Objective.— The present study is conducted to assess the frequency of urinary tract infection (UTI) following urodynamic evaluation in patients whom bladder emptying is performed with clean intermittent catheterization (CIC) and who do not receive antibiotic prophylaxis treatment.

Patients and methods.— This was a prospective study, conducted at the Centre de l’Arche on 100 patients on CIC who had a urodynamic evaluation without antibiotic prophylaxis. Patients with cognitive impairment and patients with known vesicoureteral reflux were excluded from this study. All patients were recalled 8 days following the urodynamic evaluation to assess whether they presented UTI symptoms (spasticity, incontinence, cloudy urine, fever...).

Results.— One hundred patients (63 males, 37 females) were included with a mean age of 41.4 years (range, 11–81 years) were included in this study. Fifty-six paraplegic, 13 tetraplegic, 11 spina bifida, 9 multiple sclerosis, 11 another etiology. Ninety-seven patients were self-catheterized, including 2 with continent cystostomy, 1 was hetero catheterized, and 2 were both self- and hetero-catheterized. Two patients were lost to follow-up. Of the 98 patients who were available for follow-up assessment:

87 patients had no signs of infection;

8 patients reported one or 2 clinical signs of infections, very mild to mild in intensity. All clinical signs resolved within 48 hours, either spontaneously or following increased water intake. Only one of these patients had a 3-h fever episode 7 days after examination, which resolved spontaneously;

One patient self treated with a 3-day course of antibiotics, upon occurrence of increased spasticity and foul smelling urine;

One patient was prescribed antibiotic treatment following high fever and cloudy and hematuric urine 5 days after examination and one patient had antibiotic treatment following signs of infection without fever 7 days after examination.

Discussion.— We report a very low incidence of urinary tract infection that required antibiotic treatment, in these CIC patients not receiving antibiotic prophylaxis for urodynamic evaluation. Since this study, we did not change our usual practice. We did not find clear recommendations in our literature search. This study is a first step that could be completed by a large, multicenter study to confirm our findings.

Discussion/conclusion.— The imbalance of clinical neurologic bladders of SCI, although appearing as responsible for social disability, often conceals a urodynamic imbalance which can be deleterious in the short, medium and long term compromising the functional vesicorenal or even vital outcome. The literature data underline the importance of anticholinergics often limited by frequent side effects, dependent or not on the dosage and/or route of administration. Our study suggests that the clinical effects of oral anticholinergic drugs, usually used as first line treatment in this indication, must be controlled with urodynamic testing, the only true predictor of prognosis.

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

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Keywords: Orgasm; 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 (5–20mg). 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 68bpm at baseline to 75bpm at 72bpm at 72bpm. 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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Ejaculation with penile vibratory stimulation: 202 spinal cord injury patients

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Keywords: Penile vibratory stimulation; Spinal cord injury; Ejaculation

Introduction. – 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. – 202 hospitalized SCI patients: 87 cervical lesions, 87 thoracic lesions and 28 lumbosacral lesions. 158 have an Asia score A, 28 a peripheral perineum operation, 125 are making intermittent catheterizations. 99 patients treated with anti-cholinergic and 70 with alpha-blocker treatment. 88 patients had at least 48 months of evolution since trauma and 114 over 60 months (60 to 240 months). 78 patients or 39% achieved an ejaculation by penile vibratory stimulation (31 anterograde, 53 anterograde and retrograde, 17 retrograde). The prevalence of ejaculation triggered by penile vibratory stimulation was better for high spinal cord damage (47% cervical, thoracic 35%, 25% lumbosacral). The results were better for patients with incomplete versus complete lesion (52% versus 35%) and for patients who urinated by percussion versus self-catheterization (50% versus 33%) (S). The disease duration did not influence ejaculation (NS).

Discussion and conclusion.– Penile vibratory stimulation improves the possibilities of ejaculation for SCI patients. Our results are dependent on the level of the injury, the nature of complete or incomplete lesion, independent of disease duration since trauma, although in the literature, these notions are controversial. Treatments associated with voiding mode seem to play a significant role in ejaculation.

References


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Sexual disorders in 83 patients with systemic sclerosis

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References


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