# 1. Bladder Function

## PATIENT SECTION

### 1.1 How do you empty your bladder?

- [ ] Voiding spontaneously with some voluntary control
- [ ] Clean intermittent self-catheterisation (CISC)
- [ ] Permanent indwelling urethral catheter (IDC)
- [ ] Suprapubic catheter (SPC) with
  - [ ] continuous drainage
  - [ ] intermittent drainage (eg. ‘flicker’ valve)
- [ ] Voiding by reflex (wearing urodome or other device) with/without tapping
- [ ] Straining or pressing down over bladder
- [ ] Other technique (eg. ileal conduit) Please list ________________________

### 1.2 How frequently do you empty your bladder each day? (if indwelling catheter, free drainage or use of valve system?)

- Frequency of catheters/drainage procedures during day _____ overnight ____

### 1.3 Has the way you empty your bladder changed in the last 12 months?

- [ ] Yes
- [ ] No
  - If yes, please describe ________________________________________________________________________

### 1.4 How much fluid do you drink each day?

- _____ Litres (1 glass = 250 ml)
  - List types of fluid drunk (eg. water, tea/coffee, alcohol): _________________
    - ________________________________

### 1.5 Are you taking any medications to control your bladder?

- [ ] Oxybutynin (Ditropan)
- [ ] Tolterodine (Detrusitol)
- [ ] Solifenacin (Vesicare)
- [ ] Phenoxybenzamine
- [ ] Urecholine
- [ ] Other ____________________________

  - Dose and frequency ____________________________

### 1.6 If you have an indwelling or suprapubic catheter, how long have you had it for?

- [ ] < 5 years
- [ ] 5-10 years
- [ ] > 10 years (list no. of years ________)

### 1.7 Have you had any serious or recurring urinary tract infections (associated with symptoms such as fever, abdominal discomfort, incontinence, increased spasm or autonomic dysreflexia), requiring treatment with antibiotics in the last 12 months?

- [ ] Yes
- [ ] No

  - If yes, how many?  
    - [ ] 1-2
    - [ ] 3-4
    - [ ] 5 or more

## GP/ NURSE SECTION

- Examination notes:

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1. There is some evidence that the incidence of bladder cancer in people with SCI who have had an indwelling or suprapubic catheter for more than 20 years. Risk factors include recurrent UTIs, indwelling catheters, urinary tract stones, and cigarette smoking over a long period of time. The tumours are commonly metastatic and invasive at the time of diagnosis and highlights the importance of effective screening such as cystoscopy.

2. Increased frequency of Urinary Tract Infections (>2 per year) should prompt a search for causes.
Spinal Outreach Service Health Questionnaire December 2007

<table>
<thead>
<tr>
<th>Please provide details ____________________________________________</th>
<th>necessary</th>
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<tbody>
<tr>
<td>Do you currently have the above symptoms? □ Yes □ No</td>
<td>□ Organise renal ultrasound/KUB to exclude calculi</td>
</tr>
<tr>
<td>Please provide details ____________________________________________</td>
<td>□ Prescribe antibiotics if pathogenic organism and person symptomatic</td>
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1.8 Have you experienced any of the following symptoms/ problems recently?

| Difficulty passing intermittent catheters (or bleeding afterwards)? □ Yes □ No | □ Repeat CSU after antibiotics |
| Requiring more straining or time to pass urine? □ Yes □ No | □ Refer to urologist |
| Frequent catheter blockages? □ Yes □ No | |
| Increased sediment, gravel/calcified material or blood in urine? □ Yes □ No | |
| Urinary leakage, urgency or less warning before leaking? □ Yes □ No | |
| Passing or catheterizing more urine volumes than usual? □ Yes □ No | |
| Increased bladder spasms or lower abdominal discomfort? □ Yes □ No | |
| Increased episodes of autonomic dysreflexia or spasticity? □ Yes □ No | |
| Please provide details ____________________________________________ | |

1.9 Have you had any of the following investigations in the last 2 years?

| Renal Ultrasound □ | □ Compare results of last 2 imaging and renal function tests |
| Intravenous pyelogram (IVP) □ | □ Compare BP trend |
| CT Scan kidneys □ | □ Review VUD result |
| Blood tests for kidney function □ | |
| Videourodynamic study (to measure the pressures in your bladder) □ | |

If NO, when was the last time you had any tests for your bladder? ________

1.10 Have you ever seen a urologist? □ Yes □ No

| □ Review urologist letters |
| If YES, what was the reason (and when was your last appointment)? | |

Have you had any of the following procedures?

| □ Intravesical Botulinum toxin injection (injection of botox into your bladder) | |
| □ Bladder augmentation (increasing the volume of your bladder) | |

NB: Risk factors for Urology Complications include

- Males, age >50 years (menopause, prostatism), increased age at injury & increased duration of injury
- Higher level of spinal cord injury and complete (ASIA A) injuries are at higher risk than incomplete injuries (ASIA D)
- Recent hospital admission or bed-rest, smoking, compromised immune function
- Known renal compromise or having only 1 kidney, on medications which are toxic to the kidney

3 The presence of these symptoms are red flags which should alert to further investigation.
4 The presence of these symptoms may indicate the presence of renal tract calculi. Urinary stones can harbour infection and lead to recurrent UTIs until the calculi are removed. Bladder stones can also cause outlet obstruction and predispose to cancer from chronic irritation.