

Urologic Surgical Associates of Delaware

Specializing in Robotic Surgery

Neurogenic Bladder

Neurogenic bladder is any form of neurologic dysfunction of the bladder that results in incomplete bladder emptying. Such bladder dysfunction may occur in the presence of primary neurologic dysfunction (spinal cord injury, multiple sclerosis, etc) but often occurs with no identifiable neurologic disorder (often called non-neurogenic neurogenic bladder).

Neurogenic bladder (NGB) and incomplete bladder emptying can result in bladder stones, bladder and kidney infections, and kidney failure. Management options include CIC(clean, intermittent catheterization), suprapubic tube, an indwelling foley, interstim therapy and urinary diversion.

NGB is a lack of neurologic control of the bladder that can result in a wide variety of voiding difficulties that may be without symptoms, or may result in symptoms such as frequency, urgency, straining to void, incomplete bladder emptying, and even urinary retention.

Often, the bladder dysfunction of a neurogenic bladder goes without symptoms. A particularly insidious but potentially dangerous problem is a bladder that stores urine at dangerously high pressures. High storage pressures can result in kidney damage and even kidney failure over time.

InterStim therapy is used to reestablish appropriate neuromodulation of the bladder at the S3 nerve root. InterStim therapy is much like a pacemaker for the bladder. It usually involves a two-step outpatient process where the first step is a simple test stimulation that is performed in the office or surgery center to see if the candidate is an appropriate candidate for this therapeutic modality. The subsequent second step involves implanting the pacer lead and the generator itself. The generator goes into the buttocks and is usually quite comfortable and tolerated well by patients.

Interstim, by stimulating the S3 nerve root, can result in better neurologic control of the bladder that can produce a more effective bladder emptying in cases of neurogenic bladder. In about 25-50% of cases of neurogenic bladder, after interstim patients will experience improved bladder emptying and possibly not need to self catheterize (please see our brochure on interstim).

For refractory cases of neurogenic bladder, especially with recurrent infections or bladder stones, a urinary diversion might be considered. Urinary diversion is when the ureters (the tubes carrying urine from the kidney to the bladder) are connected to a piece of bowel (instead of the bladder) to drain the urine out of the body (please see our brochure on urinary diversion).

For informational purposes only. Please consult your physician with any questions. USA Delaware 302-836-5500.