

The **Bladder Management programme** allows patients with spinal cord injuries to plan for bladder emptying in an acceptable manner at a convenient time, thus avoiding accidents and reducing the risk of infection.

A similar approach may be helpful for patients with other types of neurological conditions, in which bladder dysfunction has become a problem.

It is important to consider hand function as this has a bearing on the ability of the patient to self-manage or require help.

Usually SCI patients are taught about bladder management during their rehabilitation. One method or a combination of methods may be useful for each individual.

These include:

1. ICP: intermittent catheterisation
2. INDWELLING CATHETER
3. CONDOM EXTERNAL CATHETER

and for patients with less severe problems:

4. PADS: various shapes and sizes are available and are quite discrete these days

5. TIMED VOIDING: to ensure that the bladder does not overflow; a watch with an alarm is useful.

6. BEHAVIOURAL TECHNIQUES: Kegels, Biofeedback etc. (see below)

7. MEDICATION

8. SURGICAL OPTIONS

9. HYGIENE

10. GENERAL MEASURES: avoid caffeine (acts as a diuretic: promotes increased urine) in coffee, tea, cola, chocolate; and carbonated beverages; drink plenty of water: cranberry juice may be helpful in some people to reduce infection risk. Citrus juices should be avoided as they reduce the urine acidity, which can encourage bacterial growth.

Restricting fluid intake prior to certain activities may be prudent. However, it is vital to maintain an adequate fluid intake overall.

Try to avoid becoming constipated as a loaded bowel can make incontinence worse, (and painkillers are a major culprit in causing constipation!)