



THE JEFFRAS' PROGRAM THAT PROMOTES  
A HEALTHY SCHOOL ENVIRONMENT  
FOR STUDENTS WITH SPINA BIFIDA

## CONTINENCE MANAGEMENT IN SCHOOLS

### What is a neurogenic bowel and bladder?

In Spina Bifida (SB) the nerves do not function normally at the level of and below the deformity, which is usually in the lowest part of the back. The damaged nerves cause varying degrees of paralysis (neuro muscular weakness) and decreased sensation. This means all children with SB have problems with lower body function which includes mobility.

The connections between the brain, spinal cord, bladder and bowel do not correctly send messages. Therefore, sensation and voluntary emptying of bowel and bladder are not always possible. This is called a "neurogenic" or "neuropathic" bladder or bowel. Urinary and bowel control in children and adolescents are important for short and long term health; and also in the development of independence. Therefore, bowel and bladder continence is a central focus for children with SB.

A neurogenic bladder either does not empty completely, causing urine to "back up" into the kidneys (which can cause permanent damage over time) or it leaks continuously (incontinence).

Furthermore, children with neurogenic bladder may have frequent urinary tract infections.

### Clean Intermittent Catheterization (CIC)

This is the primary method to prevent problems and give the child social continence. In CIC, a small flexible tube is inserted into the bladder to drain the urine. It is a simple, quick procedure that takes no longer than it takes to urinate normally. Some children are not able to perform self-catheterization through the urethra. In such cases, the child may have a catheterizable "stoma" (surgical opening) in the belly button or side of the abdomen. This option makes it possible for many young children and teens to handle catheterization independently. If this isn't already achieved before entering school, then learning self- catheterization should be included in the child's IEP. The need for assistance should decrease with age.

CIC is done every day, and as frequently as "anyone" would need to empty their bladder.

Also, CIC:

- helps to avoid urinary tract infection (UTI)
- helps to avoid serious bladder and kidney damage
- is necessary to become (socially) continent
- has to be combined with bowel training if there is constipation

## Care & Storage of Catheters: **ADDITIONAL RESOURCES**

Unless otherwise stated by parents or physician, CIC is done with clean washed hands-gloves are not necessary. Some catheters can be easily disposed of, but some need to be washed out and laid out on a paper towel to dry. In such cases, public bathrooms would not be an acceptable place to leave them. The nurse's office may be most appropriate.

### **Bowel Management (Managing Incontinence & Constipation)**

Because most children with SB also experience difficulty controlling bowel movements, a bowel management program may be necessary for both health and social acceptance. As children grow older, bowel continence offers an enormous increase in the successful social development and self-esteem, which impacts overall success in school.

Bowel management in school may include:

- recognizing and reporting bowel accidents or soiled clothing
- removing or replacing clothing
- inserting suppositories
- assembling supplies
- cleaning up supplies and restroom
- participating in bowel washouts or increasing personal responsibility for bowel program
- communicating with school nurse or trusted employee or friend

Constipation in SB is a life-long medical issue. Constipation in SB cannot be cured and children do not outgrow it. This means that children with SB have problems with lower body function, which includes mobility and bowels and bladder.

### Bowel Management & Spina Bifida



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