

Case study neurogenic bladder

Business



The bladder is lined by layers of muscle tissue that stretch to accommodate urine. The normal capacity of the bladder is 400 to 600 ml. During urination, the bladder muscles contract, and two sphincters (valves) open to allow urine to flow out. Urine exits the bladder into the urethra, which carries urine out of the body.

Because it passes through the penis, the urethra is longer in men (8 inches) than in women (4.5 inches). The urinary bladder, or the bladder, is a hollow organ present in the pelvis. Most of it lies behind the pubic bone of the pelvis but when full it can extend up into the lower part of the abdomen.

Its primary function is to store urine that drains into it from the kidney through tube-like structures called the ureters. The ureters from both the kidneys open into the urinary bladder.

The bladder forms a low-pressure reservoir which gradually stretches out as urine fills into it. In males, the prostate gland is located adjacent to the base of the bladder where urethra joins the bladder. From time to time, the muscular wall of the bladder contracts to expel urine through the urinary passage (urethra) into the outside world. Layers of the bladder The bladder consists of three layers of tissue.

The innermost layer of the bladder which comes into contact with the urine stored inside the bladder is called the "mucosa" and consists of several layers of specialized cells called "transitional cells," which are almost exclusively found in the urinary system of the body.

These same cells also form the inner lining of the Reuters, kidneys, and a part of the urethra. These cells form a waterproof lining within these organs to prevent the urine from going into the deeper tissue layers. The middle layer is a thin lining known as the “ lamina Peoria” and forms the boundary between the inner “ mucosa” and the outer muscular layer.

This layer has a network of blood vessels and nerves and is an important landmark in terms of the staging of bladder cancer (described in detail below in the bladder cancer staging section). The outer layer of the bladder comprises of the “ detours” muscle and is called the “ muscular. This is the thickest layer of the bladder wall.

Its main function is to relax slowly as the bladder fills up to provide low-pressure urine storage and then to contract to compress the bladder and expel the urine out during the act of passing urine.

Outside these three layers is a variable amount of fat which lines and protects the bladder like a soft cushion and separates it from the surrounding organs such as the rectum and the muscles and bones of the pelvis. ‘ V. OVERVIEW OF THE DISEASE Detention Energetic bladder dysfunction, sometimes simply referred to as energetic ladder, is a dysfunction of the urinary bladder due to disease of the central nervous system or peripheral nerves involved in the control of instruction (urination). Energetic bladder usually causes difficulty or full inability to pass urine without use of a catheter or other method.

Any condition that impairs bladder and bladder outlet afferent and efferent signaling can cause energetic bladder.

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It is often associated with spinal cord diseases, injuries like herniated disks, and neural tube defects including spinal bifid. It may also be caused by tumors in the body and other diseases that affect the brain, directly and by peripheral nerve diseases such as: Diabetes, Alcoholism and vitamin B12 deficiency. It is a common complication of major surgery in the pelvis, such as for removal of serologically dermatome and other tumor. Symptoms The symptoms depend on the cause. They often include symptoms of urinary incontinence.

Symptoms of overactive bladder: Having to urinate too often in small amounts Problems emptying all the urine from the bladder Loss of bladder control Symptoms of interactive bladder: Full bladder and possibly urine leakage Inability to tell when the bladder is full Problems starting to urinate or emptying all the urine from the bladder Urinary retention Diagnostic Procedure Your doctor may order several tests of the nervous system and the bladder to diagnose overactive bladder : Aerodynamic studies (bladder function tests) are conducted to measure bladder capacity, bladder pressures, the flow of urine, and bladder emptying.

A stereoscopy may be performed to examine the inside of the bladder and urethra (the tube through which urine passes) with a small telescope (cystoscope). The skull, spine, and urinary tract may be examined with X-rays, computed tomography (CT), and magnetic resonance imaging (MR.). You may be referred to a neurologist for consultation. The doctor will perform a physical examination and ask about your medical history, especially about any neurological problems such as back injury, stroke, or other neurological diseases.

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Medications may help manage your symptoms.

Your doctor may recommend: Medicines that relax the bladder (exhibition, tolerating, or proportionate) Medicines that make certain nerves more active (betrothal) Botulism toxin (Bottom) GAB supplements Anti-epileptic drugs

Your doctor may refer you to someone who has been trained to help people manage bladder problems. Skills or techniques you may learn include:

Exercises to strengthen your pelvic floor muscles (Keel exercises) Keeping a diary of when you urinate, the amount you urinated, and if you leaked urine.

This may help you learn when you should empty your bladder and when it may be best to be near a bathroom. Learn to recognize the symptoms of urinary infections (It's), such as burning when you urinate, fever, low back pain on one side, and a more frequent need to urinate. Cranberry tablets may help prevent It's.

Some people may need to use a urinary catheter. This is a thin tube that is inserted into your bladder. You may need a catheter to be in place all the time (indwelling catheter).