



Continence Management

Managing your bladder

How does the bladder normally work?

The bladder acts as a reservoir. The bladder's task is to store the urine and expel it at a socially acceptable time. To assist with this task, a muscle at the bladder outlet (the sphincter) normally keeps the opening closed.

Usually when your bladder is full a message is sent to the brain via the spinal cord. The brain sends a message back down the spinal cord and (if convenient) the bladder will contract, the bladder neck and sphincter relax and the bladder will empty.

How does SCI affect the bladder?

In nearly all cases of SCI there will be some impact on your bladder function:

- The messages that travel up and down the spinal cord to and from the bladder and the brain will be interrupted, so you will most likely lose the ability to sense your bladder needs emptying and be able to hold on until it is convenient.
- You may also be unable to empty your bladder, which may lead to over-distension or urinary reflux leading to infection and/or kidney stones. This residual urine can also cause backpressure on the kidneys.

So, a new way must be found to empty the bladder safely and effectively.

What are the main types of bladder management?

The method of bladder management that you choose is very individual and depends on factors such as your hand function (whether you can hold a catheter), level of injury (whether you can transfer onto a toilet), your bladder type, your age, personal preference and lifestyle. Main types include:

1. Indwelling catheter
2. Suprapubic catheter
3. Intermittent clean self-catheterisation
4. Tapping and expressing. (This practice is no longer commonly prescribed for newly injured patients).

How can I keep my urinary system healthy?

The purpose of all bladder management is to keep the urinary system healthy and protect the kidneys from damage. You can do this by:

- Emptying the bladder regularly and making sure that there is as little urine as possible left in the bladder; will help to prevent urinary tract infections
- Maintaining good personal hygiene and skin care, and washing your hands before and after your bladder care to prevent the spread of germs
- Checking your urine regularly for signs of infection
- Taking your bladder medication as prescribed by your doctor (see 'Medications' Fact Sheet).

TIP: Drink plenty of fluids, predominantly water



What are the signs and symptoms of a urinary tract infection (UTI)?

- Fever
- Feeling unwell
- Sweating
- Shivering
- Increased spasms
- Increased neuropathic pain
- Pain or discomfort when passing urine
- Leaking of urine in between intermittent catheterisations
- Offensive smelling urine
- Urine may be cloudy, containing blood or debris.

What do I do if I think I have a urinary tract infection?

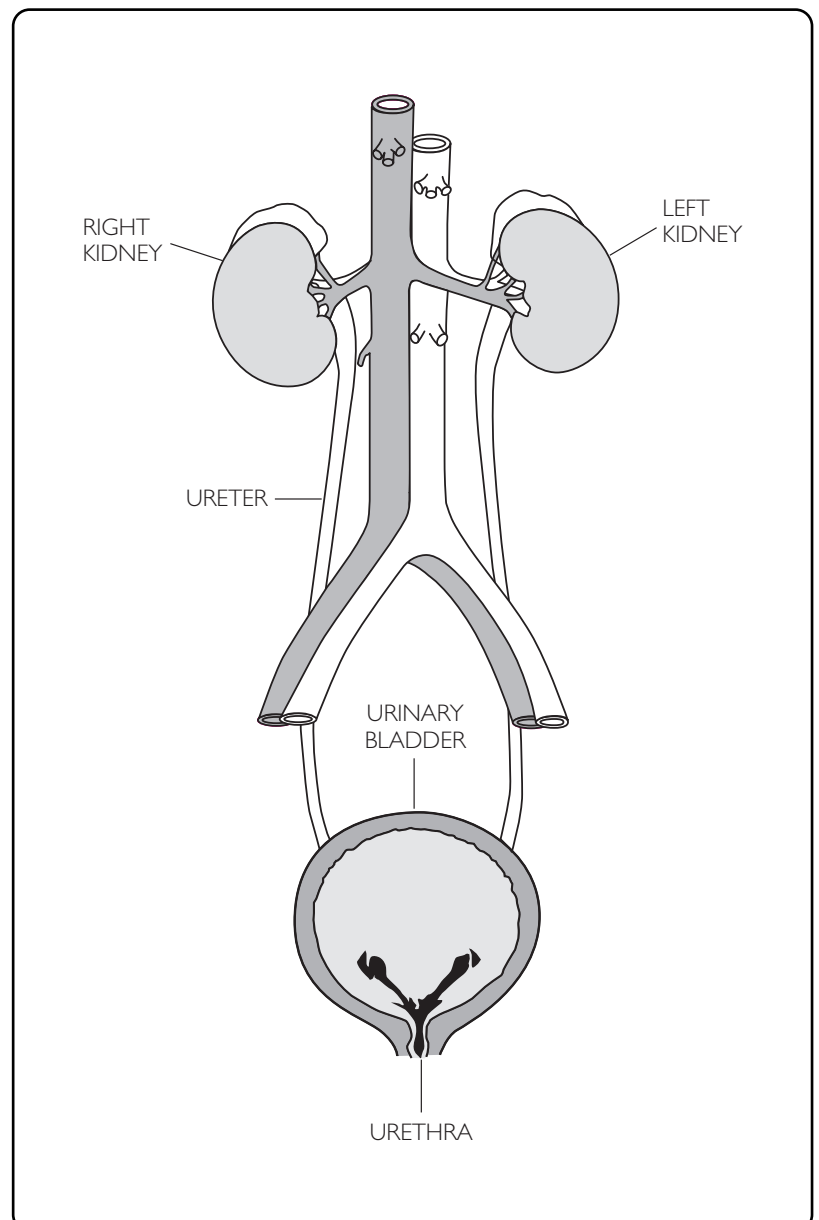
- Drink plenty of clear fluids (like water) – up to 3 litres a day or your maximum allowable fluid intake. Remembering that with increased

intake of fluids you may need to increase catheter frequency

- Empty your drainage bag, or perform your self-catheters more frequently. Catheters are designed as single-use items unless approved for single patient re-use
- Take a sample of urine to your local doctor
- Be aware that you may be more susceptible to pressure areas when sick – check your skin more regularly.

The most common bladder investigation is a Micro-urine or MSU, which tests urine for infection.

If you have symptoms which may indicate UTI see your doctor for urine sample.



Managing your bowel

How does the bowel normally work?

- The food that you eat passes from your mouth to your stomach via the oesophagus
- In the stomach, the food is mixed and broken down into fluid that can be absorbed by your body
- This fluid leaves the stomach and passes through the small and large intestines. As it passes through, nutrients and water are absorbed, so that by the time it reaches your rectum (the last part of your large intestine or colon) it is quite solid
- This solid matter (also called faeces or stool) is then expelled through your anus

Usually when your rectum is full a message is sent to the brain via the spinal cord. The brain sends a message back, and (if convenient),

your abdominal and pelvic muscles contract and your anal canal and sphincter relax allowing the stool to be evacuated.

How does a spinal cord injury affect the bowel?

In nearly all cases of spinal cord injury there will be some impact on your bowel function:

- The messages that travel up and down the spinal cord to and from the rectum and brain are interrupted
- You may be unable to tell when you need to open your bowels, hold on or strain to expel the faeces

So, your bowel must be trained to empty according to a set program.

What are the main factors in bowel management?

Bowel training and management revolves around:

1. Diet

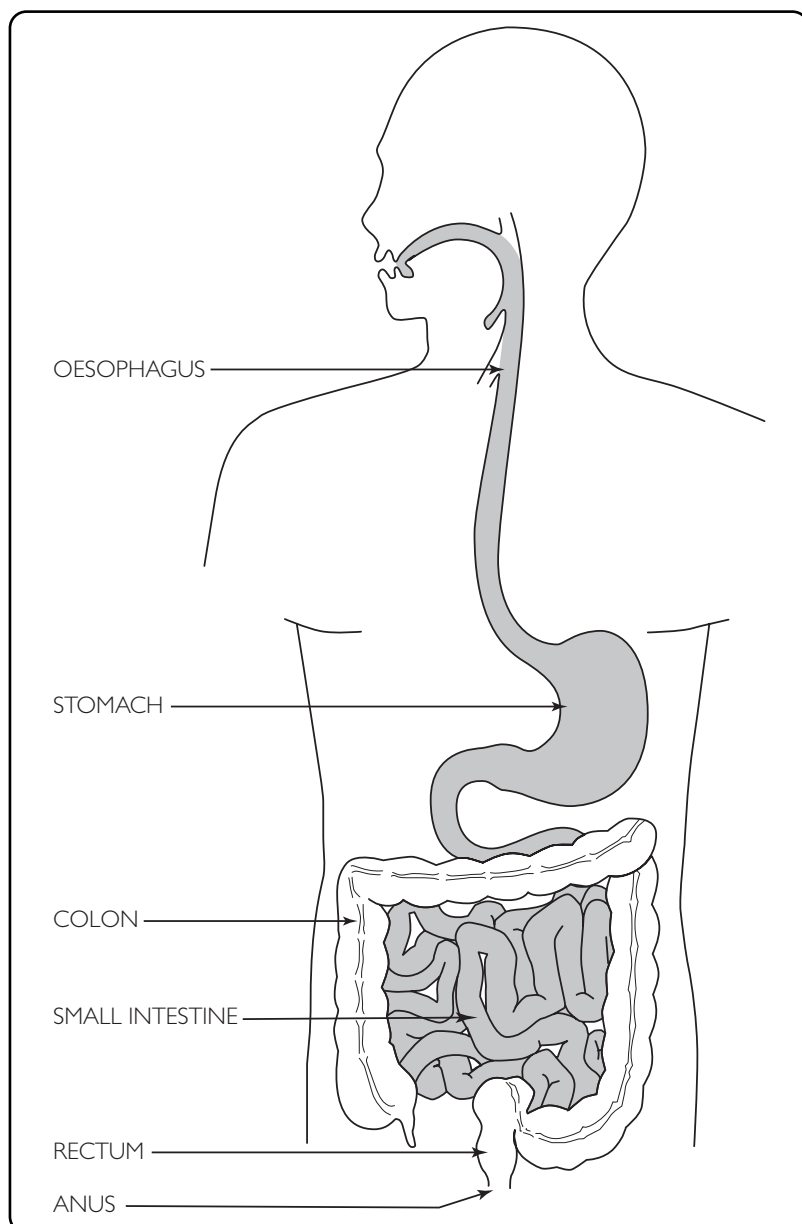
- Well balanced, high fibre diet
- Plenty of fluids
- See the 'Healthy Eating' fact sheet

2. Medications

- Oral medications, also called aperients to stimulate the colon, soften and increase the bulk of the stool to make it easier to pass
- Rectal medications, also called suppositories and enemas, can stimulate the colon and lubricate the stool to make it easier to pass.
- See the 'Medications' fact sheet for more information on bowel medications.

3. Time and routine

- Having your bowel therapy at the same time each day will help to regulate your emptying and reduce the likelihood of accidents
- If you change your routine it may take several weeks for your bowel to adjust. You may have bowel accidents during this time. It is important to be patient when having your bowel management reviewed and try to manage symptoms rather than reverting to old practices.





Tips for effective bowel evacuation:

- A snack or hot drink 15-30 minutes before bowel care will help to stimulate your bowel to move and empty your rectum (this works best using a morning routine)
- Sitting up over the toilet or commode to have bowel care attended will utilise gravity to assist with emptying
- Abdominal massaging and some deep breathing may increase the movement of the intestine
- Exercise can also help to stimulate your bowel to move
- If using an enema or suppository it is advisable to perform digital stimulation (a well-lubricated, gloved finger inserted into your rectum to the second joint) of the anal sphincter for no more than 20 seconds to a minute, prior to the insertion of the enema or suppository to aid in its effectiveness. This procedure is advised pre enema or suppository insertion to aid the effectiveness of the product.

Help is available for problems with:

- Diarrhoea
- Constipation
- Rectal bleeding
- Autonomic dysreflexia
- Prolonged evacuation time.



Further information

- Contact ParaQuad NSW
Freecall: **1800 424 096** (*outside metropolitan Sydney*)
Clinical Services Intake/Information Officer: **02 8741 5674**
- National Continence Helpline **1800 33 00 66**
- A member of the Spinal Outreach Service (SOS). **02 9334 0400**
- Contact your local doctor
- Contact you Community Nurse
- Contact your local specialist
- Contact a dietician
(See 'Equipment' Fact Sheet for assistance with Continence Information and Equipment)
- See also "**Rural Spinal Cord Injury Fact Sheets**" available on **www.paraquad.org.au**