



Goal for Bladder Management

Bladder volume less than 500 mL at any one time AND stasis no longer than 6 hours

General Recommendations

- Patients with SCI require long term follow up of neurogenic bladder
- Patients with SCI should be cautioned not to strain harder than they would to have a normal bowel movement when they are trying to void. Excessive straining can lead to damage of the bladder sphincter & problems with ongoing incontinence.
- Consider re-insertion of indwelling urinary catheter if patient's condition changes (i.e., hemodynamic instability)

Physiatry Consults

- For individualization of bladder routine
- Experiencing pain or discomfort with full bladder or bladder emptying (bladder spasms)
- Problematic urinary retention (not due to UTI)
- With any other urinary dysfunction
- Persistent incontinence
- Recurrent infections
- Medication management of neurogenic bladder (anticholinergic, alpha-blocker, beta-3 agonist)

Urology / UDS Consults

- Consult Urology and/or Urodynamics (UDS) during inpatient stay (or as soon as available based on resources) if patient:
 - is unable to achieve continence
 - has a problematic urinary bladder or renal stones
 - is bleeding per urethra
 - is extremely difficult to catheterize
- Consider repeat UDS for patients with bladder change to monitor improvement/safety
- If a patient has had UDS, follow specific Urology/Physiatry recommendations for bladder management

Indwelling Catheter (IDC) vs Intermittent Catheter (IC)

Consider an IDC option if the individual has any of the following criteria that may limit the success of IC:

- Abnormal urethral anatomy (i.e., stricture, false passages, bladder neck obstruction, etc.)
- Bladder capacity < 200 mL
- Poor cognition, poor motivation, inability/unwillingness to adhere to IC schedule
- High fluid intake regimen
- Significant trauma caused by catheter insertion
- Tendency to develop autonomic dysreflexia with bladder filling, despite treatment
- Elevated detrusor pressures
- Severe lower limb spasticity
- Pain with IC not managed with lidocaine jelly
- Persistent, recurrent infections on IC regimen

IC may be more successful for individuals who display the following criteria that enable self-catheterization:

- No abnormal urethral anatomy (i.e., stricture, false passages, bladder neck obstruction, etc.)
- Bladder capacity ≥ 200 mL
- Normal fluid intake regimen
- Ability and willingness to self-perform IC