

BLADDER RETRAINING OF PARAPLEGIC WOMEN*

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Abstract. Bladder retraining (through use of intermittent catheterisation while learning various voiding techniques) is generally successful in most males with paraplegia, but has not been widespread among paraplegic women, primarily because of the lack of an effective external collecting device. Therefore, more attention needs to be directed toward prevention of incontinence than would be necessary in men. A highly organised bladder retraining programme has evolved at a Mayo Clinic affiliated spinal cord injury rehabilitation unit and bladder retraining has been applied to a majority of paraplegic women who were rehabilitated there. Over an 18 month period 72 women paraplegics were rehabilitated and 40 entered a bladder retraining programme. Bladder retraining was considered significant if the residual urine volumes were reduced to less than 150 ml and there was an absence of significant incontinence. Twenty-seven (67 per cent) were successful. Eighteen of 26 (69 per cent) are women with upper motor neuron detrusor dysfunction who were successful and six of seven (86 per cent) of women with lower motor neuron dysfunctions were successful. However, only three of seven (43 per cent) with mixed neurogenic detrusor dysfunction were successful. Various factors—age, duration of neurogenic bladder, history of indwelling catheter, incontinence grade prior to bladder retraining, bladder capacity, history of urinary tract infections, peak intraurethral pressure, neuroactive drug use, voiding techniques utilised—which could have an influence on success rates will be discussed in detail. Our study indicates that the majority of paraplegic women with neurogenic bladder dysfunctions can be successfully bladder retrained if a highly structured bladder retraining programme is available and utilised.

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