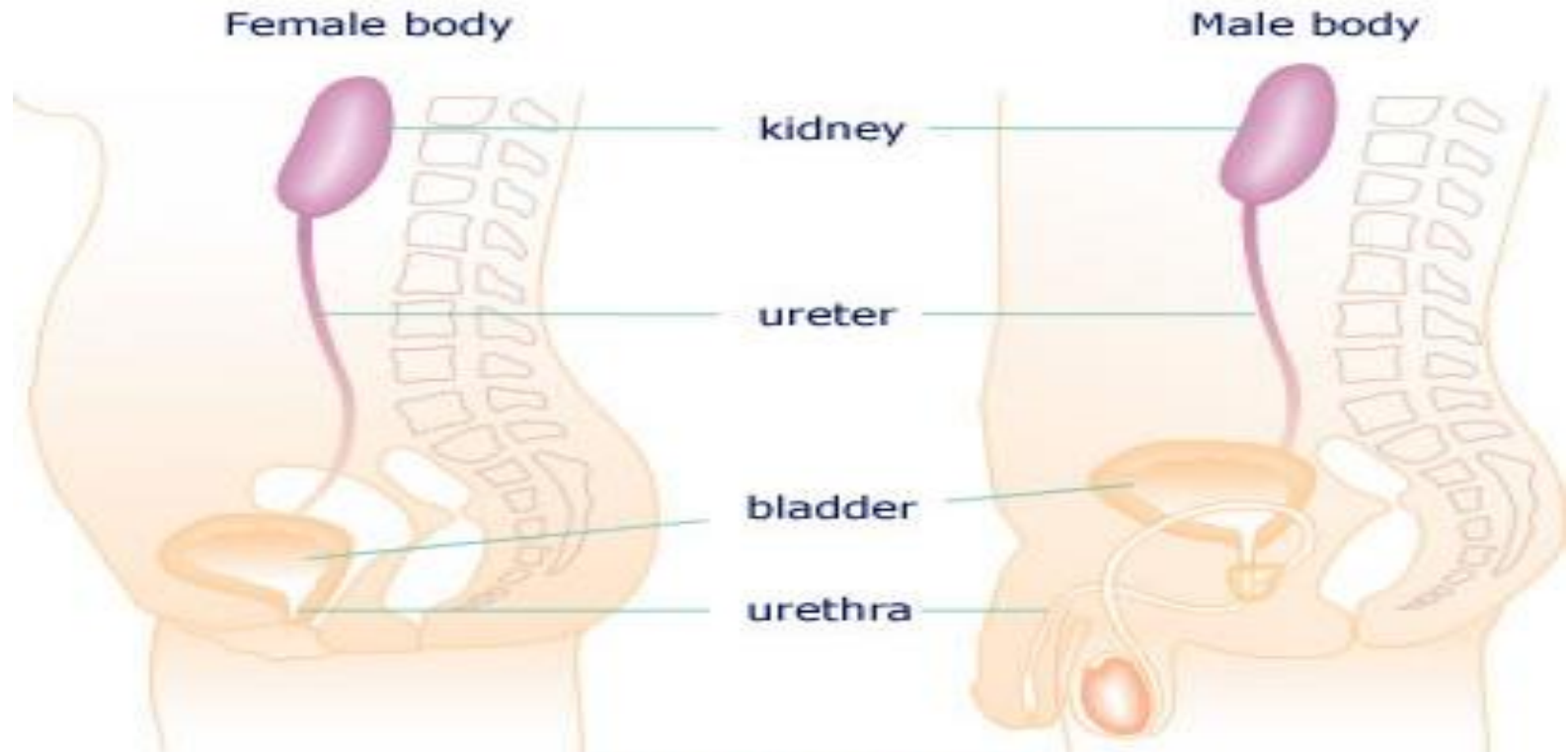
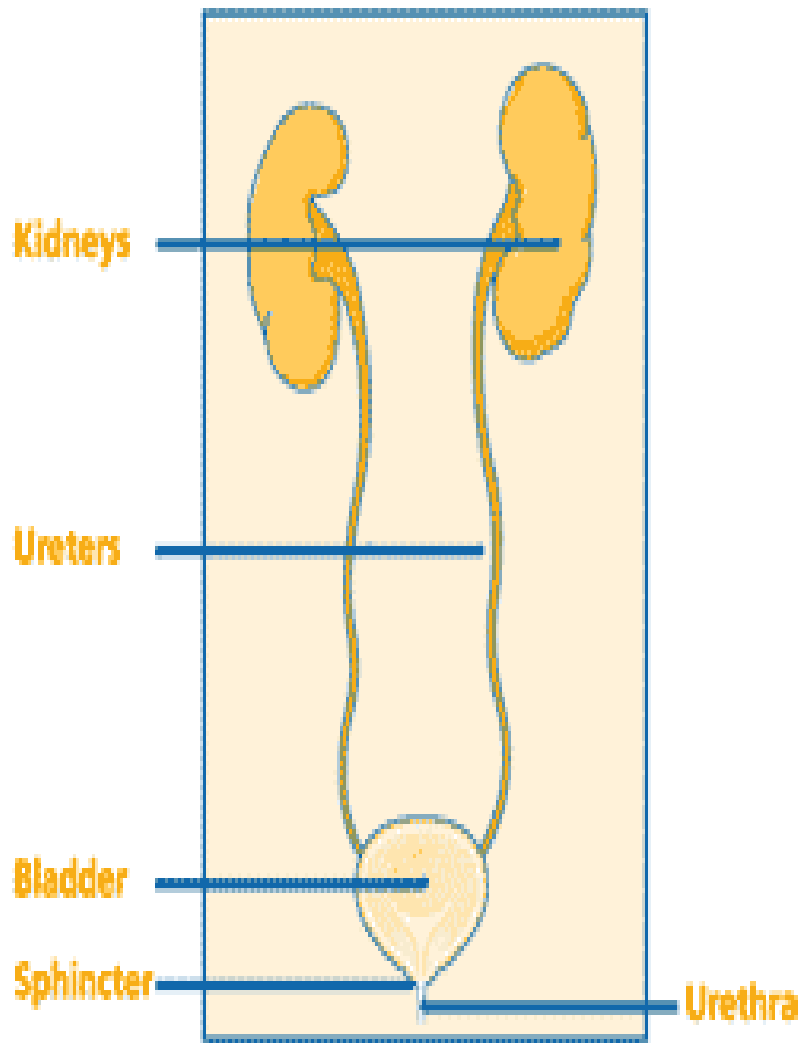


Bladder Management



© Northern Cancer Network

Urinary System



Kidneys filter the waste products.

The urine is then passed down the Ureters into the bladder.

The urine collects in the bladder, when full the sphincter is released and urine is passed via the urethra.

Why is Bladder Management needed?

People with a SCI are unable to empty their bladder normally because messages from the brain are unable to reach the spinal nerves that control the sphincters.

Aims of Bladder Management

- Protect the kidneys
- Maintain bladder size/tone
- Maintain continence
- Establish a routine to allow planning and an acceptable quality of life.
- Dignity

Methods of Bladder Management

- Indwelling urinary catheter
- Intermittent urinary catheter
- Suprapubic catheter
- Sheath
- 'Clamping' of catheter



Fluid Intake

It is important to maintain a good fluid intake, 2 litres is recommended!

Can be in any form e.g
water, tea, coffee, juice etc
* Remember too much tea and
coffee will act as a diuretic
and produce more urine.



Complications

- Blocked catheters
- Urinary Tract Infections
- Reflux
- Bladder stones
- Autonomic Dysreflexia

Signs of a Urinary Tract Infection

High temperature/ fever

-Feeling unwell

-Sweating/ shivering

-Diminished skin tolerance (patient may mark easily)

-May start to fire off/ leak urine in between SICs

-If patient has got sensation, they may feel pain on passing urine

or doing SICs and have a strong urge to pass urine frequently.

-Increased spasm activity.



Early warning signs of UTI

- Cloudy urine
- Bad smelling urine
- Blood in urine
- Sediment/particles in urine

Action

- Increase fluid intake
- Collect urine specimen
- Stop clamping
- Take antibiotics (if prescribed)



Practical activity

- Looking at various catheters
- How to remove a catheter
- Care of suprapubic catheter site
- Applying a sheath
- Emptying the leg/night bag.