



# **SCLERODERMA & THE BLADDER AND BOWEL**

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People with Scleroderma may experience difficulties with their bladder or bowel.



scleroderma **australia**

## Scleroderma and the bladder

People with Scleroderma may experience bladder issues because of their condition and/or medications or due to other common causes such as menopause or pelvic floor weakness after childbirth.

Common urinary symptoms that people with Scleroderma may experience include frequency, urgency and waking at night to pass urine more than 2 times per night (nocturia). These symptoms could indicate an overactive bladder or a urinary tract infection. Concentrated urine (due to not enough fluid in the diet) can also cause bladder irritation. Incontinence of urine is also common in Scleroderma. Sometimes this can be due to constipation causing extra pressure on the bladder. Better bladder control can be achieved by increasing muscle strength, particularly of the pelvic floor muscles. Continence physiotherapists can teach simple exercises to improve pelvic floor muscle strength.

To ensure you have adequate fluid intake, drinking 6 glasses of fluid per day is advised unless your doctor has specifically directed otherwise. Water is the best source of fluid intake. Reduce intake of tea, coffee, chocolate drinks and carbonated drinks including caffeinated sports drinks.

If symptoms persist with controlling your bladder you should talk to your doctor to arrange the necessary investigations. Sometimes it can be as simple as a bladder infection that can be easily treated. However if the problem cannot be resolved and the incontinence continues, you may want to consider continence aids (such as pads)

to support your day to day activities. Continence aids are available through specialist suppliers and some supermarkets and pharmacies. Financial subsidies may be available to help offset the costs associated with continence aids.

## **Scleroderma and the bowel**

People with Scleroderma often develop abnormalities at any level of the digestive and gastrointestinal tract, including the mouth, oesophagus, stomach, small bowel, large bowel, rectum and anus. However, not everyone with Scleroderma will experience all these problems.

Difficulty opening the mouth fully and starting the process of swallowing can make it difficult to eat. Heartburn due to gastro-oesophageal reflux is common and slow movement of the bowel can lead to constipation and difficult evacuation of faeces (emptying the bowel). Diarrhea, faecal urgency and faecal incontinence may also occur.

**Constipation** Constipation or difficult evacuation may be caused by weak or scarred muscles in the large bowel, which results in less efficient movement of faecal matter through the bowel. Special X rays and colonoscopy may be ordered to exclude other causes. There may be rectal and anal involvement. Some patients may develop a rectal prolapse where the lining of the bowel extrudes through the anus. This can be treated surgically. Procedures to treat faecal incontinence may occur at the same time. An appropriate exercise routine can help to improve muscle strength and keep bowel movements regular.

**Faecal Incontinence** This can be due to impaired sensation related to abnormal skin around the anus and weak muscles in the anal sphincter which usually controls passage of faeces and gas. Sometimes it occurs in association with constipation which can lead to leakage of mucus and loose faeces around the harder faeces lodged in the rectum. Ensuring the bowel is kept empty by treating constipation is very important for controlling this problem.

Faecal incontinence may also be due to a condition called small intestinal bowel overgrowth. This results from damage to muscles in the small bowel which becomes less effective in pushing food through. The slow movement causes an overgrowth of bacteria leading to abdominal bloating and pain, diarrhoea, and malabsorption of nutrients with weight loss. Antibiotics may need to be prescribed as well as alternative options such as probiotics and dietary changes.

## Seeking help

Many people feel embarrassed or ashamed about controlling bladder or bowel. They also don't realise that it may be linked to Scleroderma.

Despite the best efforts in self-care, urinary or faecal incontinence or constipation may occur in some people with Scleroderma. It is important to discuss with your doctor any bowel or bladder symptoms to ensure the right treatment can be provided.

**Remember, it is not your fault, you do not need to be ashamed, and you are not alone. Help is available.**

## Who can you speak to?

There is a range of health professionals who can help people with Scleroderma and bladder or bowel symptoms. These include continence nurse advisors, continence physiotherapists, a Scleroderma nurse or your doctor. Health professionals may discuss a range of treatment and management options with you. This may include changing your diet to include more fibre, drinking at least 6 glasses of fluid a day (preferably water), exercising as appropriate or using laxatives for constipation. They may also recommend continence aids such as pads, pullups, liners and charcoal lined pads (which reduce the smell associated with faecal incontinence).

## Support services for people with incontinence

There is a range of services available to support people with incontinence.

**Financial subsidies** which help offset the costs associated with continence aids. To find out if you are eligible for a Federal or State scheme contact the National Continence Helpline.

**Continence Aids Payment Scheme (CAPS)**, is an Australian Government program. It provides a payment to eligible people, to help with some of the costs of buying continence products.

**National Disability Insurance Scheme (NDIS)** provides individualised support for people with a permanent and significant disability. NDIS participants who have incontinence due to their disability can receive the support they need through their NDIS plan.

## **National Continence Helpline 1800 330 066**

A free service staffed by a team of continence nurse advisors who provide free resources, details of continence services and advice about subsidy schemes.

## **National public toilet map**

**[www.toiletmap.gov.au](http://www.toiletmap.gov.au)**—a list of all public toilets across Australia. Ideal for people with bladder or bowel control problems who are planning an outing or a trip as you can map the toilets along a specific route.



Continence  
Foundation  
of Australia

**[www.continence.org.au](http://www.continence.org.au)**

**1800 330 066**

**Scleroderma Australia Inc.** PO Box 57, Melton VIC 3337  
02 9990 5159 | [hello@sclerodermaaustralia.com.au](mailto:hello@sclerodermaaustralia.com.au)

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