

**CONTINENCE WORKSHOP
(NATIONAL SPINA BIFIDA CONFERENCE)
20th October 2012**

Presented by
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Overview of Workshop

- Neurogenic Bladder Management in Spina Bifida
- Neurogenic Bowel Management in Spina Bifida
- Specific issues related to Spina Bifida
- Case studies for discussion
- Resources for Continence Management

Bladder Management

- The key to a healthy urinary system is **REGULAR COMPLETE EMPTYING.**
- Regular bladder emptying is managed by clean intermittent catheterisation 4-5 times per day.
- Usually require medication such as Oxybutynin to relax detrusor and facilitate storage of urine between catheterisations.

Bladder Management

- Usually require continence pads of varying size and absorbencies. Adolescent males sometimes use a penile appliance.
- Teaching self CIC depends on cognitive ability, level of disability and if they have hydrocephalus - lots of patience; routine and repetition is required to facilitate learning.
- **Regular renal tests**, e.g. yearly renal ultrasound; DMSA renal scan if concerned about renal scarring and urodynamic testing as required.

Bowel Management

- **Life long condition.** “Toilet timing” program commences around 2 years of age. Have a regular, consistent toileting routine.
- **AVOID CONSTIPATION!** Suitable diet, adequate fluids, regular exercise.
- **REGULAR EVACUATION** – usually daily after breakfast or after dinner at night. May need assistance by using suppository or enema.

Bowel Management

- **AVOID STIMULANT LAXATIVES** for long term bowel problems. Prefer to use lubricants or stool softeners or bulking agents if diet alone not adequate. Macrogel osmotic laxatives are ideal to prevent and to treat constipation.
- Young person taught to know their own body, be observant and to anticipate higher risk times for accidents.

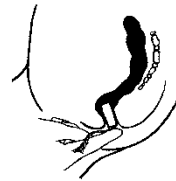
Common Management Methods

- **Non-surgical** – suppositories, small disposable enemas, retrograde bowel washouts and anal plugs. In spina bifida, when conservative methods fail, we use a normal saline retrograde bowel washout using a Willis Home Bowel Washout kit; Peristeen Anal irrigation or Cardiomed system.
- **Surgical** – Malone Antegrade Continence Enema (percutaneous caecostomy using gastrostomy button, Chait Button or appendix). Colostomy is rarely used.

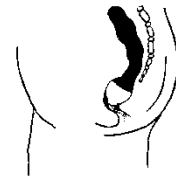
Peristeen Anal Plug

Conveen Anal Plug

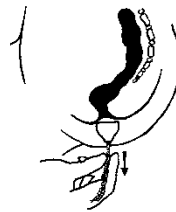
Step 1. Preparation and insertion
Smear some vaseline from the supplied tube on the end of the plug. Penetration cream may be used instead. Insert the plug gently into the anus, just as you would a suppository. Ensure that the entire plug is inserted into the rectum, just inside the anal sphincter. Only the removal string should be visible externally.



Step 2. Use
The plug is now correctly positioned in the rectum and will very quickly (in about 30 seconds) expand to its full size as the film dissolves in the body's natural warmth and moisture. It may be left in the body for up to 12 hours.



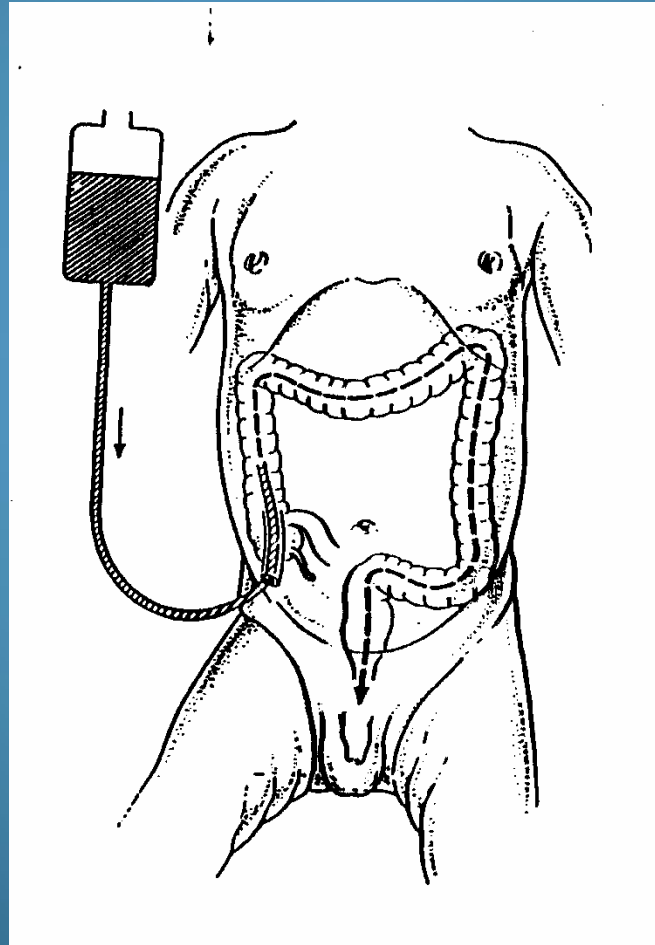
Step 3. Removal
The Anal Plug is removed from the rectum by pulling gently on the soft, gauze string that is moulded into the plug. Removal does not stimulate the rectum's natural emptying muscular reflex, so there is plenty of time to remove the plug slowly and gently.



Coloplast

A new plug can be inserted immediately after removal of the old one. After use, put the plug into a waste bin - NEVER into the toilet.

Malone Antegrade Continenence Enema



Paediatric Care

- Developmental / age appropriate interventions.
- Work with families, not just individuals.
- Intervention needs to fit in with family situation, activities and lifestyle.
- Work with schools and teacher's aides.

Cont. Paediatric Care

- Methods / teaching aids used:
 - DVD's, flash cards, colouring books, dolls, etc.
- Promoting independence at different ages and stages of life.
- Transition to adult health care services.

Issues Specific to Spina Bifida

- **Life long condition** – do not know what “normal” is.
- **Specific learning difficulties related to hydrocephalus:**
 - e.g. have difficulty with organising and planning; lack motivation; do not have abstract thinking; difficulty with spatial awareness; great difficulty with change and new situations.
 - Need to be **TAUGHT** procedures and self care with great patience, reinforcement and repetition. People with spina bifida and hydrocephalus often lack initiative and how to move to a different task.

- They often present as far more capable than they really are. **Once a task or procedure is learnt – it lasts a LIFETIME!**
- Using checklists and breaking down tasks or procedures into small steps is often helpful. It will usually take twice as long for a person with spina bifida and hydrocephalus to learn a new task or procedure as the average person.
- People with spina bifida have often had multiple hospital admissions and will often avoid coming to hospital as an adult. Home visits are very useful.

Case Studies:

- 8 year old boy with Sacral Myelomeningocele who has reasonable mobility but has neurogenic bladder and bowel presents with increased soiling episodes at school. He is doing self CIC.
- 14 year old girl with lumbo sacral Myelomeningocele who uses a wheelchair for her mobility and has shunted hydrocephalus and neurogenic bladder & bowel. She is very wet, has no bowel program and has periods of severe constipation. She does not regularly attend school.
- 2 year old boy with lumbar myelomeningocele and limited mobility, shunted hydrocephalus and neurogenic bladder and bowel. He is getting regular UTI's and mum is asking about toilet training. He is not on CIC.

Cont. Case studies:

- 15 year old girl with thoraco-lumbar myelomeningocele, shunted hydrocephalus, neurogenic bladder & bowel. She is on a program of CIC but she physically cannot self catheterise. She has a regular bowel program. She wants to be more independent with her self care and toileting.
- 22 year old male with lumbar myelomeningocele, shunted hydrocephalus, neurogenic bladder and bowel came to clinic and has no bowel program and stopped doing CIC as has no supplies.

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