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Introduction

Multiple Sclerosis (MS) is a chronic neurological disorder affecting demyelination of the central nervous system (CNS). It is believed to arise from an autoimmune response. Prevalence is increasing worldwide as one of the most common neurological conditions. Around 130 every week are diagnosed with MS in the UK alone.

Severity of symptoms can vary for each individual with bladder dysfunction being one of them.

Symptoms experienced include:

- Urgency
- Frequency
- Incontinence
- Difficulty in voiding
- Recurrence in UTI

Patients are referred onto Urology or Continence Services for non-complex bladder support. Long waiting times as well as further HCP contact for patients can increase anxiety as well as have an impact of further demand on NHS services.

Finding a simple pathway solution to support non-complex bladder symptoms within an MS service was explored to reduce further burden to both patients and the NHS.

Aim

To demonstrate a MS nurse pathway for bladder management.

Method

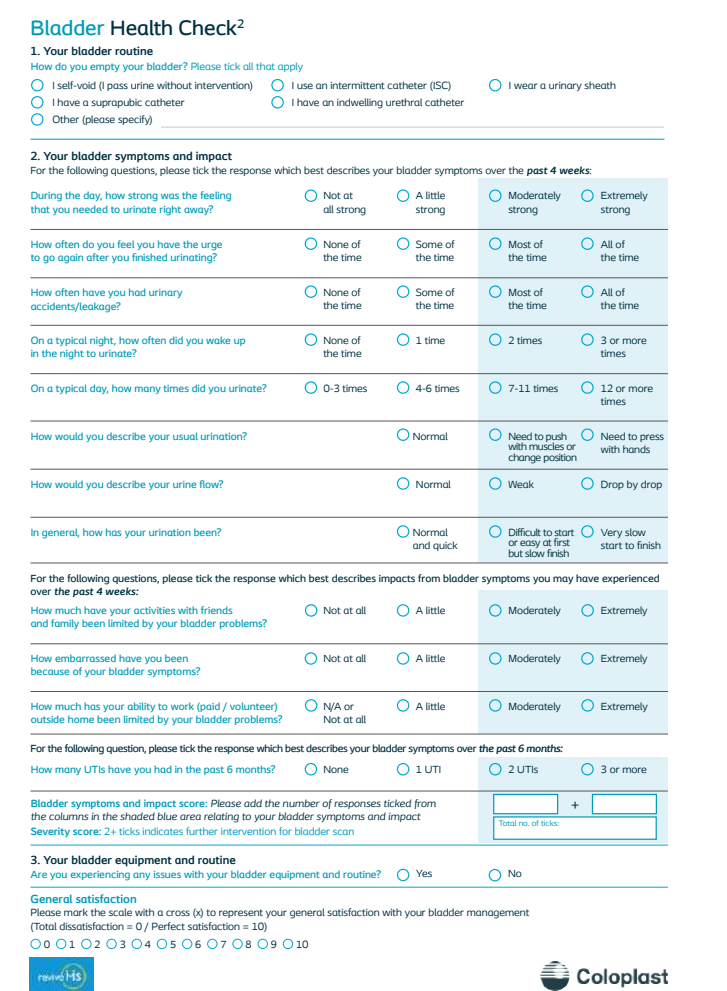


Mhairi Coutts, MS Specialist Nurse at NHS Ayrshire and Arran, along with Coloplast, devised an assessment questionnaire to aid in nurse discussion.

At six months follow-up, **83% of patients had an increase in satisfaction scoring.** This process was adapted at Revive MS support who are a third sector organisation supporting people living with MS living in Scotland.

What did we do:

- Worked with Ayrshire and Arran to continue support.
- Made questionnaire available online for all patients and HCPs.
- Developed a simple pathway based on MS UK Bladder consensus document.
- Provide/assist with bladder management within 4 – 6 weeks.



£6.8m UTI admission costs per year
£4,070 PwMS single admission cost (code N39)

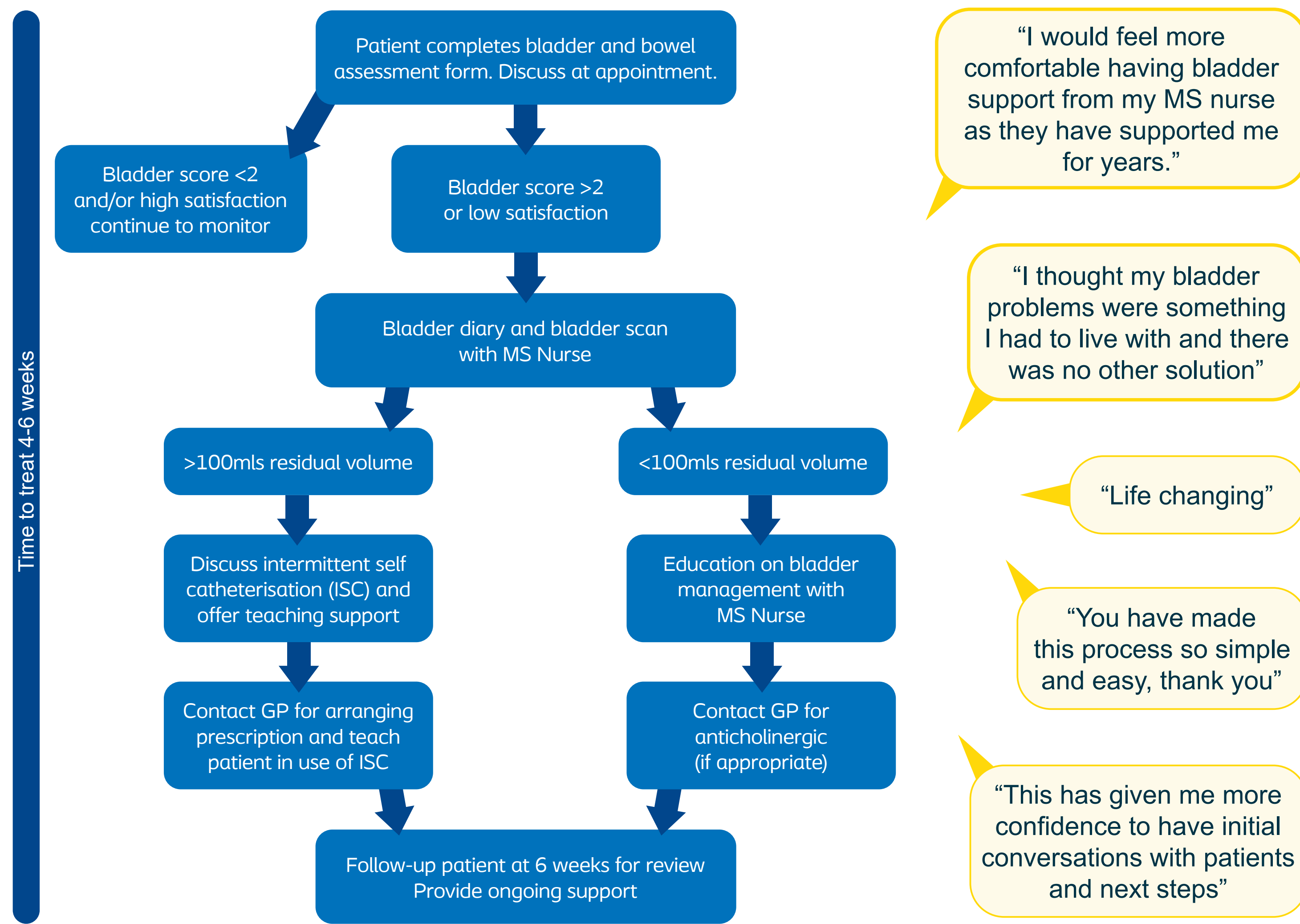
Bladder problems are **2nd most reported symptom** among PwMS, shown in a recent study

At least 75% of PwMS are affected by bladder issues

Impact to patient

- increased hospital admissions
- increase in MS symptoms
- increase rate of mortality

MS Nurse Pathway Process



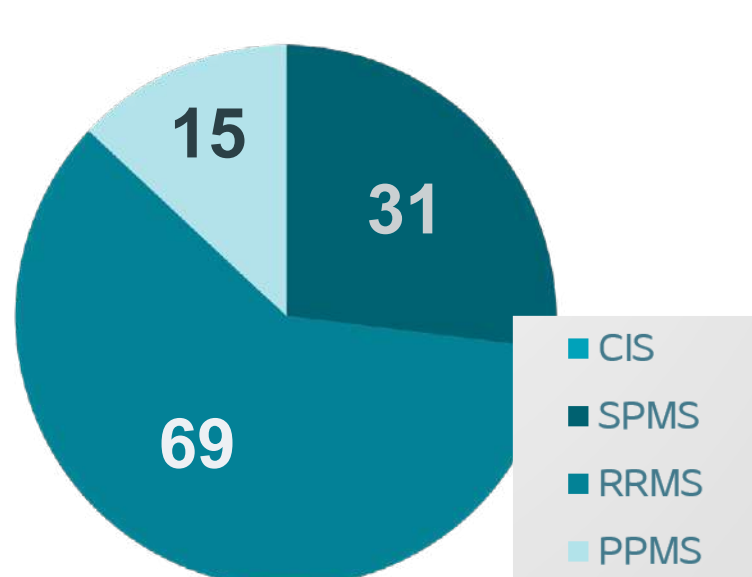
Nurse reflection

- Patients were being supported quickly and simply following the pathway
- Continence and Urology services could look at more specialised provision for MS patients as the basics of bladder management had already been provided
- Created more confidence in MS services
- Quicker process for patients support
- Urology service feedback was positive
- Felt confident to deliver as following credible guidelines (including from Neuro-Urologists)

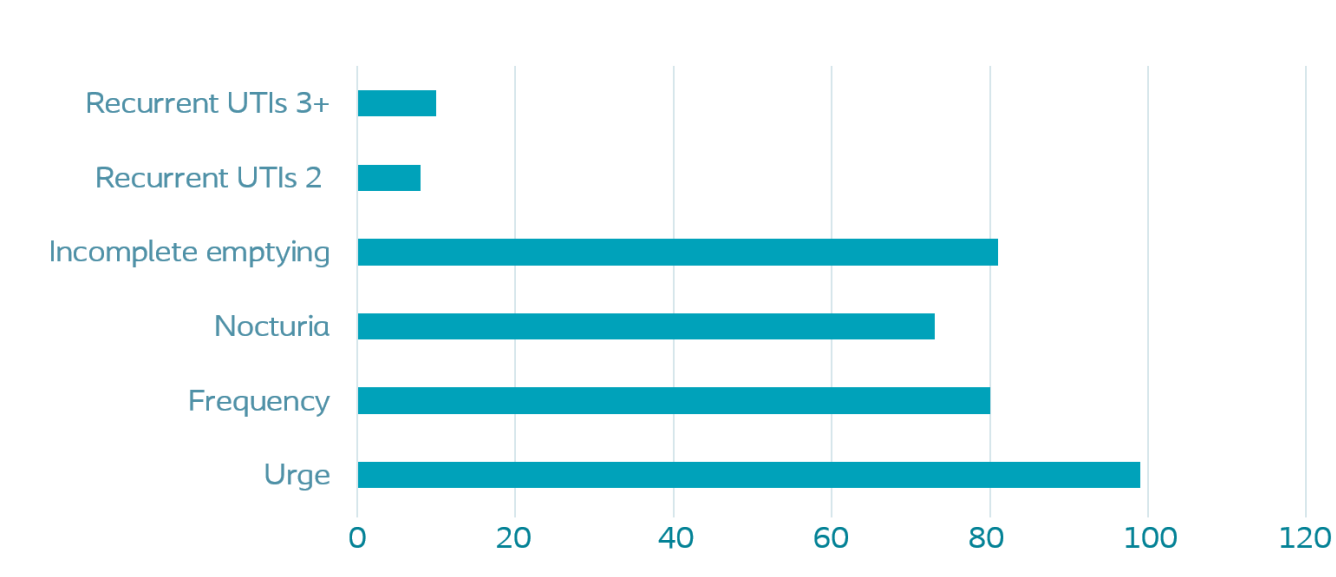
Results of pathway delivery

- 155 patients have filled in the Questionnaire
- 119 (77%) have had Bladder issues
 - Not all patients reported stage of progression
 - Patients can present with a mixture of bladder symptoms
- No residual: 34
- Under Continence/Urology: 1
- Booked for scan: 11
- Contact GP medication: 15
- Taught ISC: 26
- Monitoring ISC: 6
- Already using ISC: 2
- Declined scan: 7
- DNA: 4

Stages of Progression



Bladder symptoms



Reducing NHS Capacity

119 patients with bladder issues reviewed in clinic
3 touch points are offered to bladder & bowel (B&B) Patients
Initial appointment for MS (1hr) 15 minutes dedicated to B&B
30 minutes for a bladder scan
Follow up telephone consultation 15 minutes

Total hrs – 115.5* hrs

*Excludes those that declined a scan

If referred for ISC:

- 45 minutes for teaching ISC (26 ISC x 45 = 19.5 hrs)
- Follow up from company telehealth assistants

Case study

- 34-year-old male, Relapsing / Remitting MS
- Works full time, cares for father who has dementia
- Lives alone, previously enjoyed active social life with friends and football
- Bladder issues impacting QOL and off sick from work from many months
- Social life non-existent, avoiding interaction with others
- Pain & discomfort with difficulty voiding urine
- Recurrent UTI with hospital admission, referred back to Urology where he was previously advised he had bladder retention
- ISC was discussed and declined at the time
- Waiting time for current service was up to 18 months
- Reached out for support and pathway was followed at Revive with support from Coloplast Nurse
- Bladder score – 6 with low satisfaction
- ISC was commenced within 2 weeks of initial referral and assessment
- Follow up satisfaction score high
- Now back at work, out with friends and looking forward to going on holiday



Susan Daly is a senior nurse at Coloplast working in bowel and bladder services in Scotland. She has combined her specialist knowledge in MS supporting neurogenic bladder. She currently assists the RCN Bladder and Bowel forum and involved in steering groups to aid in service development for continence.



Scan QR for Susan's contact details

Special acknowledgement

Mhairi Coutts – MS Specialist Nurse, NHS Ayrshire & Arran
Phil Sully – Strategic Partnership Manager, Coloplast

References

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Julie Dock is an MS Specialist Nurse based in Revive MS Support in Glasgow. She has a specialism in bowel and bladder management as well as previous work as a Parkinson's nurse and within MS. She has experience of working with various services in NHS looking at pathway development, service planning and delivery, and currently part of bladder advisory boards.



Scan QR for Julie's contact details



Scan to access the Revive interactive Bowel and Bladder Health Check

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