

如何进行膀胱训练?

膀胱训练是利用时间控制、饮水、诱尿与间歇导尿法来实行以帮助您增强对排尿的控制能力。

- 请您记录您每天的排尿量及饮水量;
- 请您食用富含维生素C的水果;
- 根据一般人排尿时间——4小时为一个单元,有效的膀胱训练容量是350-400ml,建议平均每小时进水量(包括各类食物的含水量)需100-150ml;
- 瓦氏动作(Valsalva's maneuver):让患者声门紧闭,强行呼气以增加胸内压(注意有心脏病及颅内压增高的患者,要避免此诱尿方法);
- 凯格尔运动,又称为骨盆运动,保持骨盆底肌肉收缩,然后慢慢的放松,重复收缩10下,每天至少3次。此运动的目的在于借着伸展骨盆底的耻骨尾骨肌来增强肌肉张力;
- 若突然发烧或下腹疼痛,即有可能为尿路感染,请立刻告知医生;
- 膀胱训练应按计划坚持不懈,避免因暂时的效果不佳。



United Family Healthcare
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Beijing United Family Rehabilitation Hospital
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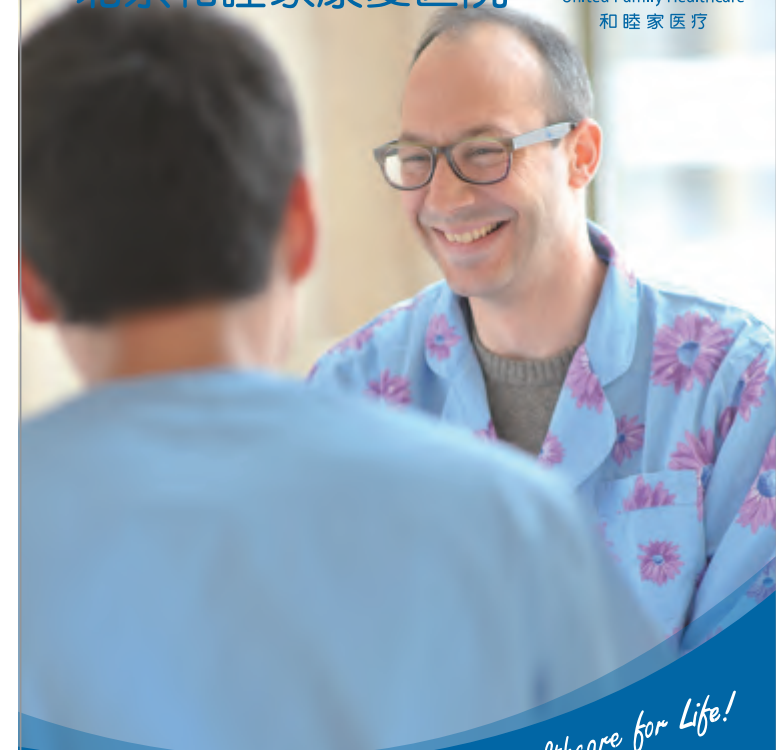
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Healthcare for Life!

Management of Neurogenic
Bladder Dysfunction
神经源性膀胱的管理

What is neurogenic bladder dysfunction?

Neurogenic bladder dysfunction is the condition in which a person lacks bladder control due to a damaged or central nervous system.

Common diseases that can cause neurogenic bladder dysfunction:

- Brain injury or congenital damage like stroke and brain tumors.
- Spinal cord disorders such as myelitis, multiple sclerosis, or other injuries.
- Peripheral neuropathy including herpes zoster, cauda equine syndrome, and diabetes.

What are the clinical signs and symptoms of a neurogenic bladder?

Urinary symptoms associated with neurogenic bladder dysfunction are an overactive and underactive bladder, including urinary frequency, urgency, incontinence, as well as stress incontinence and an inability to control urination. In some patients, bladder reflex is poor and does not open or open fully, presenting difficulty in urinating, urinary retention, incontinence, and other related symptoms. In addition to urinary problems, bowel incontinence, perineal sensory loss, limb paralysis, and other issues may occur.

Management of neurogenic bladder dysfunction

The main goal of bladder management is to protect kidney function and prevent conditions like pyelonephritis or hydronephrosis that lead to chronic renal failure. Management can also improve urinary symptoms and quality of life. Treatments include:

- Surgery: To reduce or increase bladder outlet resistance, bladder compliance and equilibrium.
- Non-surgical intervention: Catheterization, adjuvant, pharmacological, blocking or acupuncture therapy, as well as bladder training.

Bladder training

Bladder training is the effective use of time management, drinking water, and intermittent urinary cauterization to help you gain control over your urination.

- Keep a record of how much you urinate each day as well as how much fluid you drink.
- Eat fruits rich in vitamin C.
- An average person urinates about 350-400ml within a 4 hour period. Using this as a model for training, a patient should only drink or eat about 100-150ml.
- The Valsalva maneuver is performed by making a hard exhalation against a closed airway with the mouth shut, pinching the nose closed while pressing out. If you have any heart diseases or increased intracranial pressure, do not perform this maneuver.
- Kegel exercises, or pelvic movements, are used to help strengthen pelvic muscles and can decrease incontinence. Contract the muscles in the genital area and then slowly relax. Repeat contractions ten times. Do this exercise at least three times a day for best results.
- Continue with your bladder training and follow through to avoid poor results.
- Please inform your doctor immediately if there is fever or lower abdominal pain, a sign of urinary tract infection.

什么是神经源性膀胱?

控制排尿功能的中枢神经系统或周围神经受到损害而引起的膀胱尿道功能障碍称为神经源性膀胱。

引起神经源性膀胱的常见疾病有哪些?

- 脑部受伤或先天性的受损：中风、脑部肿瘤等
- 脊髓病变：脊髓炎、多发性硬化症、脊髓损伤等
- 周边神经病变：带状疱疹、马尾神经损伤、糖尿病等

神经源性膀胱的临床表现有哪些?

神经源性膀胱的泌尿系症状伴有排尿功能紊乱及反射性排尿。逼尿肌反射亢进由无抑制性收缩所引起，主要为尿频、尿急及急迫性尿失禁，部分患者表现为压力性尿失禁或遗尿。逼尿肌无反射的患者在排尿时膀胱颈部不能张开或张开不充分，常表现为排尿困难、尿潴留、充盈性尿失禁等症状。除排尿症状外，还伴有便秘、大便失禁、会阴部感觉减退或丧失、肢体瘫痪等症状。

神经源性膀胱的管理:

治疗神经源性膀胱的主要目的是为了保护肾脏功能，防止肾盂肾炎、肾积水导致慢性肾功能衰竭；其次是为了改善排尿症状以减轻其生活上的痛苦。神经源性膀胱的治疗措施有：

- 手术治疗：降低或增强膀胱出口阻力、膀胱顺应性及平衡性
- 非手术治疗：导尿、辅助治疗、药物治疗、针灸疗法、封闭疗法、膀胱训练