wild rice	½ cup	1.5-2.0 grams
White rice	½ cup	0.8 grams
Breads	Serving Size	Total Fibre
Pumpernickel	1 slice	2.2-2.3 grams
Rye	1 slice	1.8 grams (approximate)
Whole wheat	1 slice	2.2-2.3 grams
Cereals	Serving Size	Total Fibre
All Bran®	1/2 cup	11 grams
Cheerios®	1 cup	3 grams
Raisin Bran®	1 cup	7 grams

Resource: Dietitians of Canada, Practice-based Evidence in Nutrition (PEN), The Global Resource for Nutrition Practice, “Canadian Nutrient File 2015” <https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/nutrient-data/canadian-nutrient-file-2015-download-files.html>



**CS-PIER-0151**

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The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

**PIER—Patient Information and Education Resource**

**NOVEMBER 2024**