

LOWER URINARY TRACT MANAGEMENT PROTOCOL OF PATIENTS WITH SPINAL CORD INJURY. THE CONTRIBUTION OF THE NURSING STAFF

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Background and Aims

Purpose: To demonstrate the contribution of rehabilitation nurses to the management of lower urinary tract dysfunction (LUTD) of spinal cord injury (SCI) patients

Methods

A micturition dysfunction protocol was implemented to our SCI patients with neurogenic bladder dysfunction that were admitted to our rehabilitation clinic, in order to prevent complications, to reassure a without residual volume or incontinence bladder emptying, with low bladder detrusor pressure. We analyzed the bladder-sphincter mechanism of the LUT. The study includes patients with cervical, thoracic and lumbar spinal cord injury as well as patients with cauda equina syndrome. All patients during admission to the rehabilitation clinic had indwelling catheter. To all patients with suprasacral lesion anticholinergic drug was administered to prevent risk of detrusor hyperactivity. The patients were assessed by medical rehabilitation specialist team, urinary tract ultrasound and urine analysis and urine culture were performed. To all male patients with suprasacral lesion an α -blocker was added to their medication before removing the indwelling catheter

Results

Patients with incomplete SCI were set under a protocol of intermittent catheterization in order to supervise their neurogenic bladder and alter the prescribed medication according to their needs. Patients with complete suprasacral SCI were treated with antimuscarinic drugs and were educated in intermittent catheterization technique so as to assure a regular bladder voiding under low intradetrusor pressure. Patients with sacral spine lesions present significant difficulty in the management of their neurogenic bladder.

Conclusion

The training of the rehabilitation clinics nursing staff and their involvement in the management of SCI patients neurogenic bladder is crucial to the success of the process, the lower urinary tract safety, a successful rehabilitation program and the social integration of the patient

Keywords: LOWER URINARY, SPINAL CORD INJURY