Allied Health Professionals and Intermittent Self Catheterisation (ISC): Challenging Traditional Practice in the Acute Spinal Setting

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Background

Cauda Equina Syndrome: Symptom Chart

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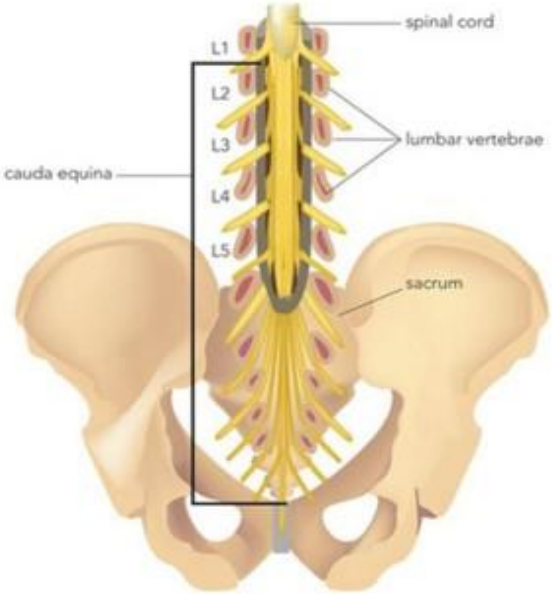
Bladder disturbances
- Urination different to normal
- Inability to start, stop and/or control urination
- Loss of normal sensation
- Loss of full bladder sensation
- Inability to empty bladder fully

Bowel disturbances
- Loss of feeling when passing a bowel motion
- Constipation
- Loss of control of bowel movement



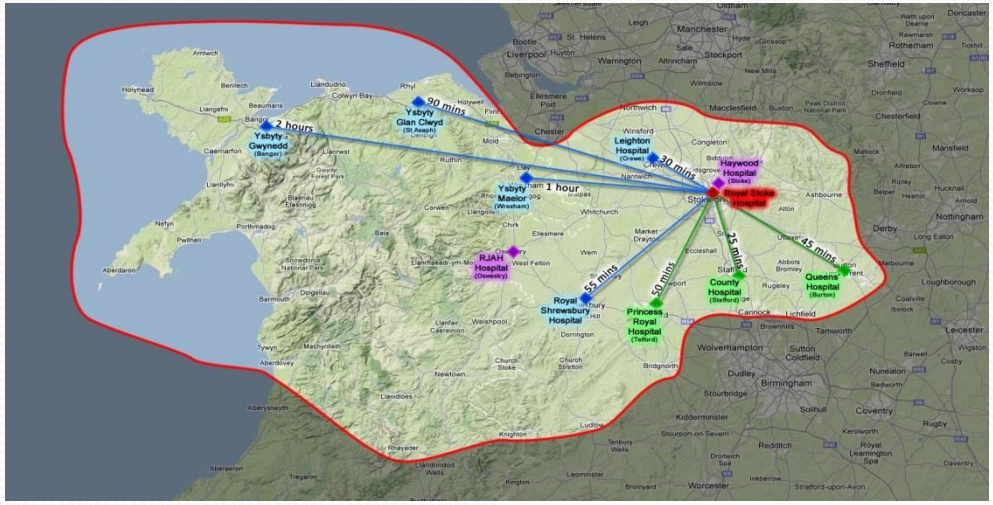
Saddle numbness
- Loss of feeling between the legs
- Numbness in and around genitals and/or anus

Sexual dysfunction
- Loss of sensation during sexual intercourse
- Inability to achieve an erection or ejaculate
- Loss of clitoral sensation

Lower back pain/ leg weakness and sciatica
- A combination of these problems may be present
- Keep alert for weakness in toe movement – can occur before other muscle weakness
- Marked inability to bend forward – may indicate a large disc prolapse
- Anal sphincter reflex may be affected
- Look out for loss of Achilles movement

Cauda Equina Patients' Journey in Stoke on Trent

NHS
University Hospitals of North Midlands
NHS Trust



The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS
NHS Foundation Trust

Current Patient Pathway

Ultimate goal

Why Occupational Therapy?

- Occupational therapy provides practical support to empower people, to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them. This support increases people's independence and satisfaction in all aspects of life.

- "Occupation" as a term refers to practical and purposeful activities that allow people to live independently and have a sense of identity. This could be essential day-to-day tasks such as self-care, work or leisure.

- Occupational therapy takes a “whole-person approach” to both mental and physical health and wellbeing and enables individuals to achieve their full potential.

Royal College of Occupational Therapy (2017)

Why Occupational Therapy?

Where to go?

Royal College of Occupational Therapists

Hollister

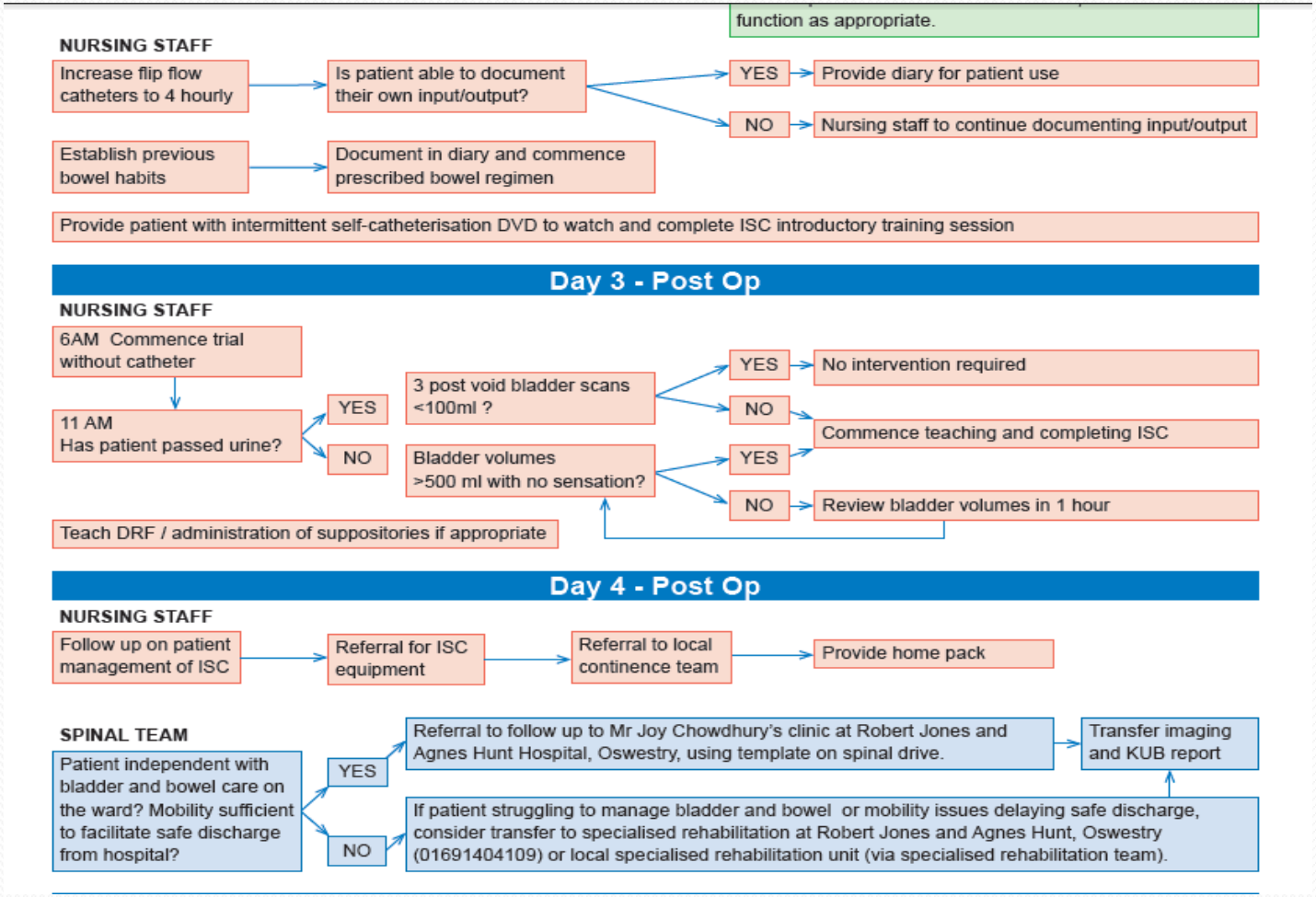
Coloplast

Professional Competence

- 5.1 You must only provide services and use techniques for which you are qualified by education, training and/or experience. These must be within your professional competence, appropriate to the needs of the service user and relate to your terms of employment.

Royal College of Occupational Therapists (2015) Code of Ethics and Professional Conduct, London.

Post Operative Care Pathway



Communication

- Early referral to regional Spinal Cord Injury (SCI) Centre via the National SCI database
- Template for written referral agreed with SCI Centre
- Patient held documentation

Where we are….

LITTLE MISS OCCUPATIONAL THERAPIST

What next……

- Implement bladder diary documentation to the pathway
- Provide quality of life questionnaire and follow up at 6 months.
- Interim advanced spinal practitioner follow up clinic while awaiting long term follow up in spinal cord injury centre.
- Ward nurse education for teaching intermittent catheterisation.

TO INDEPENDENCE
AND BEYOND!!
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Discussion and Questions