

Bladder, Bowel & Sexual Challenges in Rare Neuroimmune Disorders

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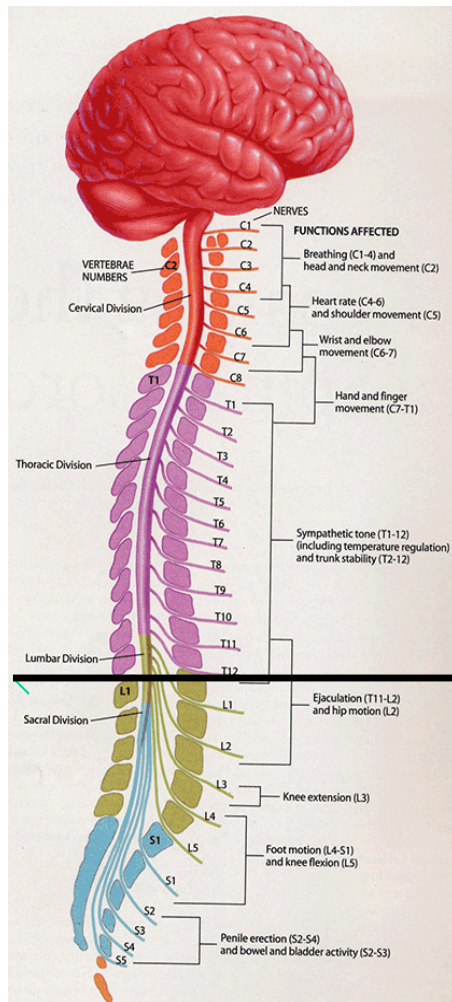


Bowel and Bladder Function

- Functions
 - Store waste
 - Release waste at the appropriate times
- Each system has
 - Muscular storage area
 - Outlet valve or sphincter
- Control
 - Voluntary
 - Involuntary



Neurogenic Bowel and Bladder



Upper
Motor
Neuron

Spastic

Lower
Motor
Neuron

Flaccid

Upper motor neuron
injury

- T12 and above
- Spastic sphincter

Lower motor neuron injury

- L1 and below
- Flaccid sphincters

Acute flaccid myelitis

Lower motor neuron at
any level of injury

Neurogenic Bowel and Bladder

Upper motor neuron injury T12 and above

- Spastic Bladder
 - Bladder is spastic and irritable
 - Urinary sphincter is tight and does not relax voluntarily
 - Difficulty storing and releasing urine
- Spastic Bowel
 - Decreased GI motility
 - Rectum holds stool
 - Anal sphincter tight and does not relax voluntarily
 - Difficulty releasing stool

Lower motor neuron injury T12 and below

- Flaccid Bladder
 - Bladder will not contract when it becomes full
 - Urinary sphincter is loose and fails to contract
 - Difficulty storing urine
- Flaccid Bowel
 - Rectum holds stool
 - Anal sphincter fails to contract
 - Difficulty storing stool

Which Type do I Have?

Bladder

- Urology evaluation
 - Urodynamic or Cystometric studies.
 - VCUG – voiding cystourethrogram
 - Renal Ultrasound

Without Formal Evaluation

Level of lesion

Lower extremity muscle tone

Bowel

- Rectal exam
 - Sensation
 - Voluntary contraction
 - Other GI exams are usually not necessary
 - X-ray of abdomen

Bowel and Bladder Management



- Healthy Habits
 - Healthy diet
 - Drink, Drink, Drink spread fluids out over the day
 - Fiber – help with stool constituency
 - Activity
 - Good hygiene
 - Do it yourself
 - Assistive devices
 - Positioning equipment
 - Direct own care
 - Establish a good routine

Bowel and Bladder Management

- Goals
 - Prevent incontinence and accidents
 - Empty bowel and bladder at predictable times
 - Maintain health and prevent complications
 - Impaction
 - Constipation
 - Diarrhea
 - Thick inelastic bladder
 - Frequent urinary tract infections
 - Kidney damage



Significance

Incontinence or Loss of Continence

Can Affect

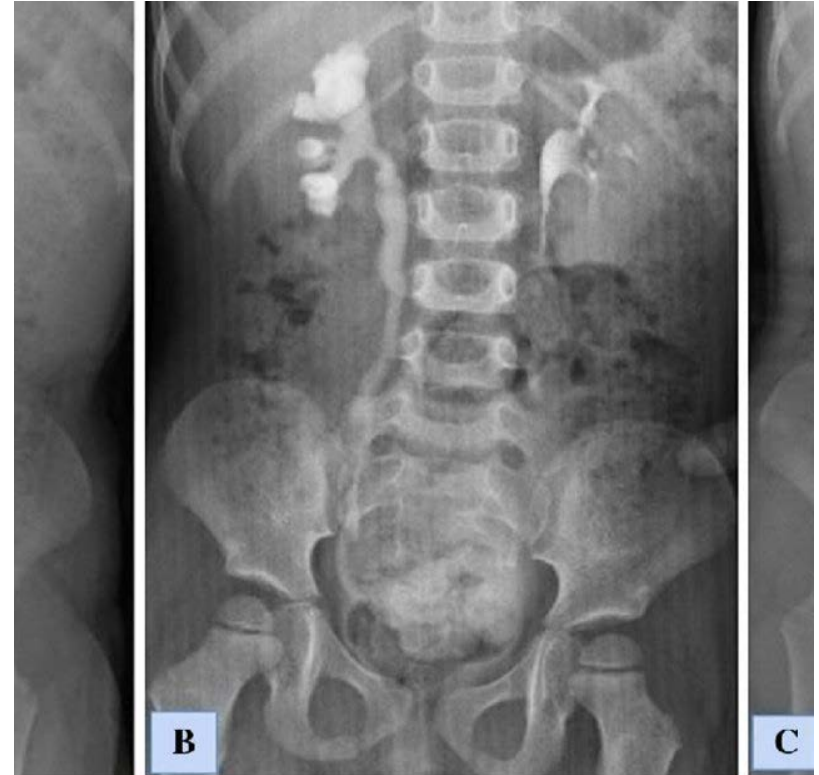
- Maintenance of healthy self-image and self- esteem
- Parent-child relationships
- Intimate partner relationships
 - sexual activity
- Peer interactions and social participation
 - Anxiety around fear of accidents

May be a barrier to education or employment

Reported equally stressful or more stressful than impaired motoric function

Bladder Management

- Prevent urinary tract infection
- Maintain bladder capacity
- Protect your kidneys
- Prevent kidney or bladder stones



Establishing a Bladder Program

Programs can range from

- Frequent and/or urgent voluntary urination
- Medications to manage bladder spasticity
- Timed voids
- Predictable voids with intermittent catheterization
 - May be required to protect kidneys
 - May be used to achieve social continence
- Surgical procedures to facilitate urination



Bladder Management

Spastic

- Frequent and urgent urination
 - Medications to relax the bladder
 - Oxybutynin (most common)
 - Intermittent Catheterization
 - Every 4 hours (5x/day)

Flaccid

- Leaking of urine
 - Medications not effective
 - Timed voids, double voids
 - Intermittent catheterization
 - Every 3-4 hours
 - Prior to doing activities that cause Valsalva

Bladder Management



- Other Options
 - Men - Condom catheter
 - overflow
 - Indwelling Foley catheter
 - Not recommended
 - Suprapubic tube
 - Reversible minor surgery
 - Increased UTI and bladder cancer
 - Catheterizable stoma placed in belly button
 - Permanent, more major surgery
 - less UTI and less bladder cancer
 - Injectable periurethral bulking agents
 - Bladder neck reconstruction
 - Botox

Bowel Management

- Prevent constipation
 - Hemorrhoids
 - Anal Fissure
 - Impaction
 - Rectal prolapse
- Prevent UTI's
- Prevent bladder incontinence



Preventing Constipation

- Frequency
 - Decreased GI motility is common
 - The longer stool stays in GI tract the harder it becomes
 - Promote regular bowel movements
 - Minimum three per week
- Consistency
 - Softness of a ripe banana
 - Soft enough to pass
 - Solid enough to hold in the rectum



Bowel Management

- Manage stool consistency
 - Diet
 - Fiber (or supplement)
 - Fluid
 - Medications to soften stool
 - Docusate Sodium
 - PEG (lower doses)
- Promote GI motility
 - Senna
 - PEG (higher doses)



Bowel Routine



- Good routine
 - Use the gastrocolic reflex
 - Sit on toilet at a regular time
- Adaptive equipment
 - Positioning equipment
 - Assistive devices
- Feet on floor or step stool
- Potty dance
 - Valsalva

Bowel Management

Spastic

- Routine Bowel Program
 - Every 1-3 days
 - Soft formed stool
 - Trigger reflex evacuation
 - Digital stimulation
 - Suppository

Flaccid

- Routine Bowel Program
 - 1-2 x/day
 - Firm formed stool
 - Easy to remove but does not leak
 - Suppositories generally do not work
 - Manual disimpaction
 - 1-2 times per day
 - Prior to activities that cause valsalva

Bowel Management

Other Options



Trans Anal Irrigation system

Peristees

Navina

Cecostomy - reversible

ACE procedure - permanent

Allows you to do an enema
from above

Be cautious of above procedure
with spastic rectal sphincter

Be Prepared

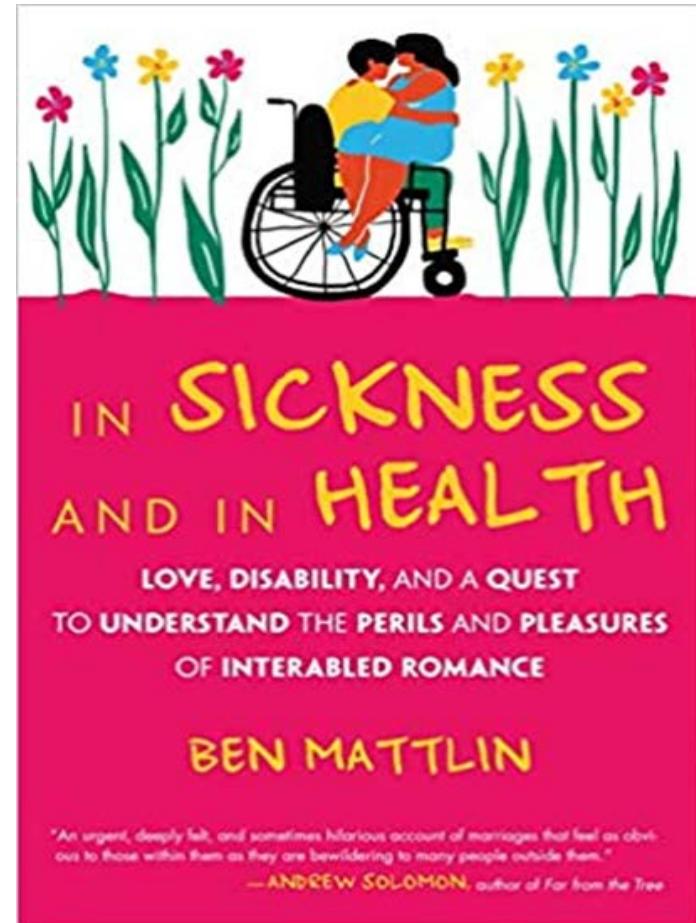
Accidents Happen

- Change of cloths
- Toilet paper
- Wet wipes and hand sanitizer
- Pads /Diapers/Briefs
- Plastic bags for soiled wipes and cloths

Intimacy and Sexual Function Primary Challenges

RND can cause

- Decreased sex drive
- Decreased genital sensation
- Diminished capacity for orgasm
- Men
 - Difficulty achieving or maintaining erection
 - Decreased ejaculation
 - Impaired sperm motility
 - fertility may be impaired
- Women
 - Decreased lubrication
 - Diminished clitoral engorgement
 - Fertility is maintained



Secondary Challenges

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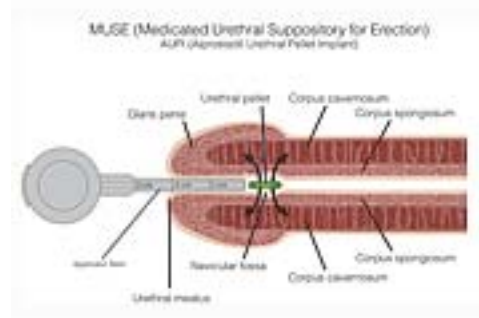


"All I'm saying is I'm not swimming all this way upstream for you to have a 'headache!'"

- Depression
- Fatigue
- Decreased self esteem
- Muscle spasms
- Loss of mobility
- Hypersensitivity or diminished sensitivity
- Bowel and bladder issues

Managing Challenges

- Phosphodiesterase inhibitors
 - Viagra, Cialis, Levitra
- Vacuum pump
- Vibrator
- Men only
 - Transurethral therapy: MUSE
 - Penile injection
 - Penile prosthesis



Enabling Romance



Redefine Sex

- Focus more on the experience and less on the results
- Other ways to experience pleasure and intimacy besides intercourse

Overcoming Challenges Enabling Romance

Know your needs

- Increase communication
- Explore your own body
- Share what you've learned
- Reset your relationship

Be bold in the bedroom

- Try new or different positions
- Use extra pillows if needed to support body parts
- Add lubricant
- Experiment with sex toys



Enabling Romance

Prepare

- May need to plan ahead
- May need to choose a time of day that is best
- Time your medications
- May need to manage bowel and bladder



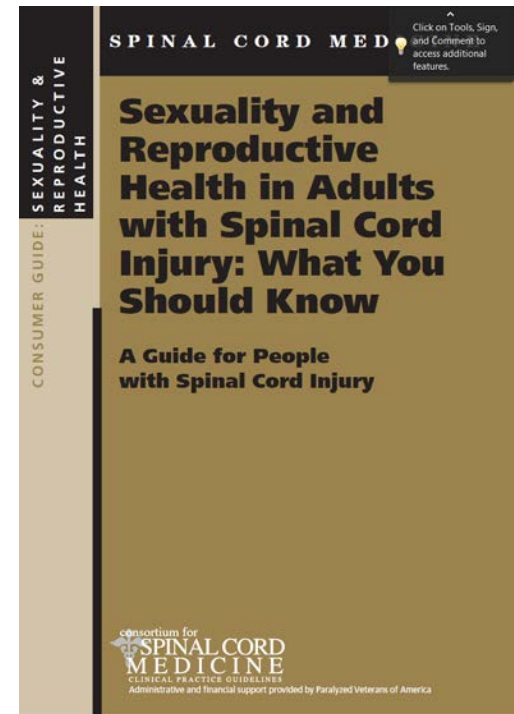
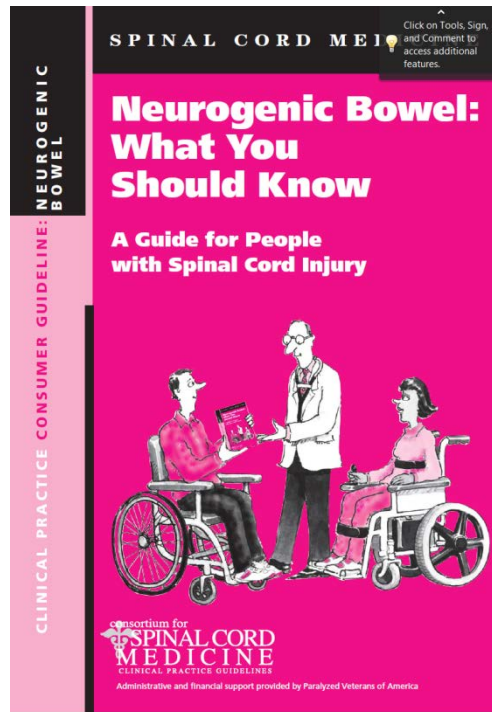
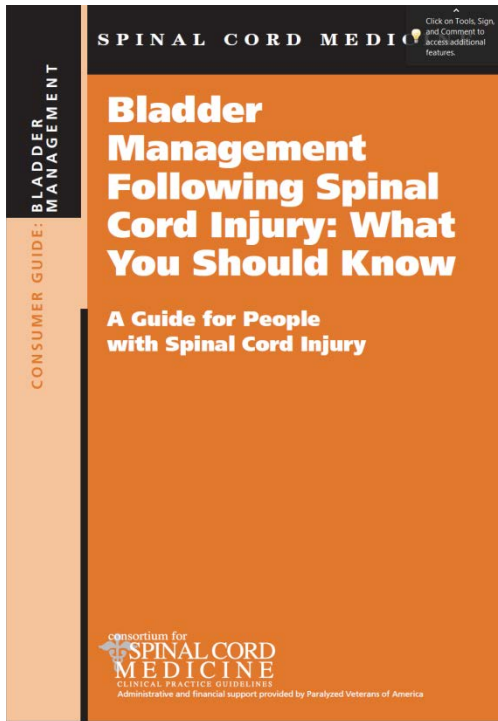
Resources

- *Enabling Romance: A Guide to Love, Sex, and Relationships for the Disabled.*
By Ken Kroll and Erica Levy Klein, 1992, No Limits Communications.
- *Disability and the Art of Kissing-Questions and Answers on the True Nature of Intimacy.* Gary Karp 2006
- *Yes, You Can! A Guide to Self-Care for Persons with Spinal Cord Injury;* 2009:
Paralyzed Veterans of America (PVA)

Resources

- <http://www.uab.edu/medicine/sci/uab-scims-information/secondary-conditions-of-sci-health-education-video-series>
- <http://www.facingdisability.com>
- www.scisexualhealth.com
- There are a number of discreet catalogue services that sell sexually oriented materials and promise anonymity to their customers. Some include:
 - Eve's Garden International, Ltd. 119 W. 57th Street, Suite 420, New York, N.Y. 10019-2383., Phone: 800-848-3837.
 - Good Vibrations, Inc. 938 Howard Street, San Francisco, CA 94103, Phone: 415-974-8990; Phone: 800-289-8423.

Resources



http://www.pva.org/site/PageServer?pagename=pubs_main

Everything You're Afraid to Ask

Allow Hope & The Power of Possibility to Prevail

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الأمل

HOPE

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ESPERANZA

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Symptom Management: Types of Pain and How to Treat Them