PURPOSE:
To empty bladder regularly, completely and easily; to maintain urine sterility with no stone formation.

CONSIDERATIONS:
1. Neurogenic bladder is any bladder disturbance due to a lesion of the nervous system.
2. Causes may include spinal cord injury, disease, such as multiple sclerosis, tabes dorsalis, diabetes mellitus, spinal cord tumor or herniated intervertebral discs, congenital anomalies, i.e., spina bifida, myelomeningocele.
3. Types of neurogenic bladder:
   a. Spastic (Reflex or Automatic) bladder - due to upper motor neuron lesion, loss of conscious sensations and cerebral motor control, reduced bladder capacity and marked hypertrophy of bladder wall.
   b. Flaccid (Atonic, Non-reflex, Autonomous) bladder - due to lower motor neuron lesion. Bladder continues to fill until it becomes greatly distended, bladder musculature does not contract forcefully at any time, when pressure reaches breakthrough point small amounts of urine dribble from urethra as bladder continues to fill resulting in overflow incontinence.
4. Sensory loss may accompany flaccid bladder; patient is not aware of discomfort.
5. Extensive distention causes damage to bladder musculature, infection of stagnant urine and kidneys by back pressure of urine.
6. Bladder training is indicated for spastic bladder.
7. Parasympathetic drugs, with physician order, are given to increase contraction of the detrusor muscle.
8. Instruct patient and family in prevention, signs and symptoms and treatment of autonomic dysreflexia.

EQUIPMENT:
None

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure to patient.
3. Offer an opportunity to void every 1 to 2 hours, even if urge to void is not felt. Intervals may be based on a shorter time than exist in continent voiding.
4. Initiate voiding by manual stimulation, i.e., apply pressure with hands over suprapubic area or bend patient over to increase intra-abdominal pressure.
5. Record time and amount of voiding.
6. Record time and amount of fluid intake. If no fluid restriction, encourage daily intake of 2000-2500 mL per day. Limit in evening.
7. Repeat voiding by manual compression every 2 hours to prevent over-distention.
   a. Set alarm clock for 2-hour intervals during the day.
   b. Have the patient void twice during the night.
8. Instruct patient to do vaginal and rectal contractions to strengthen periurethral tissue (Kegel exercises).
   a. Tighten the rectum and pelvis muscles.
   b. Hold the contraction while counting slowly to 10, relax to count of 10.
   c. Continue relaxing and tightening 10 times (a relaxation and tightening count as 1).
   d. Perform these exercises 10 times daily over a 6 to 8 week period.
   e. Evaluation of exercise program is then done.
   f. During the program, bed and clothing may be padded to protect them from becoming wet, avoid diapering, since this further demeans the person and may give “permission” to be incontinent.

AFTER CARE:
1. Document in patient’s record:
   a. Procedure and observations.
   b. Patient’s response to procedure.
   c. Instructions given to patient/caregiver.
   d. Communication with physician when necessary.