

Guest editorial

The management of a neurological patient is multidisciplinary

E M Moshokoa, MB ChB, MMed Urol, FCS (Urol) SA

Head, Department of Urology, Steve Biko Academic Hospital, University of Pretoria

Evelyn Moshokoa obtained her MB ChB and Master in Medicine in Urology at the Medical University of South Africa (MEDUNSA) and the FCS Urol (SA) at the Colleges of Medicine of South Africa.

Correspondence to: E Moshokoa (evelyn.moshokoa@up.ac.za)

The management of a neurological patient is multidisciplinary. The aetiology may be congenital or acquired. The nervous system may be affected centrally or peripherally.

With the high incidence of trauma in South Africa, with the current state of road carnage, it is not unusual to have a paraplegic/quadruplegic case attended to in remote areas of the country.

Spinal cord injury (SCI) is generally caused by motor vehicle accidents or gunshot injuries. Men are most affected. It is not uncommon to see a patient who has an SCI and who is in his second or third decade of life.

In the early 1970s renal complications were reported as the main cause of mortality. This is no longer the case because of improved bladder care.

Evidence-based care improves the life expectancy of SCI patients and the issue of quality of life has to be addressed. A holistic approach has to be implemented. SCI has implications for urinary and faecal continence, sexuality, and fertility. When addressing this, the changes in family roles and the psychological impact should not be overlooked. Hence, community facilities have to be accessible and wheelchair friendly.

In this issue we address the urological management of these patients. This is to widen the window for the treating health worker who has to be aware of the following:

- Sexuality – some of the patients affected are, or intend to be, in sexual relationships and need to know how to deal with this.
- Fertility – fertility declines with the duration of the SCI. With the high risk of recurrent UTIs, prolonged sitting position and high incidence of retrograde ejaculation or anejaculation, when one takes the average age of these disabled persons into consideration, it is important for these matters to be actively addressed.
- Urinary continence – assessment, currently available treatment, and adjunct use of catheters and collecting devices.

Urinary continence has a major impact on quality of life and has economic implications. This negative impact can be social, physical, functional, and economic.

- Social – playing, choice of hobbies, choice of work or physical activities, attending school or church.
- Physical – frequent falls, bed sores.

- Functional – performance at work and school.
- Economic – diaper costs, catheters, medication, consultations and procedures.

Continence is controlled from the functional and anatomical perspective during the micturition cycle. The person should be able to:

- recognise the need
- identify the correct place
- reach the correct place
- pass urine when appropriate.

The bladder and the sphincter should function synergistically during the storage and voiding phases. Mechanisms of voluntary voiding should be intact to achieve this.

The neuronal pathways are active even though we are not conscious of this – thus allowing compliance of the bladder during filling.

It is vital to have a reliable stool evacuation regimen. 'If you keep it empty it will not leak.' This will assist in emptying of the bladder.