

Let's Talk About...

Spina Bifida and Bladder Control

Spina bifida affects a child's kidneys and bladder (urological *yoo-roh-LOG-ik-uhl* system) and their ability to empty the bladder. This handout will help you understand what tests your child will need and how to prevent urinary tract infections (UTIs).

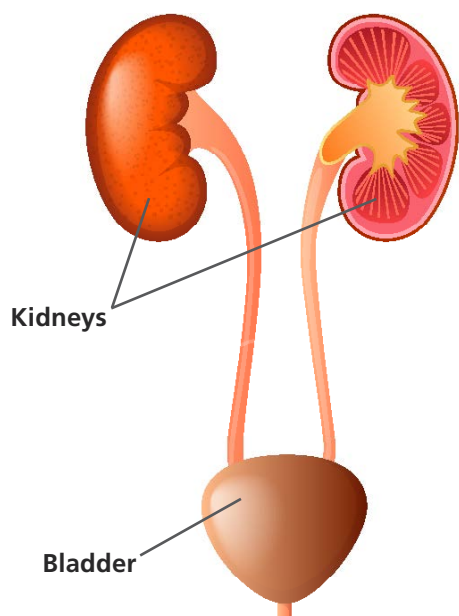
How does spina bifida affect the bladder?

Children with spina bifida often have a **neurogenic bladder**. This means the bladder doesn't work properly because the nerves that control the bladder are damaged. A neurogenic bladder can cause permanent kidney damage, so it's important to know the signs of a bladder problem.

Signs of a bladder problem

- The bladder may not empty well, causing a UTI.
- The bladder may empty only when very full, which causes urine (pee) to back up into the kidneys and damage them.
- The bladder may empty when very little urine is present.

Have your child's kidneys and bladder tested early to prevent kidney damage.



How does the doctor check your child's urological system?

When your child is tested, the doctor will first focus on preserving kidney function. As your child grows, the doctor will check their bladder control (continence). Make sure your child has their bladder control checked periodically even as an adult.

Your doctor will run the following tests to check your child's urinary system:

1 Kidney tests

- **Creatinine test:** This blood test shows how well the kidneys are filtering the blood.
- **Ultrasound:** This test shows the size of the kidneys and whether they are enlarged.

2 Bladder tests

- **Urinalysis:** This test evaluates the kidneys and bladder. It is also known as a "dip" or "dipstick" test.
- **Urine culture:** This test determines if your child has a UTI. A technician will put a small tube in your child's bladder to collect urine. Test results generally take 2–3 days.
- **Voiding cystourethrogram (VCUG):** This test shows whether urine is backwashing to the kidneys. The technician will put a small tube in your child's bladder and put dye in the tube. The dye will show up when the technician takes x-rays.

- **Cystometrogram (CMG):** This test studies how much urine the bladder holds. The technician puts 1 small tube in your child’s bladder and another small tube in their rectum. Then they put warm water through the tube into the bladder. This measures how much the bladder holds and the pressure inside it. High pressure in the bladder may backfill into the kidneys and lead to kidney damage. They will also check if the bladder leaks when it reaches high pressures. If it does, kidney damage is more likely to occur.
- **Video cystometrogram:** A technician takes x-rays during a cystometrogram. A cystometrogram and cystourethrogram can be combined into one test.

What type of follow-up care should my child have?

Your child should have regular kidney and bladder tests. The doctor will look at kidney and bladder structures and function. They will also test bladder continence and look for infections.

Who do I call with questions?

If you have questions, call the spina bifida clinic at 801-662-1675.

To prevent UTIs:

- Empty the bladder completely every time.
- Put your child on a Clean Intermittent Catheterization (CIC) program.
- Prevent and treat constipation (can’t poop). Make sure your child has regular bowel movements, since constipation increases the risk of infection.

Symptoms of a UTI include:

- Chills or fever
- Foul-smelling urine
- Cloudy or dark urine
- Blood in urine
- Nausea or vomiting
- Pain in back or lower part of the belly
- Discomfort with catheterizations if your child has clean intermittent catheterizations (CIC)
- Change in urinary continence (if your child is on a CIC program)
- General signs of illness (not eating, not responding as usual, headaches)

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