MANAGEMENT OF BLADDER DYSFUNCTION

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Aims of Session

- Reminder of the types of Bladder Dysfunction
- Conservative management
- Surgical interventions
Bladder Dysfunction

- Neuropathic/Neurogenic
- Non-neurogenic
- Voiding
Treatment and Management

Depend on symptoms

- Protect upper urinary tract
- Reverse incontinence
- Enable complete emptying
Incomplete Emptying

- Hypocontractile bladder
- Bladder areflexia
Emptying the bladder

Manual bladder compression
- Credé manoeuvre
- Valsalva manoeuvre
- Timed voiding/trigger urination

Catheterisation
- Intermittent
- Indwelling – urethral/suprapubic
- External condom catheters
Pharmacological

- Cholinergics
- Alpha-adrenergic blocking agents
Surgery

To facilitate bladder emptying:

- Transurethral resection of bladder neck
- External sphincterotomy
- Urethral dilatation
- Urethral stent
Urethral stent
Stress Incontinence

- Pelvic floor exercises
- Tricyclic antidepressants - Imipramine
- Heterocyclic antidepressant – SNRI
  - Dulexatine
Surgery

For stress incontinence:
Silicone micro implants

Urethral sling – male and female

Artificial urinary sphincter
Bulking agents - silicone implants into bladder neck
Urethral sling
Male urethral sling
Hyperactive bladders

- Intermittent catheterisation
- Diet and fluids
- Pelvic floor exercises
- Bladder retraining/bio feedback
Pharmacological

- Anticholinergics
- Antispasmodics
- Tricyclic antidepressants
- Intravesical agents
Non Invasive: Overactive Bladders

- Percutaneous Tibial Nerve Stimulation (PTNS)

- Acupuncture
Acupuncture
Surgery – overactive

- BOTOX
- Sacral nerve stimulation
- Enterocystoplasty
- Continent urinary diversion
- Ileal conduit
Sacral Nerve Stimulation
Clam cystoplasty
Mitrofanoff
Mitrofanoff
Ileal Conduit

[Diagram showing the concept of a segment of intestine (segment of intestine) and a stoma.]
THANK YOU