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 increasingly used in France since the marketing of kits allowing patients to perform irrigations independently. The aim of this study was to assess the medium-to-long term safety and efficacy of TAI in the management of Bowel dysfunction and disordered defecation in a population of SCI patients.

Results.– Eighty-three patients (69 women) answered a questionnaire sent by post between February and April, 2010, estimating the prevalence of bowel dysfunction and/or defecation disorders, and for whom the TAI was recommended. The TAI was prescribed, and was 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.

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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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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