Assessment of sexual function and orgasmic capacity of women with spinal cord injury

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Introduction.

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The aim of our prospective study was to evaluate the prevalence of ejaculation in SCI patients by penile vibratory stimulation, depending on level of injury, the Asia score, pharmacological treatment, voiding mode and disease duration since injury.

Patients and methods.

Our study focused on 202 SCI patients hospitalized from January 2007 to 2009 all with anejaculation. All patients underwent a neurological evaluation, an Asia score, a collection of pharmacological treatments associated with their voiding mode. They all had one or more vibratory sessions with sperm collection and systematic search of sperm in the urine.

Results.

Our prospective study involved 40 SCI patients between 2008–2010, with detrusor overactivity refractory to anticholinergics, achieving clean intermittent catheterization (AS/HSI). Before injection, all patients had a clinical assessment: ability functional bladder (AFB), leakage between the catheterization and urodynamics evaluation: Maximum capacity bladder (BCMax) and amplitudes of involuntary detrusor contractions (IDC).

Discussion/conclusion.

The multicenter randomized placebo controlled trial of Botox injection 200 or 300 IU conducted in neurological patients revealed an identical efficiency for two doses of Botox. Our prospective study showed efficacy, duration of action identical for 200 IU or 300 IU Botox and a reproducibility of clinical and urodynamic results.

References


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Assessment of sexual function and orgasmic capacity of women with spinal cord injury

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Keywords:

Organism; Vibrostimulation; Spinal cord injury; Midodrine

Following our previous studies on men, we have adapted our clinical protocol to assess the remaining sexual function of women with spinal cord injury (SCI). Our protocol involves an assessment of perineal sensitivity to help women acquiring a new mental image of their genitals, followed by an assessment of their sexual responses to natural stimulation, or vibrostimulation or vibrostimulation combined with midodrine (5–20 mg). The results show that perineal assessment helps 85% of the patients and that 79% can reach orgasm with various forms of stimulation. Blood pressure changes during stimulation to orgasm showed that systolic blood pressure varied from 91 mmHg at baseline to 145 mmHg at orgasm to 103 mmHg at the end of the test. Diastolic blood pressure varied from 49 mmHg at baseline to 82 mmHg at orgasm to 68 mmHg at the end of the test, and heart rate from 68 bpm/min to 75 bpm/min to 72 bpm/min.

The sensations described included 6.4 cardiovascular responses perceived at orgasm compared with 2.6 during sexual stimulation without orgasm, 11.4 muscular contractions perceived at orgasm compared with 7 without orgasm, 10 autonomic responses perceived at orgasm compared with 2.6 without orgasm and 1.4 dysreflexic responses perceived at orgasm compared with 0.6 without orgasm. The data are similar to those from men with SCI and validate the neurophysiological model of sexual function in patients with SCI (Funded by GENULF).

References


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Transanal irrigations in the management of bowel dysfunction and disordered defecation after spinal cord injury

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Keywords: Transanal irrigations; Spinal cord injury; Bowel dysfunction; Defecation

Introduction.– Bowel dysfunction and disordered defecation are very common after spinal cord injury and can have a major impact on patients' social life and quality of life. These disorders are often under-assessed and their management is usually empirical and not codified. Transanal irrigations (TAI) are one of the oldest treatments of bowel dysfunction. They are considered as an adjuvant treatment for patients suffering from bowel dysfunction and/or defecation disorders, and for whom the TAI with the Peristeen® set were prescribed, were included retrospectively. TAI efficacy was assessed by the change of NBD score (Neurogenic Bowel Dysfunction) before and after 8 weeks of regular use. Possible side effects and technical difficulties encountered with TAI equipment were identified by a semi-structured questionnaire. All patients who started TAI use at least 6 months previously were contacted to assess long-term compliance, efficacy and safety.

Results.– After 8 weeks of regular use of TAI, the average NBD scores decreased by 4 points (P = 0.0001) with a specific improvement in the scores of items related to stool frequency (P = 0.036), occurrence of malaise, headache, or sweating during defecation (P = 0.043), use of drugs against constipation (P = 0.007) and frequency of fecal incontinence (P = 0.001). The main side effects were bleeding (10%) and abdominal pain (8%). At 6 months, 80% of the assessed patients had continued regular use of TAI with no particular problem.

Conclusion.– TAI are interesting in the management of bowel dysfunction and defecation disorders in spinal cord injured patients with good medium and long term efficacy and safety.


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Latest advances in evaluation of autonomic dysfunctions following spinal cord injury

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Keywords: Spinal cord injury; Autonomic functions; International standards

It is well known that autonomic dysfunctions, including abnormal cardiovascular control, are common consequences of spinal cord injury (SCI) in humans. However, the International Standards for Neurologic Assessment, commonly referred to as the American Spinal Injury Association (ASIA) neurological examination, only evaluates motor and sensory functions following SCI. In order to improve the evaluation of autonomic function in individuals with SCI, and in the future to assess the effects of therapeutic interventions, ASIA and the International Spinal Cord Society (ISCoS) established a committee to develop a set of definitions and classifications for disorders of autonomic function in SCI. Four major areas were identified: general autonomic dysfunction, bowel, bladder and sexual dysfunctions. For each area, a comprehensive set of definitions was also identified. It is recommended that these dysfunctions following SCI be assessed and documented by clinicians. For example, among general autonomic dysfunctions the recognition and assessment of the following conditions should be performed: level of arterial blood pressure, presence of orthostatic hypotension, autonomic dysreflexia, arrhythmias, temperature dysregulation, sweating dysfunctions and broncho-pulmonary dysfunctions. Members of the committee propose that in the future, in addition to already established motor and sensory assessment standards, the assessment of autonomic functions be a part of clinical evaluation of individuals with SCI. Autonomic standards were recently translated into Chinese and have already been introduced into practice at numerous centres around the world. Finally, our clinical practice could also benefit from use of recently published series of SCI data sets focused on various aspects of autonomic functions.

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Multiple system atrophy and autonomic failure

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No abstract provided.