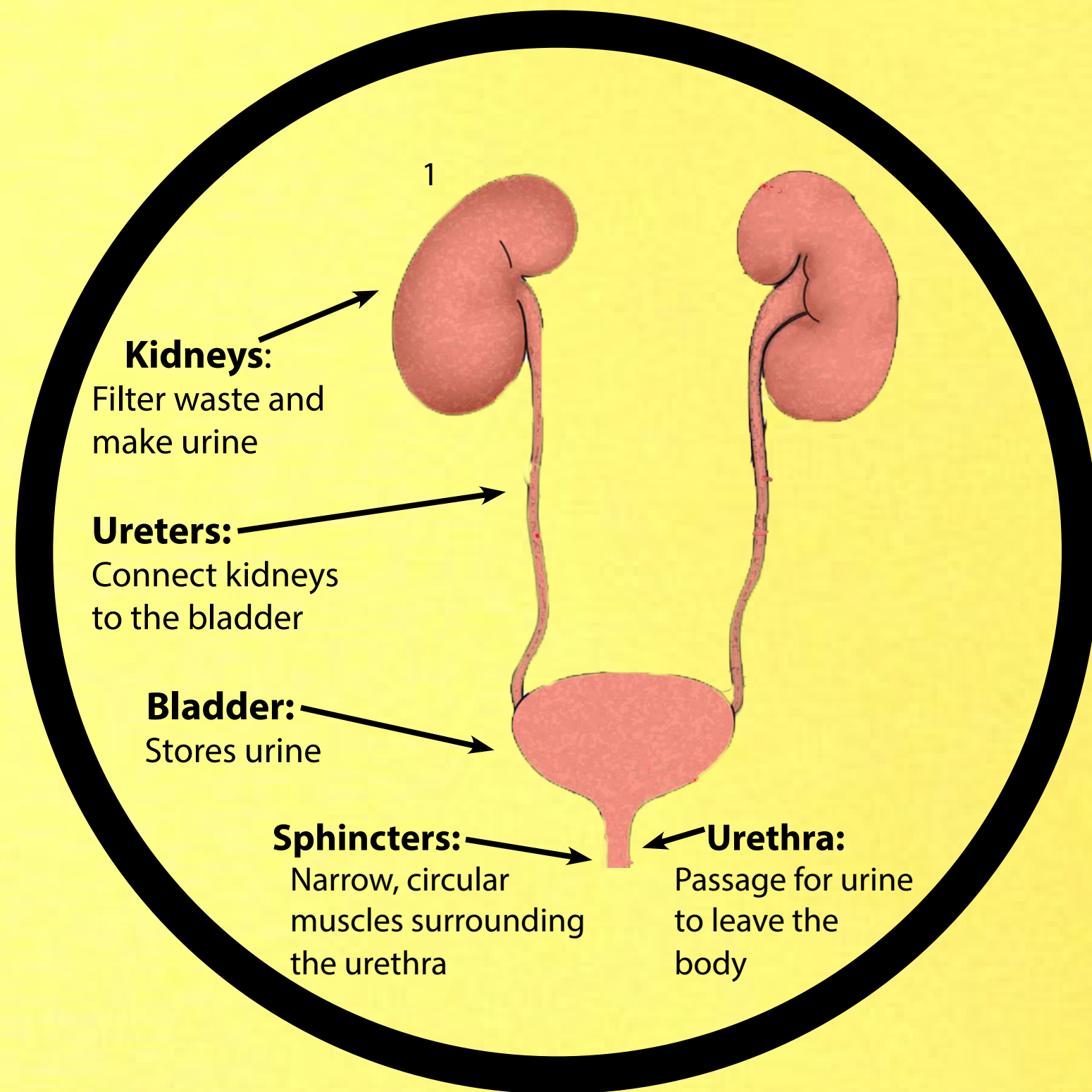


## Know your bladder type: is it SPASTIC or FLACCID ?

### ANATOMY



### SPASTIC BLADDER

Upper Motor Neuron Injury

- Injuries above T12
- Voiding reflex is intact between bladder and spinal cord
- Increased bladder muscle and sphincter tone
- Messages are blocked to the brain resulting in frequent involuntary bladder emptying
- Sphincter muscle may not open when bladder squeezes to empty
- May have incomplete bladder emptying

### FLACCID BLADDER

Lower Motor Neuron Injury

- Injuries below T12
- Voiding reflex is not intact between the bladder and spinal cord
- Decreased/loss of bladder muscle and sphincter tone
- Bladder will continue to fill (may leak urine when it gets too full)
- Unable to empty bladder voluntarily

### BLADDER EMPTYING METHODS

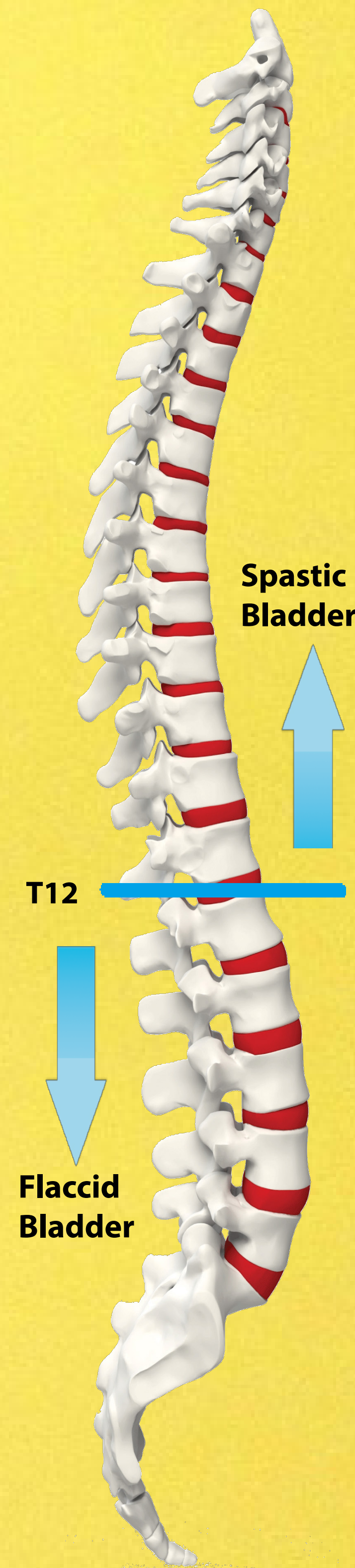


### FLUID INTAKE GUIDELINES



### AUTONOMIC DYSREFLEXIA (AD)

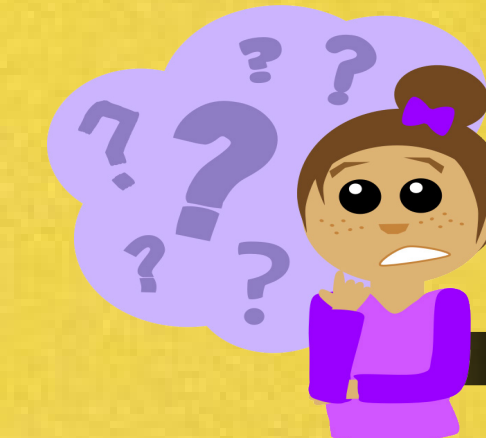
- May develop in injuries at T6 and above
- **MEDICAL EMERGENCY** - Sudden rise in blood pressure in response to a problem below the level of injury i.e. full bladder
- **What to do:**
  - Raise head of bed or sit upright
  - Look for and remove cause
  - Monitor blood pressure
  - Loosen tight clothing
  - Seek medical help if unable to find the cause
  - Carry an AD wallet card
  - Educate family, friends and care givers



\*Injuries at T12 may be spastic or flaccid\*

### TIPS

- Keep your skin dry
- Empty your leg bag when it's 3/4 full
- Keep your bladder volume less than 500 mL
- Follow-up with your urologist yearly
- Limit your use of antibiotics
- Ensure all urine cultures are taken directly from the bladder
- Know your supply resources
- Talk to your peers
- Learn to problem solve!



### AVOIDING INFECTIONS

