BLADDER MANAGEMENT AFTER A SPINAL CORD INJURY

Know your bladder type: is it SPASTIC or FLACCID?

SPASTIC BLADDER
Upper Motor Neuron Injury
- Injuries above T12
- Voiding reflex is intact between bladder and spinal cord
- Increased bladder muscle and sphincter tone
- Messages are blocked to the brain resulting in frequent involuntary bladder emptying
- Sphincter muscle may not open when bladder squeezes to empty
- May have incomplete bladder emptying

FLACCID BLADDER
Lower Motor Neuron Injury
- Injuries below T12
- Voiding reflex is not intact between the bladder and spinal cord
- Decreased/loss of bladder muscle and sphincter tone
- Bladder will continue to fill (may leak urine when it gets too full)
- Unable to empty bladder voluntarily

ANATOMY
- Kidneys: Filter waste and make urine
- Ureters: Connect kidneys to the bladder
- Bladder: Stores urine
- Sphincters: Narrow, circular muscles surrounding the urethra
- Urethra: Passage for urine to leave the body

FLUID INTAKE GUIDELINES
- DRINK, DRINK, DRINK!
  HEALTHY FLUIDS
- WATER
  - Limit caffeine and alcohol
  - Intermittent catheterization
    » drink 2L throughout the day
  - Indwelling catheter
    » drink 3L throughout the day

AUTONOMIC DYSREFLEXIA (AD)
- May develop in injuries at T6 and above
- MEDICAL EMERGENCY - Sudden rise in blood pressure in response to a problem below the level of injury i.e. full bladder
- What to do:
  » Raise head of bed or sit upright
  » Look for and remove cause
  » Monitor blood pressure
  » Loosen tight clothing
  » Seek medical help if unable to find the cause
  » Carry an AD wallet card
  » Educate family, friends and care givers

TIPS
- Keep your skin dry
- Empty your leg bag when it’s 3/4 full
- Keep your bladder volume less than 500 mL
- Follow-up with your urologist yearly
- Limit your use of antibiotics
- Ensure all urine cultures are taken directly from the bladder
- Know your supply resources
- Talk to your peers
- Learn to problem solve!

BLADDER EMPTYING METHODS
- Intermittent Catheterization
  » Catheter inserted into the bladder every 4-6 hours

- Indwelling Catheter
  » Stays in place with an inflated balloon
  » Continuous drainage into a collection device

- External Condom Catheter
  » Worn over the penis
  » Attached to a collection bag

AVOIDING INFECTIONS
- Maintain adequate fluid intake
- Empty your bladder regularly
- Learn correct catheter technique
- Possible signs and symptoms:
  » Fever, chills, fatigue
  » Sediment or mucus
  » Cloudy urine
  » Strong smelling urine
  » Bloody urine
  » Increased spasms
  » Leaking of urine

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