

focus
on

Serious Injury Care

Ideas, trends and solutions in serious injury care | October 2007 | www.bayshore.ca

Bladder and bowel management is a priority for people with spinal cord injury

Bladder and bowel health are things that most people take for granted. Most of us don't worry, for example, whether we'll be able to use a public restroom when we need to, or if drinking a cup of coffee or having a muscle spasm might cause an embarrassing accident. However, for the estimated 41,000 Canadians affected by spinal cord injury (SCI) and the 1,100 people who sustain new injuries each year, bladder and bowel management is a major concern.

The nerves near the bottom of the spine control the bowels and urinary system. When the spine is injured, the nerves don't send messages to the brain, and the person with SCI doesn't feel the urge to "go." (People with incomplete injuries may have some sensation.)

As a result, when the bladder is full, the person may experience incontinence. The bladder, which is made of muscle, may have spasms that cause it to empty (void) suddenly. Or, it may lose its ability to contract and retain urine. This can damage the bladder wall or cause urine to back up to the kidneys and cause an infection.

Autonomic dysreflexia is another health problem related to the urinary system. It affects people with SCI at the T6 level or higher. "Basically, the autonomic nervous

system, which controls blood pressure, reacts to a painful or irritating stimulus below the level of injury," says Lynn Keats, clinical nurse educator at Toronto Rehab's Lyndhurst Centre. She adds that most of the time, it's triggered by a full bladder. "You'll have a sudden increase in blood pressure, which can lead to serious problems if not treated."

Professionals help develop care plan

Health care professionals can help people with SCI develop a bladder care plan. This usually includes the use of catheters to drain the bladder. Many people use intermittent catheterization, meaning they empty the bladder several times a day. The tube is removed from the bladder each time. Another option is the Foley or suprapubic catheter, which is left in place to drain the bladder constantly. Men can also use a condom catheter, worn over the penis.

For some people, surgical options may be necessary to improve urine drainage or storage. "Some do bladder augmentation surgery, which allows somebody who has decreased hand function to do a catheterization through their belly



Milena Ivanisevic, a certified nurse incontinence advisor with Bayshore Home Health.

button," says Keats. Young females with quadriplegia whose independence may have been limited by the need to use a catheter have especially benefited from this procedure.

Urinary retention is a serious problem that often requires medical intervention. "There is a huge risk of potential complications – UTI and kidney damage – as a result of urinary retention," says Milena Ivanisevic, director of clinical management for Bayshore Home Health's Hamilton, Ont., branch and one of the company's certified nurse incontinence advisors. To help assess urinary retention, she uses a portable bladder scanner, a non-invasive tool that provides a reading of how much urine is in the bladder. Combined with dipsticks to check for infection, it helps her decide on a course of



action. “Right from the client’s home, I can call a physician and order tests, or get the client on antibiotics.”

Urinary tract infections (UTI) are an ongoing concern – they are the most common secondary medical complication that affects people with SCI. Health care professionals teach patients about the signs and symptoms of infection (for example, fever, chills, nausea) and guidelines to minimize risk, such as washing hands before handling catheters, emptying the bladder completely to remove bacteria, cleansing the genital area regularly and having annual check-ups to ensure the kidneys are healthy.

Clients and caregivers also need to be watchful of skin integrity, which can be damaged by moisture. “If a client is leaking urine between catheterizations, the urine will sit on the skin, and before you know it, there may be red, open areas,” says Ivanisevic. “You have to get appropriate incontinence products that will absorb urine and keep it from the skin.”

People with SCI must be careful to drink enough fluids. “A lot of people believe, ‘If I don’t drink, I’m not going to void,’ which is not true,” says Ivanisevic. “When fluid intake is not sufficient, the urine being produced is going to sit in the bladder, and the longer it sits there, the higher the chance of infection. With repeat infections, patients could become resistant to antibiotics and it could become a chronic condition.”

After sustaining an SCI, people also learn bowel management. “The routine is usually established in the hospital,” says Brenda Hunter, Bayshore’s serious injury clinical consultant. Patients are encouraged to eat a well-balanced diet with high-fibre foods, drink plenty of fluids and exercise regularly. They also

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Bayshore Home Health – a leader in serious injury home care

Bayshore Home Health is a Canadian-owned company and has been a trusted provider of home and community care services since 1966. It operates more than 35 home care offices and 20 community clinics nationally, and works with many organizations that deliver specialized home care services to clients with serious injuries, including workers compensation boards, auto insurers, rehabilitation service providers and government care agencies. To learn more about any of the services listed below, please call 1-866-265-1920.

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learn to watch for changes in bowel habits. For some people, a colostomy may be appropriate.

“The goal is to produce bowel movements at regular, predictable times, and reduce complications,” says Hunter. “Our focus is to educate Bayshore’s caregivers so they can teach our clients and their family members to be knowledgeable about bladder and bowel care in their homes.”

Common bowel problems include constipation, diarrhea, unexpected movements, hemorrhoids, impaction and excess gas. If a problem can’t be resolved with a client at the local level, a branch’s clinical manager can call on Bayshore’s Clinical Quality Response Team at its National Service Centre, and access the expertise of certified specialists in bladder and bowel care.

Patient education has changed significantly

Knowledge in the areas of bladder and bowel management has grown in recent years. For example, health care providers have learned more about dysreflexia and when it can occur. “How we educate patients has really changed, plus with the Internet, people are a lot more knowledgeable,” says Keats. At Lyndhurst, she adds, patients have check-ups at the urology clinic, which wasn’t done 10 to 20 years ago.

Bayshore is working to enhance bladder

and bowel care for its clients through its national serious injury program. It has partnered with the Canadian Spinal Research Organization (CSRO) and uses the organization’s spinal cord injury resource manual – which contains information on bladder care and bowel management – as a teaching tool for its caregivers and clients.

“My role is to develop clinical programs and resources for our clinical managers, so that Bayshore’s branches can be trained specifically on caring for SCI patients. Bladder and bowel care is a key component of this care,” says Hunter.

The added training will help home health care staff support patients after they leave the hospital. “Sometimes, patients are overwhelmed. They’re given a lot of information,” says Keats. “Although we try to reinforce these principles of knowing yourself, making sure you’re drinking fluids, practicing proper technique and having yearly check-ups, it helps to follow up in the community, so people don’t start trying to cut corners because they’re busy. Reinforcing how important this is can be really beneficial.”

While home health care staff are there to help, clients are encouraged to do as much on their own as possible. “We assist clients in becoming independent if they’re capable,” says Hunter. “We step in and help wherever they need it. The message is that good control of your bladder and bowels following a spinal cord injury is possible with a planned and well-thought-out management program.”