

Activity: Toileting



Objectives

At the end of this activity you will be able to:

1. Describe the functional issues associated with each type of catheter
2. Describe the skills required for managing the different catheters independently
3. Describe the functional issues associated with bowel care
4. Describe the skills required for managing bowel care independently

Toileting

This activity will cover the functional aspects of toileting, and will be divided into the two categories of bladder, and bowel.



Bladder



Bowel



Activity

Which 2 of the following urinary problems are experienced by most people with a complete spinal cord injury (SCI)?



- ☐ Urinary retention
- ☐ Urinary leakage
- ☐ Inability to feel bladder volume
- ☐ Pain on urination

SUBMIT



Answer

Most people with a complete SCI will have the following urinary problems:

Urinary retention

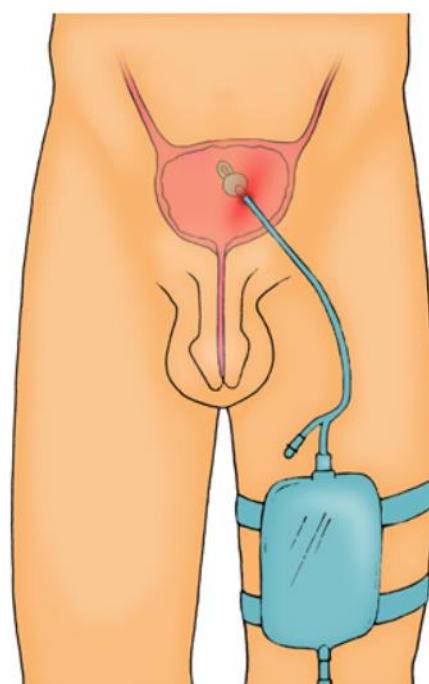
Without communication with the brain, the bladder sphincter muscle stays closed, holding urine in the bladder. Leakage (or overflow) generally only occurs as a secondary consequence of an excessively full bladder.

Inability to feel bladder volume

The person has no or impaired sensation of their bladder filling (and emptying).

As a result of these urinary problems, most people with a complete SCI manage their bladder via catheterisation.

In most hospitals, bladder management is primarily facilitated by nurses, with input from an occupational therapist (OT) for functional issues when required.

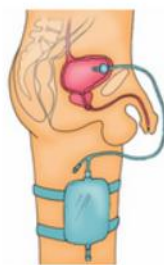


Bladder Management with Catheters

The 3 main methods of catheterisation are:



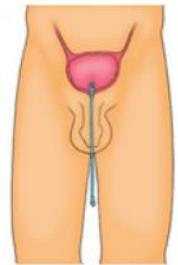
Indwelling Catheter (IDC)



Suprapubic Catheter (SPC)



Intermittent Self Catheter (ISC)*

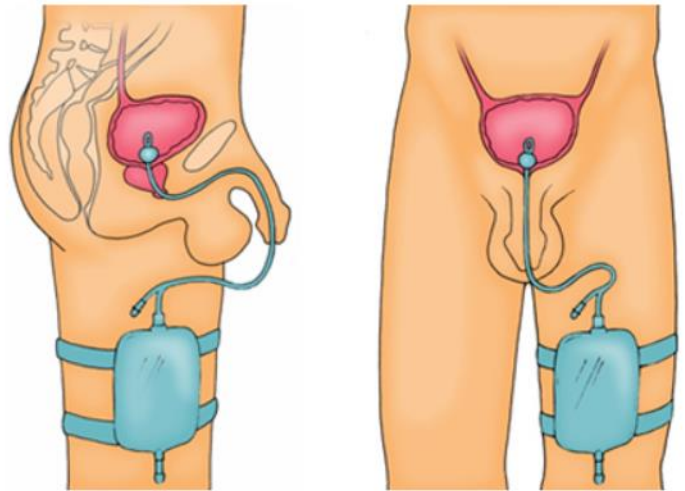


*This method of catheterisation has many other names – IMC, CISC, CIC, etc. ISC will be used here.

Indwelling Catheter (IDC)

Indwelling catheters pass into the bladder via the urethra and transfer urine to a bag, usually attached to the leg. They can stay in place for days to weeks.

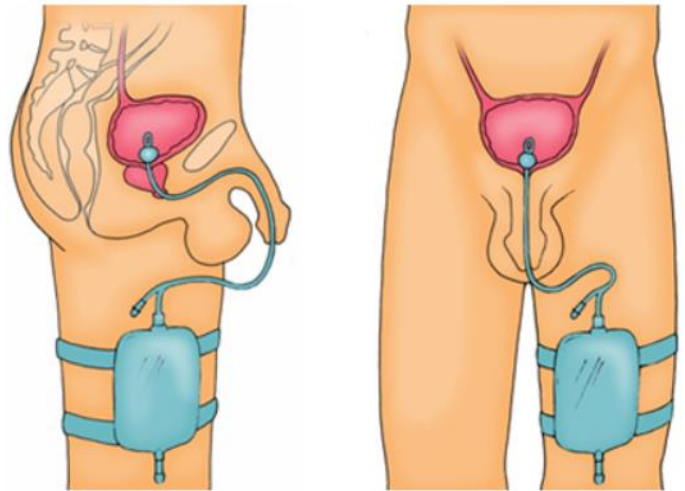
IDCs are useful in the short-term, as they can be easily inserted and removed, however long term use is generally not advised due to increased risk of infection, catheter blockage, and urethral irritation.



Indwelling Catheter (IDC)

The IDC generally needs to be inserted and removed by a skilled person using a sterile procedure.

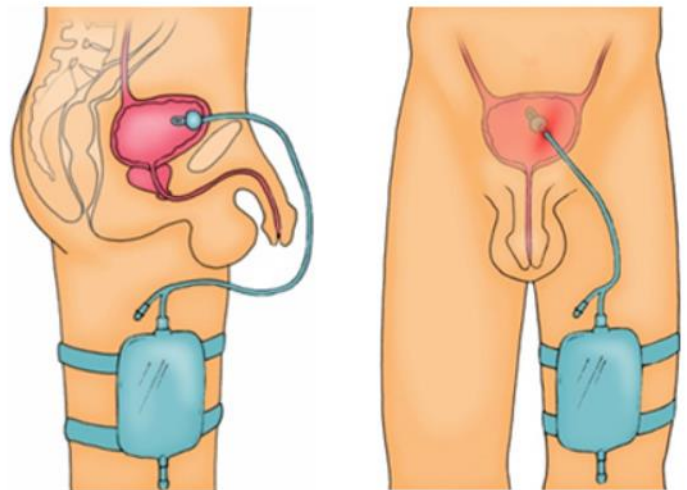
From an OT perspective, the main concerns for independence with this type of catheter are attaching the leg bag, and emptying the leg bag.



Suprapubic Catheter (SPC)

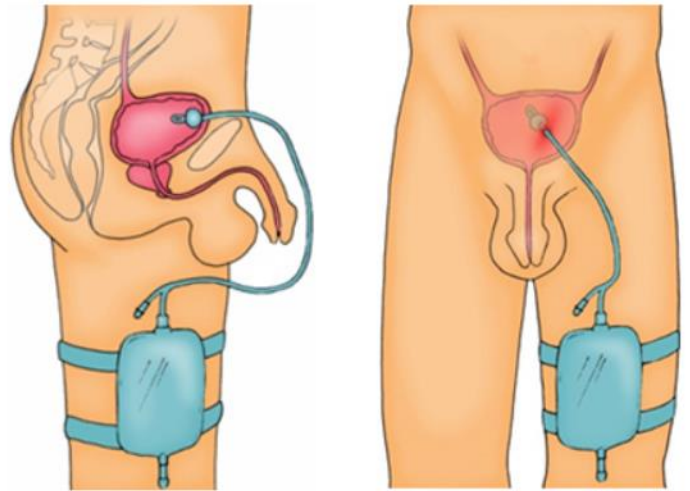
Suprapubic catheters require surgical insertion, as they pass into the bladder through the abdominal wall; urine is then usually drained to a bag.

Once inserted, the catheter is changed about once every 6 weeks by a skilled person using a simple, sterile procedure.



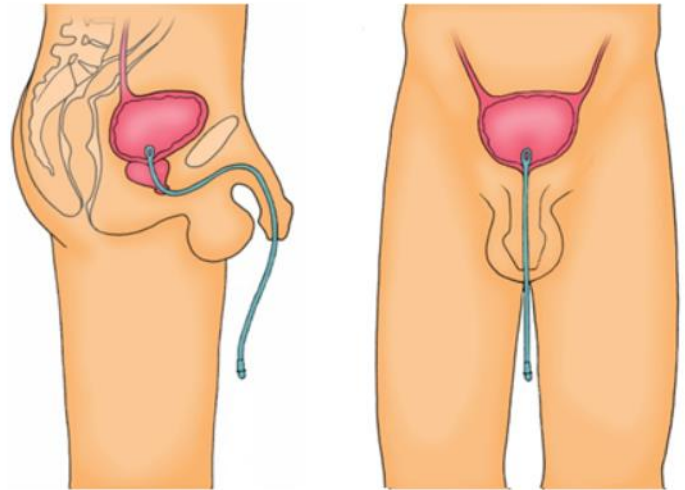
Suprapubic Catheter (SPC)

Similar to IDCs, concerns for independence with SPCs are mostly centered around attaching the leg bag and emptying it, with the additional task of cleaning the SPC insertion site on a daily basis.



Intermittent Self Catheter (ISC)

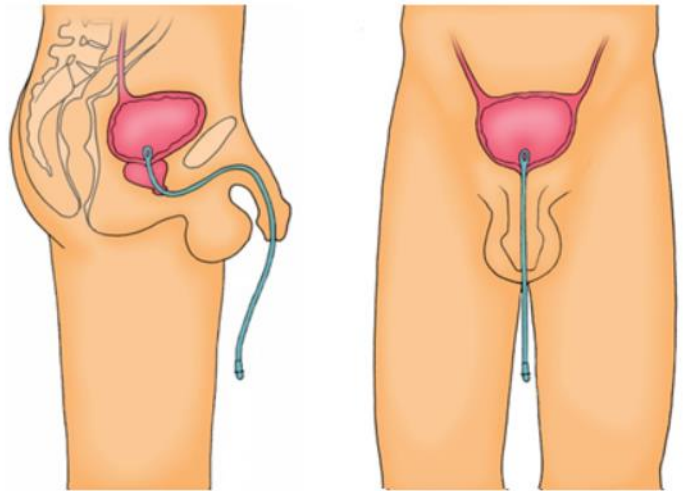
- Intermittent self catheters are different to IDCs and SPCs in that they are not left in place for long periods of time; instead, they are inserted and removed whenever bladder emptying is required (i.e., every 4–6 hours).
- This type of catheter has the lowest risk of infection and blockage. Patients can be taught how to perform this type of catheterisation themselves, which involves using a simple, clean procedure.



Intermittent Self Catheter (ISC)

This type of catheterization is more complex for the patient, so there are more concerns for independence, including:

- managing clothing
- maintaining sterility
- holding and manipulating the catheter
- having something to empty the bladder into (e.g., toilet, bottle)





Activity

Which catheter would be ideal for long term use by a person who does not have good upper limb function (for example, C5)?

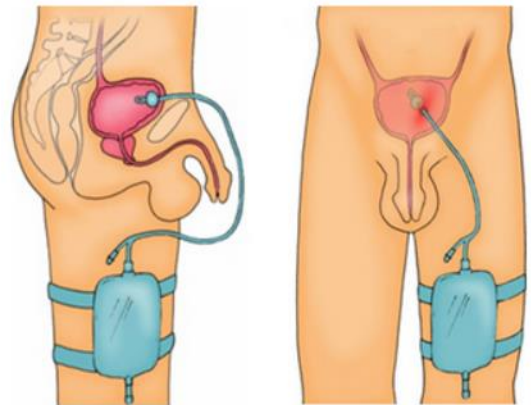
- ☐ Indwelling catheter (IDC)
- ☐ Suprapubic catheter (SPC)
- ☐ Intermittent catheter (ISC)

SUBMIT



Answer

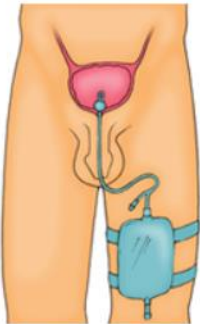
- SPCs are the best choice for long term use by someone who does not have good upper limb function.
- IDCs are not for long term use, and ISCs require a certain degree of mobility and upper limb function to perform effectively.



As such, catheter use tends* to follow this pattern:

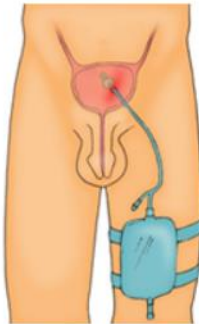
IDC

Any SCI in the acute phase.



SPC

C1 – C6/7 in long term.



ISC C6/7 and below in long term.



*Variations occur here: some people with a C6 injury can perform ISCs with aids, while some people with paraplegic level injuries choose/require an SPC for various reasons.



Activity

Which catheter do you think is more ideal for body image, sex, and swimming?

- ☐ Indwelling catheter (IDC)
- ☐ Suprapubic catheter (SPC)
- ☐ Intermittent catheter (ISC)

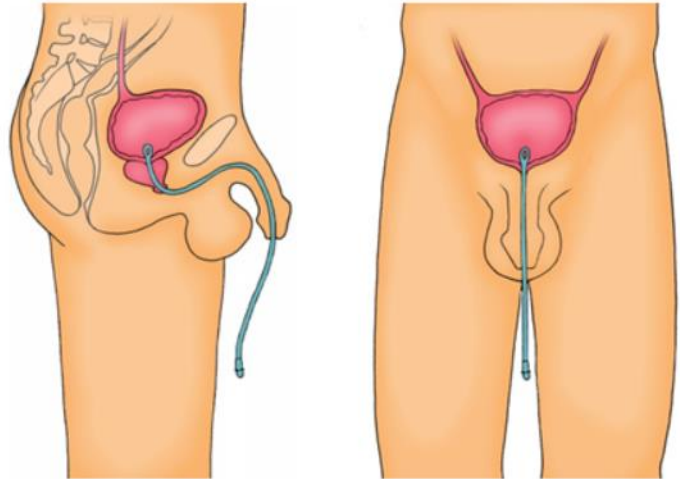
SUBMIT



Answer

ISCs are preferable, because when the catheter is not in use there is no external device attached to the person, such as a catheter tube or leg bag.

This is preferable when consideration is made for such things as body image, sex and activities like swimming.



Independence with IDC/SPC

As mentioned earlier, the concerns of managing an IDC or SPC independently are mostly related to emptying the leg bag.

For those with some upper limb function, but poor hand function, a device that can facilitate emptying the leg bag is a 'flip-flow valve', shown in this video.



Independence with IDC/SPC

An alternative device, particularly useful for those with little to no hand function, is a remote leg bag opener.

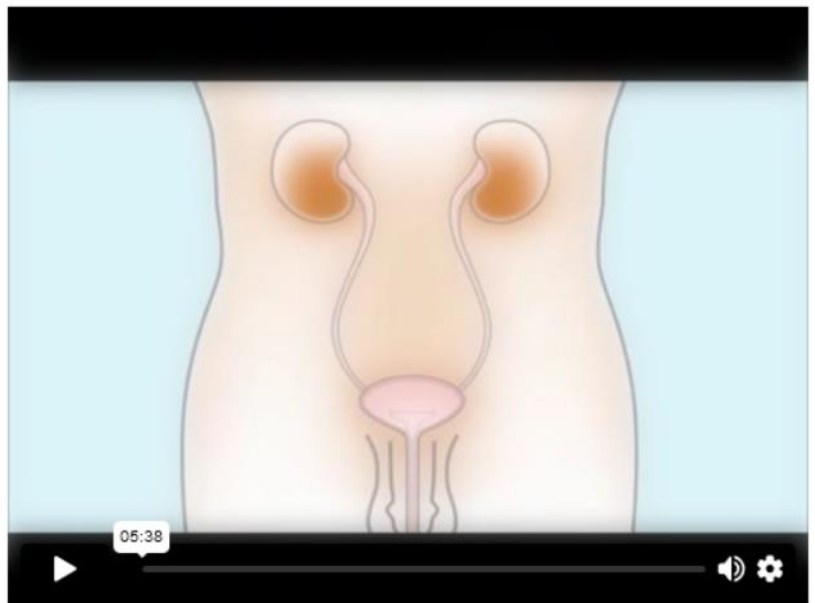
This video shows a manually operated version, but electrical, switch-operated versions also exist.



Independence with ISC

This video shows the ISC procedure for men.

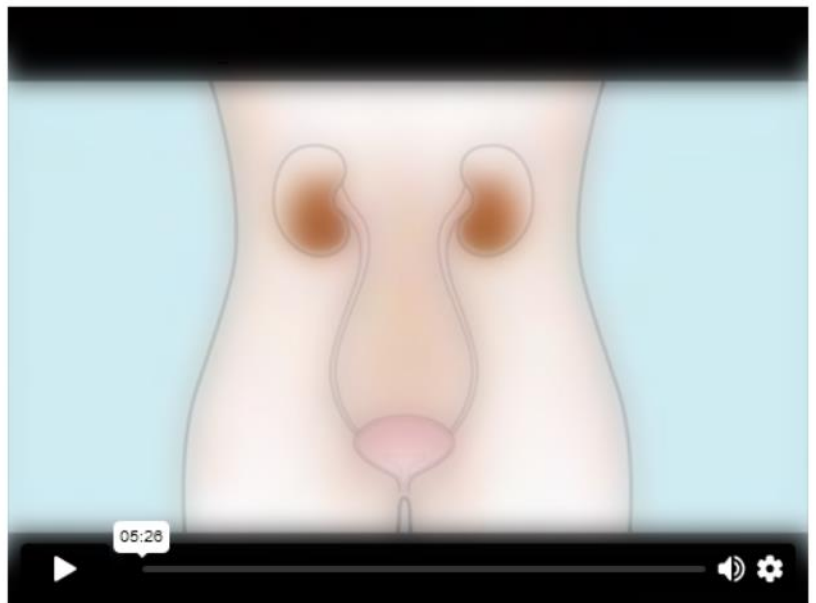
While watching, take note of the functional requirements of the task, and what skills your patients would need to practice to perform this task independently.



Independence with ISC

This video shows the ISC procedure for women.

While watching, take note of the ways that this is performed differently to men, and what skills your patients would need to practice to perform this task independently.



It is possible for a person with a C6 injury to perform ISC's independently, however consideration will need to be given to the following issues:

1. Managing clothing

If the person has been unable to learn dressing/undressing in the wheelchair, consider trying clothing that is easier to manage, or modify existing clothing to increase independence.

Dresses, skirts, elasticised waistbands, and trousers that zip down the sides can all be helpful.



It is possible for a person with a C6 injury to perform ISCs independently, however consideration will need to be given to the following issues:

2. Positioning genitalia

Without grip, it can be difficult for men to hold/position their penis correctly while inserting the catheter. Similarly, women may have difficulty holding the labia apart. The devices below can assist with this.



Foam penis holder



Spring-loaded labia spreader

It is possible for a person with a C6 injury to perform ISC's independently, however consideration will need to be given to the following issues:

3. Holding the catheter

A firm grip is required to insert the catheter and push it past the urinary sphincter. The devices below can be used if a person has insufficient grip.



Image courtesy Southwest Medical



Image courtesy Manfred Sauer UK

Bowel

Bowel function after a complete SCI is similar to bladder function in that the person loses the voluntary control and sensation of their bowel.

It is different, however, in that the bowel is not retentive like the bladder.

Unfortunately this means that bowel accidents are a common occurrence after SCI.



Bowel

Fortunately, the bowel can be trained into a routine, which can virtually eliminate bowel accidents.

This generally means performing bowel care daily (or second daily), at the same time, with a set pattern of events (e.g., having a warm drink before bowel care).

As well as routine, good bowel management after SCI relies on learning effective bowel emptying strategies, and maintaining a stable diet.



Bowel

Bowel training requires a close partnership between the patient, and team members such as the nurse, dietitian and OT.

The functional areas of concern for the OT tend to fall into the following categories:

1. Accessing the toilet
2. Reaching the perineum
3. Bowel care procedures (e.g., inserting enemas)





Activity

Some people use a mobile shower commode to access the toilet for bowel care. What are 4 reasons for this?



- ☐ It provides better pressure care than a toilet seat
- ☐ It provides good postural support
- ☐ It makes the bowels work more efficiently
- ☐ It provides better hand access to the perineum
- ☐ It eliminates the need to perform toilet transfers

SUBMIT



Answer

Some people use a **Mobile shower commode** to access the toilet because for them:

- it provides better pressure care than a standard toilet seat
- it provides good postural support
- it provides better hand access to the perineum
- it eliminates the need to perform toilet transfers





Answer

People who have a short bowel routine (5–10 mins), have enough mobility to move around on the seat to access their perineum, can transfer, and do not require postural support, can often manage on a standard toilet seat.

However, this requires more transfers, which should ideally be minimised for long-term shoulder preservation.



Reaching the Perineum

Independent performance of bowel care requires the person to be able to reach their own perineal area.

Toilet seat users

Sometimes moving forward or backward on the toilet seat can provide enough space for the hand to be inserted.

Leaning on the wheelchair or a rail to the side can also help. This might require some practice to build confidence.

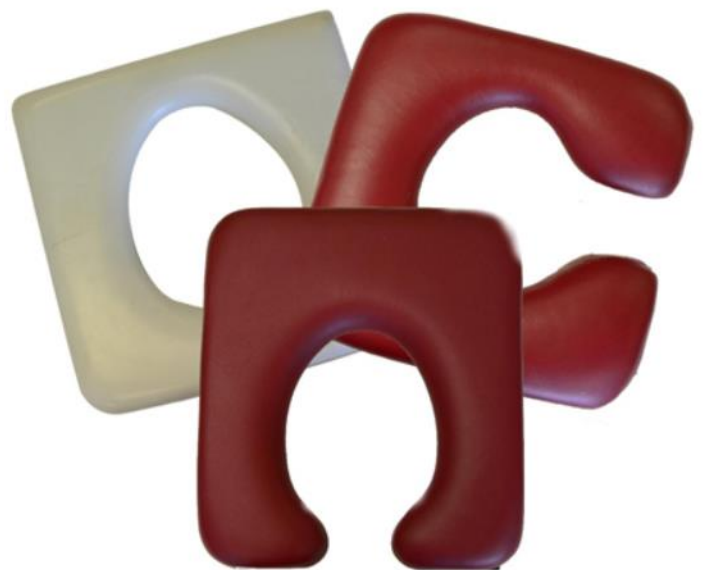
Reaching the Perineum

Independent performance of bowel care requires the person to be able to reach their own perineal area.

Commode users

Commode seats can be made with openings in a variety of locations.

Experiment with the different openings to find the one that is easiest to reach the perineum.



Bowel Care Procedures

The bowel care procedures that may need to be performed include:

- insertion of bowel stimulants into the rectum
- manual stimulation of the bowel
- manual evacuation
- checking the bowel is empty
- wiping/cleaning

Once able to reach the perineum, these procedures are generally not difficult for a person with paraplegia. The next few slides will discuss strategies for people with tetraplegia.



Inserting Bowel Stimulants

Inserting bowel stimulants, (enemas and suppositories), into the rectum can be difficult with poor hand function.

Devices such as adapted forceps and specialised suppository inserters (shown here) can make this task possible.

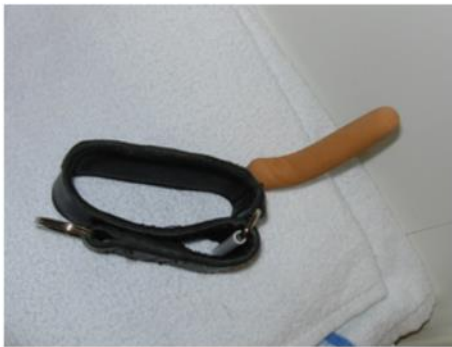


Image courtesy Spinalistsips



Some people require the bowel to be manually stimulated, which is usually performed by using a finger.

People with poor hand function can use devices such as these to insert and gently stimulate the bowel. Without sensation, extreme care is required.



Images courtesy Johanna Wangdell and Jana Candia

Wiping/Cleaning

In countries where toilet paper is used, devices such as the 'bottom wiper' shown here can be used if holding the toilet paper is difficult.

Using a bidet, or washing the perineal area in the shower, are other methods that some people use to clean themselves after bowel care, in the absence of good hand function.



Screen: 38

Occupational Therapists & Assistive Technologists

Personal ADLs – Activity: Toileting



There are many more tips in relation to toileting tasks
on the [Spinalistips](#) website

Spinalistips TIPS & TRICKS FROM PEOPLE
WITH SPINAL CORD INJURIES

The Spinalis
Foundation

Categories

Tip authors

All tips

About

Find tips



Summary

This is the end of the activity. In this activity you have learnt:

1. The functional issues associated with each type of catheter
2. The skills required for managing the different catheters independently
3. The functional issues associated with bowel care
4. The skills required for managing bowel care independently

[PROCEED TO SELF ASSESSMENT](#)