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UROLOGICAL MANAGEMENT AND FOLLOW-UP OF SPINAL CORD INJURED FEMALES*

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Abstract. Urological management and follow-up data from a series of 118 female spinal cord injury (SCI) patients admitted to the University of Alabama in Birmingham between 1969 and 1982 were examined. Fifty-two (44 per cent) had neurologically complete injuries and 66 (56 per cent) had neurologically incomplete injuries. The average age at injury was 33 years. A subgroup of 44 patients with complete injuries at T10 and above were selected for special evaluation since incomplete injuries and cauda equina injuries are so disparate that aggregate analysis is of little value. Thirty-six patients were discharged with an indwelling catheter and eight were discharged on intermittent catheterisation. Women on indwelling catheters were compared with men with indwelling catheters as well as with men on external condom drainage. Mean years of follow-up in these groups were 3·7, 2·5 and 3·2 respectively. Females on indwelling catheter drainage showed no reduction in effective renal plasma flow (ERPF) for up to 6 years, whereas in men with indwelling catheters the ERPF decreased by almost one-fourth between initial evaluation and the 1st year post-injury. The incidence of bladder calculi was higher in both sexes with indwelling catheters, however, there was no difference in the incidence of renal or ureteral calculi. There was no difference in the incidence of pyelocaliectasis or difference in the renal parenchymal thickness of the three groups. These data suggests that females with complete upper motor neuron (UMN) bladders maintain relatively good upper urinary tract function when they are managed with indwelling catheters. The most appropriate method of bladder management selected for females with reflex bladders may depend more on psychosocial considerations than concern about preservation of renal function.

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