

Name: _____

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Bowel, Bladder and Sexual Dysfunction after SCI

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Part 1:

If a patient has S2-4 damage, what pattern of bowel/bladder function is most likely?

- A. intact bowel function, areflexic bladder
- B. areflexic bladder and bowel
- C. intact bladder and bowel function
- D. intact bladder function, areflexic bowel

If S2-4 remains intact, but there is transecting lesion higher up the cord, what pattern of bowel and bladder function would you expect?

- A. normal bowel and bladder function, 3-6 weeks post injury
- B. immediately after injury, no reflex activity
- C. bowel and bladder function will not be affected at all
- D. reflex bladder emptying and defecation reflex, 3-6 weeks post injury
- E. b and d
- F. a and b

Decisions regarding bladder drainage are made on an individual basis, but for an individual with a complete T8 lesion and good upper extremity control, which bladder management technique would be the best self-management strategy?

- A. Indwelling catheter
- B. Intermittent clean catheterization
- C. Diapers
- D. Surgical management

Which of the following bowel management techniques are most appropriate for an areflexic bowel?

- A. Suppository use, digital stimulation, Valsalva maneuver, abdominal massage
- B. Digital stimulation, manual evacuation, gentle Valsalva maneuver

If a patient does not have the dexterity to perform intermittent catheterization, what alternatives does he/she have to manage urinary incontinence?

- A. External collection device (condom catheter, pads, "Depends")
- B. Indwelling or suprapubic catheter
- C. Urinary diversion surgery
- D. All of the above

What discipline is usually directly responsible for training patients in bowel and bladder management?

- A. Occupational Therapy
- B. Nursing
- C. Physical Therapy
- D. Urologist
- E. Psychologist

A man with a complete C-6 lesion may be able to have a reflexogenic erection, but not psychogenic.

- True
- False

A woman with a complete S-2 lesion may have the ability to achieve orgasm through direct stimulation.

- True
- False

An erection generated psychogenically (only) OR reflexogenically (only) is likely to be maintained for functional intercourse.

- True
- False

Are males or females more likely to experience changes in fertility following a complete spinal cord injury?

- A. Males
- B. Females

Electro-ejaculation and penile vibratory stimulation may be used to facilitate paternity in men with spinal cord injury.

- True
- False

What significant risk is introduced with management of urinary incontinence with catheterization (indwelling, intermittent or condom cath)?

- A. Urinary tract infection
- B. Urinary tract infection
- C. Urinary tract infection (when in doubt, pick C, right?)
- D. Urinary tract infection

What methods are used to facilitate bowel function after SCI?

- A. Dietary recommendations
- B. Appropriate fluid intake
- C. Assistive techniques (digital stimulation, suppository)
- D. Oral medications
- E. Positioning
- F. Timing following meals
- G. All of the above

Your 26 year old female patient with T12 complete paraplegia has not had a period since her injury four weeks ago. This is an unusual occurrence.

- True
- False

You are working with a female patient with a complete L1 spinal cord injury. In today's therapy session you want to work on functional positioning and transfers that mimic positions required for their bowel program regimen. Which of the following skills is most appropriate for the patient? Keep in mind the level and severity of the patient's injury!

- A. Supine to left side-lying bed mobility
- B. Modified plantigrade using an elevated plinth table
- C. Supine to right side-lying bed mobility
- D. Stand & pivot transfer from a wheelchair to an adaptive toilet seat

There are no precautions related to the use of external vibratory or stimulatory devices in patients with spinal cord injury to assist with sexual activity.

- True
- False

You 19 year old patient with a T4 complete lesion asks you if he will ever be able to have sex again. You know from a team meeting that he has been unwilling to talk to the psychologist about this. How do you respond? Correct Answer: If you don't feel comfortable talking about these issues, then suggest an alternative team member (ask if he would be willing to talk to the psychologist, doctor, or nurse). If you are comfortable, you can offer support and suggest that sexual activity and intimacy can take many different forms. The way that he currently thinks about sex may not be possible unless something changes (careful here - depending on how long after injury he is, and how much of this sort of news he's received/his reaction). If there is a significant other involved with him, alternatives could be explored with the help of the rehabilitation team. Additional information would be best shared by psych or perhaps social work or nursing, depending on the facility. You can offer to talk to another team member and let them know that he is interested in hearing more.