pleasure, fear of urinary infections as related to intercourse, and fear of rejection. Other concerns related to incontinence at work, lack of adapted WC, lack of resources concerning incontinence and sexuality, and misknowledge of physicians on this aspect of sexuality.

**Conclusion.**—These data emphasize the need for education and resources for women with SCI.

**Further reading**


http://dx.doi.org/10.1016/j.rehab.2014.03.845

**Keywords:** Spinal cord injury; Sexuality; Caregivers; Questionnaire

**Objective.**—Sexuality is the first function that paraplegics would wish to recover. Our objective was to describe the perceptions of issues concerning sexuality of SCI patients by caregivers in a spinal cord unit of Physical and Rehabilitation Medicine.

**Methods.**—Construction of a questionnaire based on interviews with samples of the different professionals involved in the unit.

**Results.**—Forty-seven questionnaires. Professionals assessed a fairly good knowledge about paraplegia but sexuality and reproduction were considered very poorly known matters. Most often, the patient himself addresses the topic, on a humor (75%) or by a direct question (almost 50%). For the vast majority, “it's part of our job” and 2/3 of respondents reported easiness to talk about sexuality in general but a lack of knowledge to talk about it in the context of disability.

**Discussion.**—Sexuality is described as a difficult “concept” for caregivers in the context of SCI holistic care. There is little literature on sexuality in connection with caregivers but there are recommendations how to discuss sexuality and description of intervention programs on this topic.

http://dx.doi.org/10.1016/j.rehab.2014.03.846

**Posts**

**P160-e**

Demographic characteristics and duration of stay in patients with nontraumatic spinal cord injuries

S. Milicevic, a,*, Z. Bukumiric b, A. Karadzov Nikolic c, A. Sekulic a, R. Babovic a, V. Piscevic b, S. Stevanovic a

a Clinic of Rehabilitation Dr M. Zотович, Belgrade, Serbia
b Institute of Medical Statistics and Informatics, Medical Faculty in Belgrade, Serbia
c Institute of Rheumatology, Belgrade, Serbia

*Corresponding author.

**Keywords:** Spinal cord injury; Cystostomy; Neurogenic bladder

From clinical situations, are described briefly various techniques of continent cystostomy (Mitranofoff, Monti, Indiana, association of an ileocystoplasty) and presented the consequences of these surgery in discussing the improvement as well as the possible side effects and complications.

http://dx.doi.org/10.1016/j.rehab.2014.03.848

**Round table**

TR02-001-e

Which possibilities when Clean Intermittent Self Catheterization (CISC) is impossible through the native urethra?

B. Perrouin-Verbe

CHU de Nantes, service de MPR, Nantes cedex, France

Since the first description of Lapidies, 40 years of debate in the literature have demonstrated that CISC is the gold standard of the management of the neurogenic bladder associated with the treatment of high intravesical pressures. The goals of the management of the neurogenic bladder are to prevent complications of the urinary tract, to allow when possible a continence, the definite choice of micturition should be adapted to the functional ability of the patient. In this way, continent cystostomy has a precise place in the therapeutic algorithm of the neurogenic bladder. The candidates are patients with poor hand function (tetraplegics) or urethral problems and so unable to perform self-catheterization via the native urethra. In tetraplegic patients (C5 level and below) the combi-

nation of upper limb surgery and continent cystostomy enables them to perform CISC. The principles of this surgery are to provide a catheterizable and continent stoma with a reconstructed conduit either with the appendix or detubularized ileum. Continent cystostomy has to be associated with the treatment of high intravesical pressures (intradetrusor injection of botulin toxin/ augmentation cystoplasty).

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TR02-002-e

Continent cystostomy

P. Grise a,*, E. Chartier-Kastler b, L. Le Normand c

a CHU de Rouen, Rouen, France
b CHU Pitié-Salpêtrière, Paris, France
c CHU de Nantes, France

*Corresponding author.

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