

The application of PES in neurogenic bladder deriving from SCI

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CONTENT

NO.1

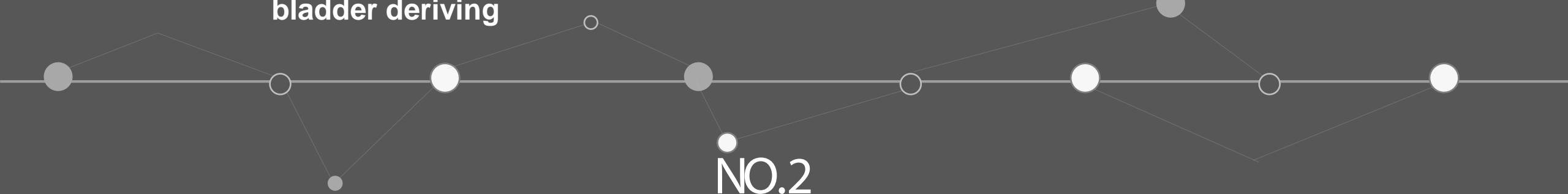
**The introduction of neurogenic
bladder deriving**

NO.3

The Combination Therapy with PES

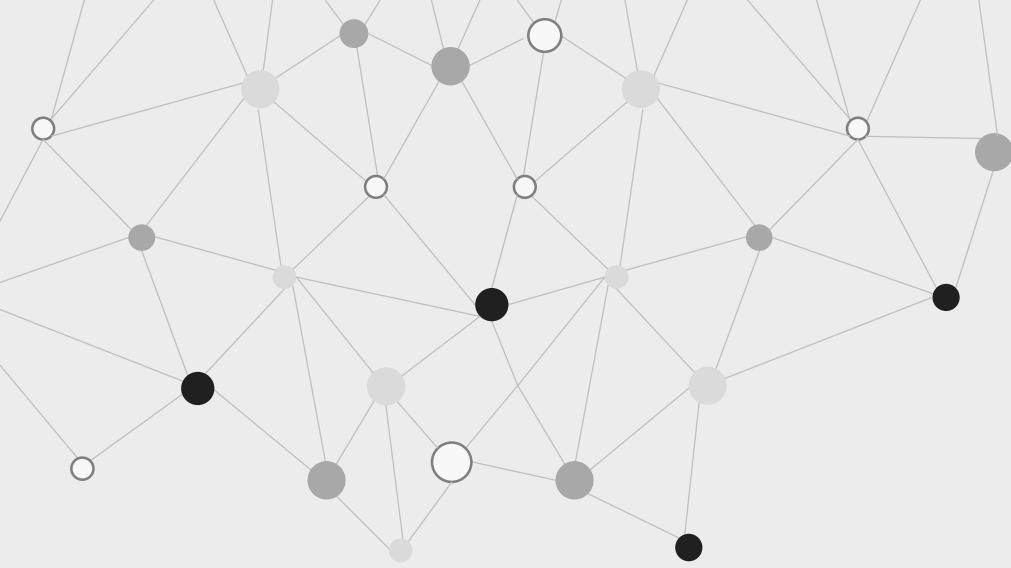
NO.2

PES using in neurogenic bladder deriving





The introduction of neurogenic bladder deriving from SCI

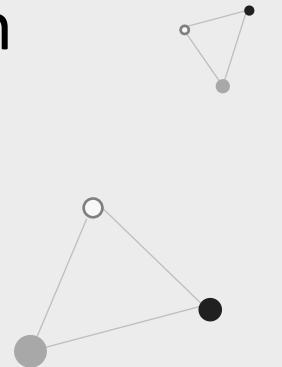


CONCEPT

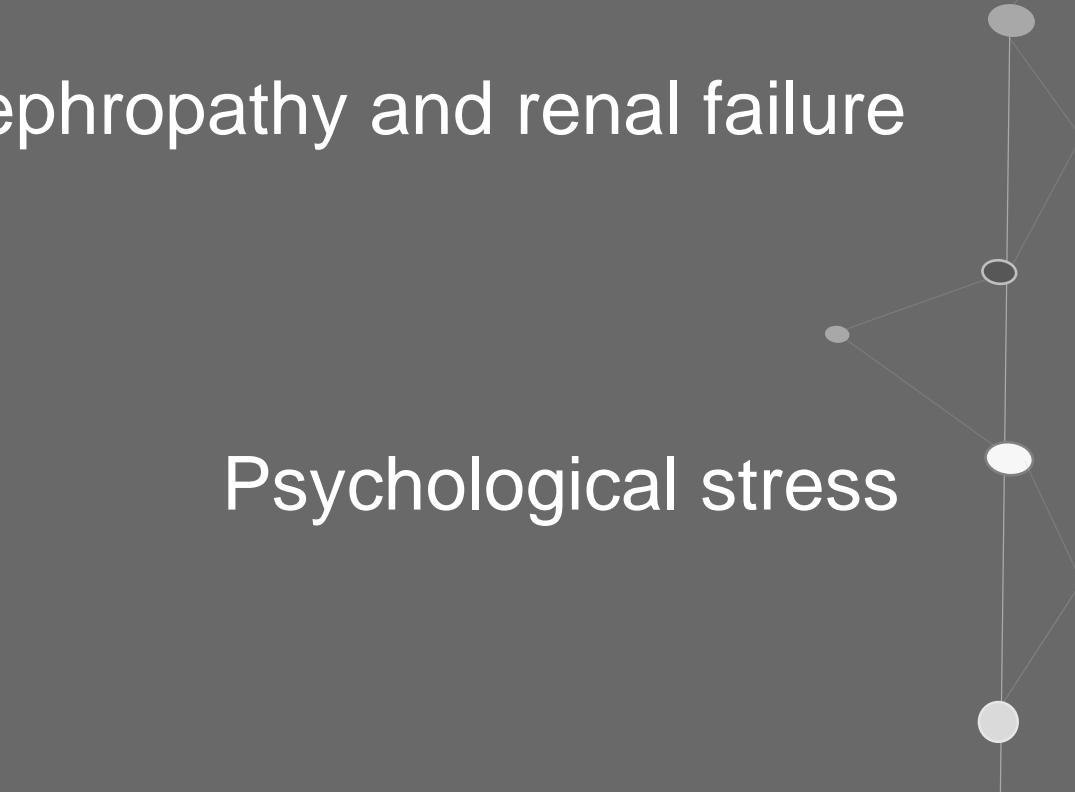
Neurogenic bladder:

Refers to the dysfunction of the urinary bladder secondary to diseases of the nervous system that result in problems with urine storage, micturition, or both

[1]Manack, A. Epidemiology and healthcare utilization of neurogenic bladder patients in a US claims database[J]. *Neurology Urology*, 2011, 30: 395-401



CONSEQUENCES



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graph TD; A(( )) --- B[Nephropathy and renal failure]; A --- C[Patient's health and life expectancy]; A --- D[Psychological stress]; A --- E[Affects social lives]
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Nephropathy and renal failure

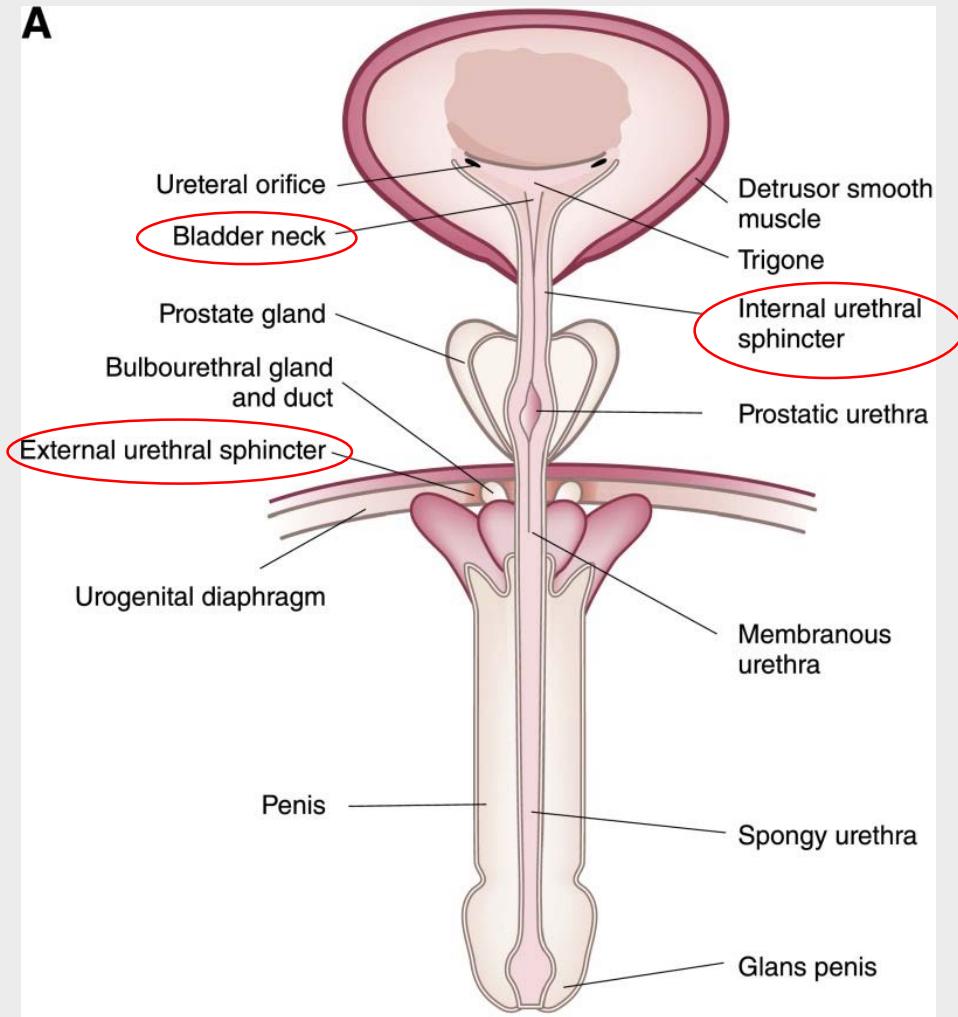
Patient's health and life expectancy

Psychological stress

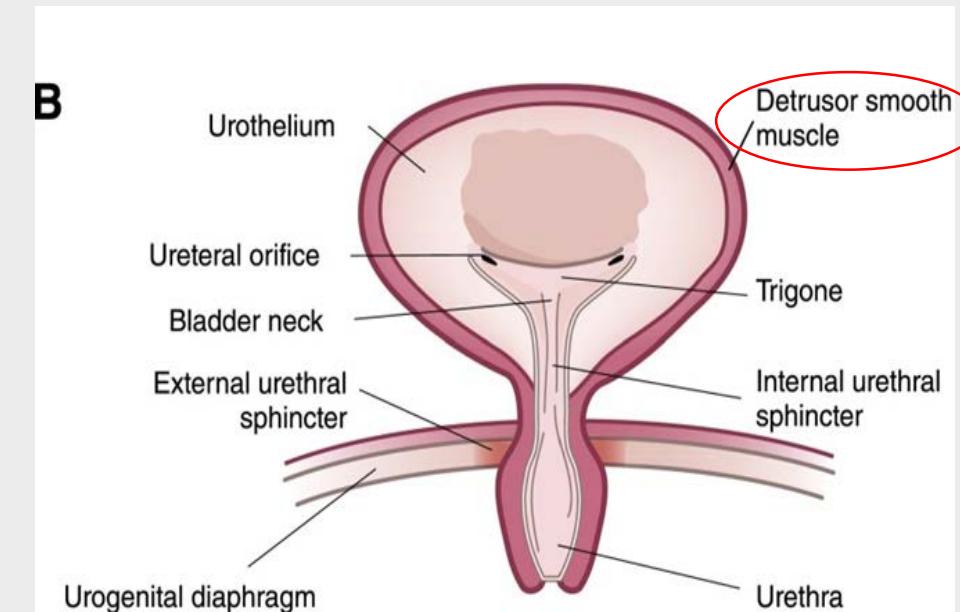
Affects social lives

ANATOMY

A



B



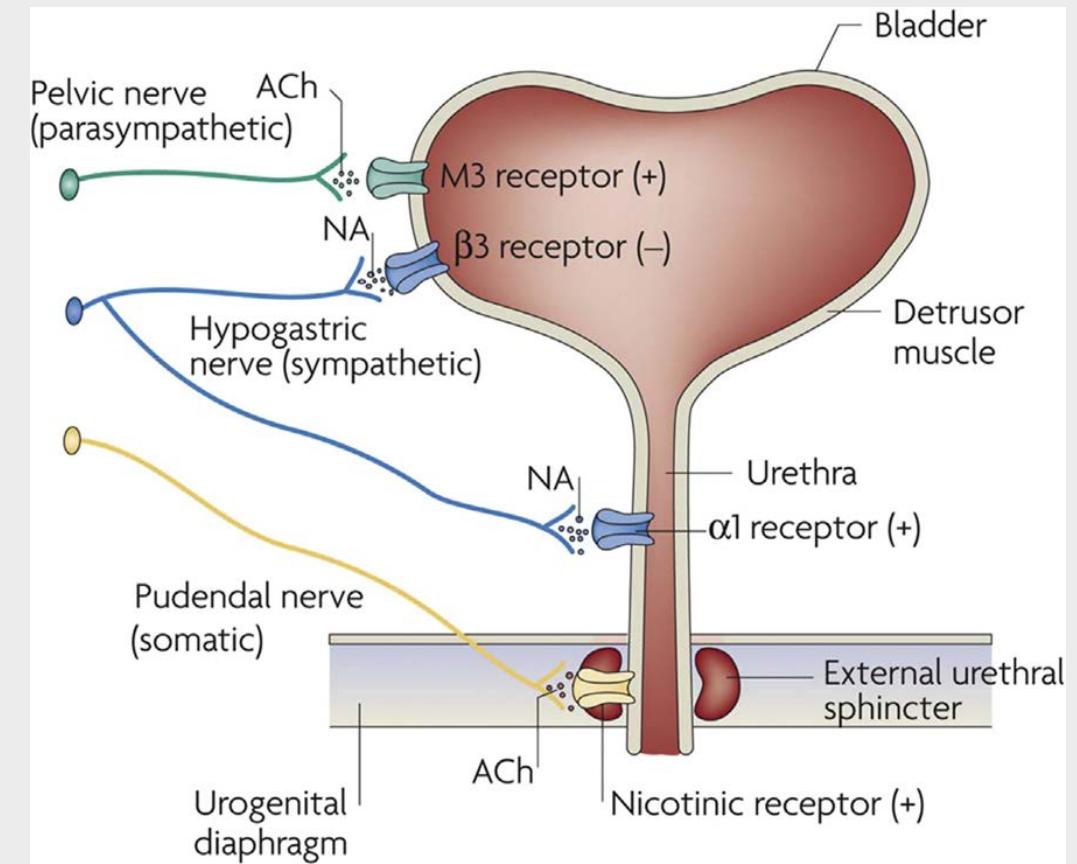
- Fundus vesicae urinariae
- Bladder neck
- Internal urethral sphincter
- External urethral sphincter
- Detrusor smooth muscle

EFFERENT NERVE

Parasympathetic

Sympathetic

Pudendal Nerve

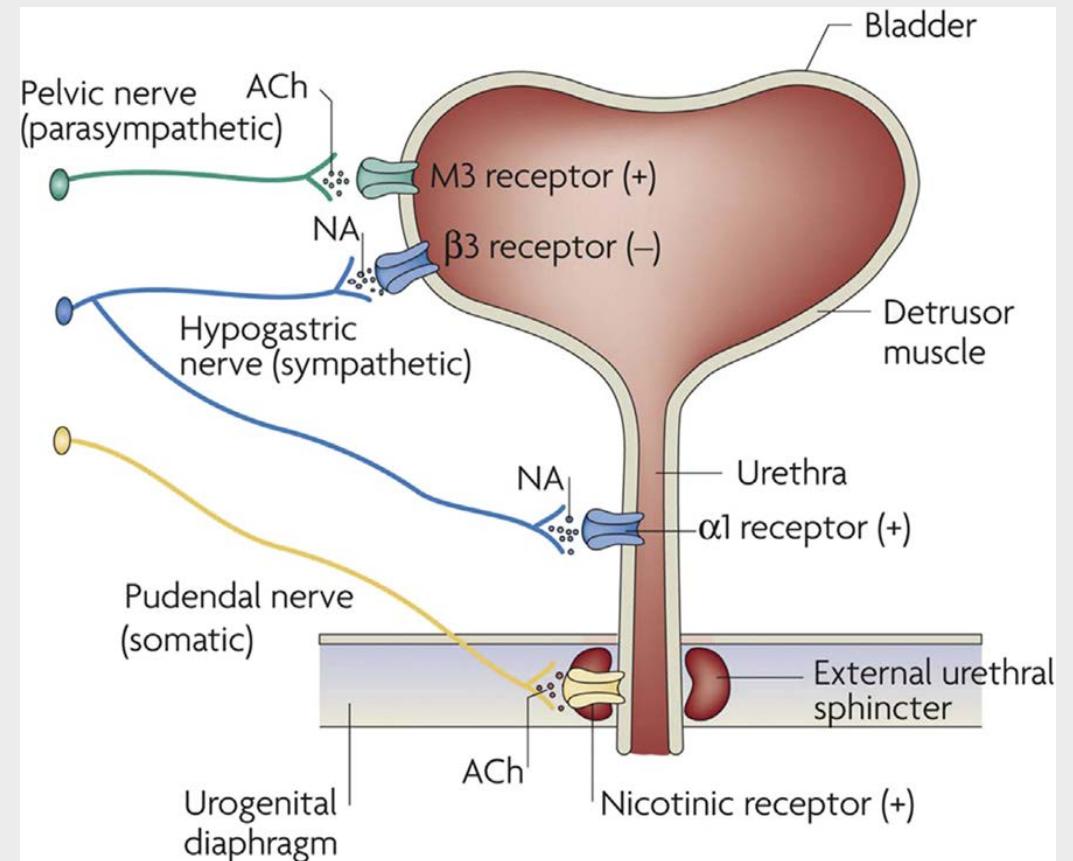


[3]Barry, D, Kyle. Ion channels of the mammalian urethra[J]. Channels, 2014, 8(5): 393-401

Parasympathetic

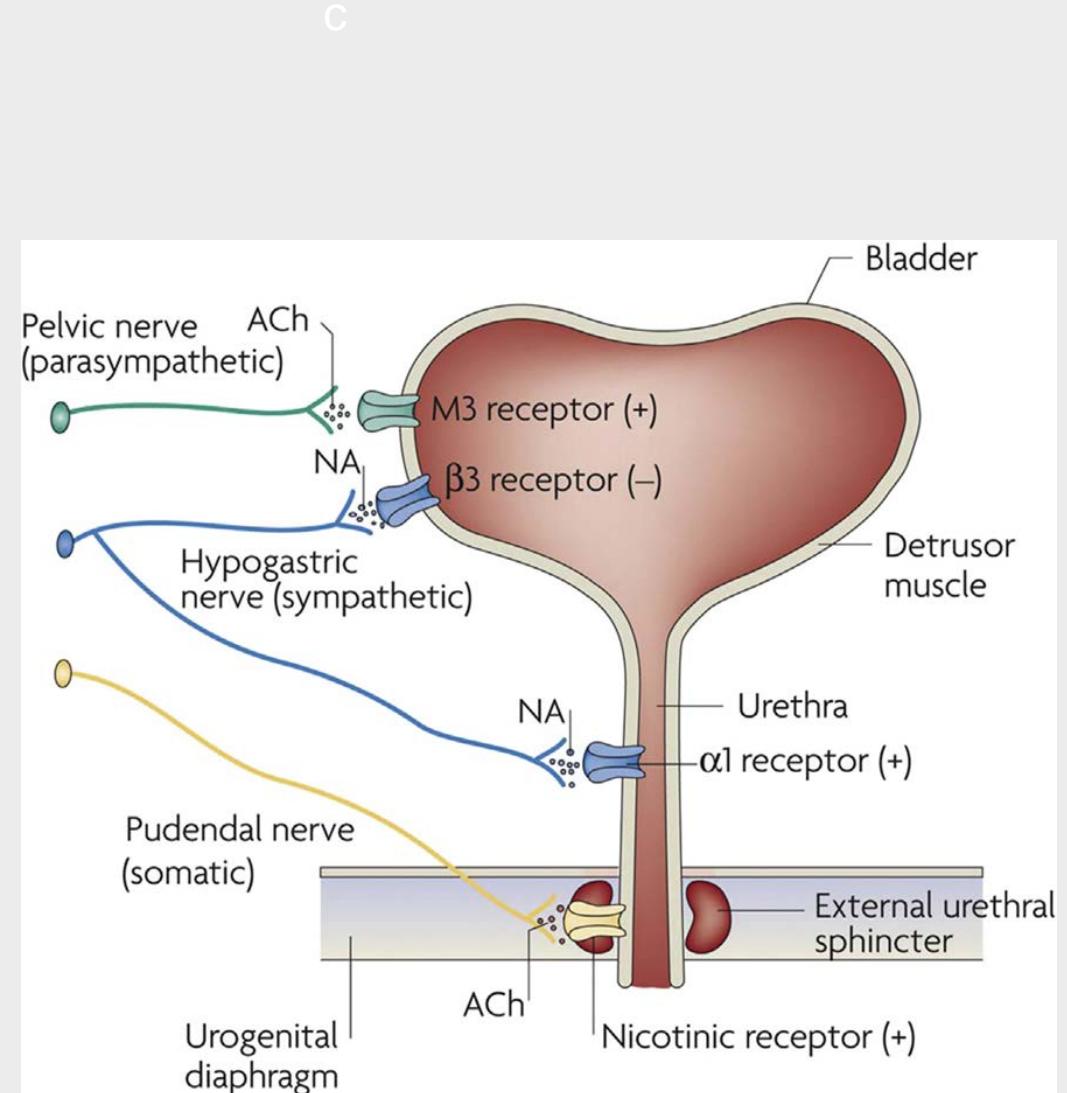
- Neural pathway : lateral horn of S2-S4 → synapses of S2-S4
- relaxes detrusor muscle of bladder wall (M₂, M₃-R)

C



Sympathetic

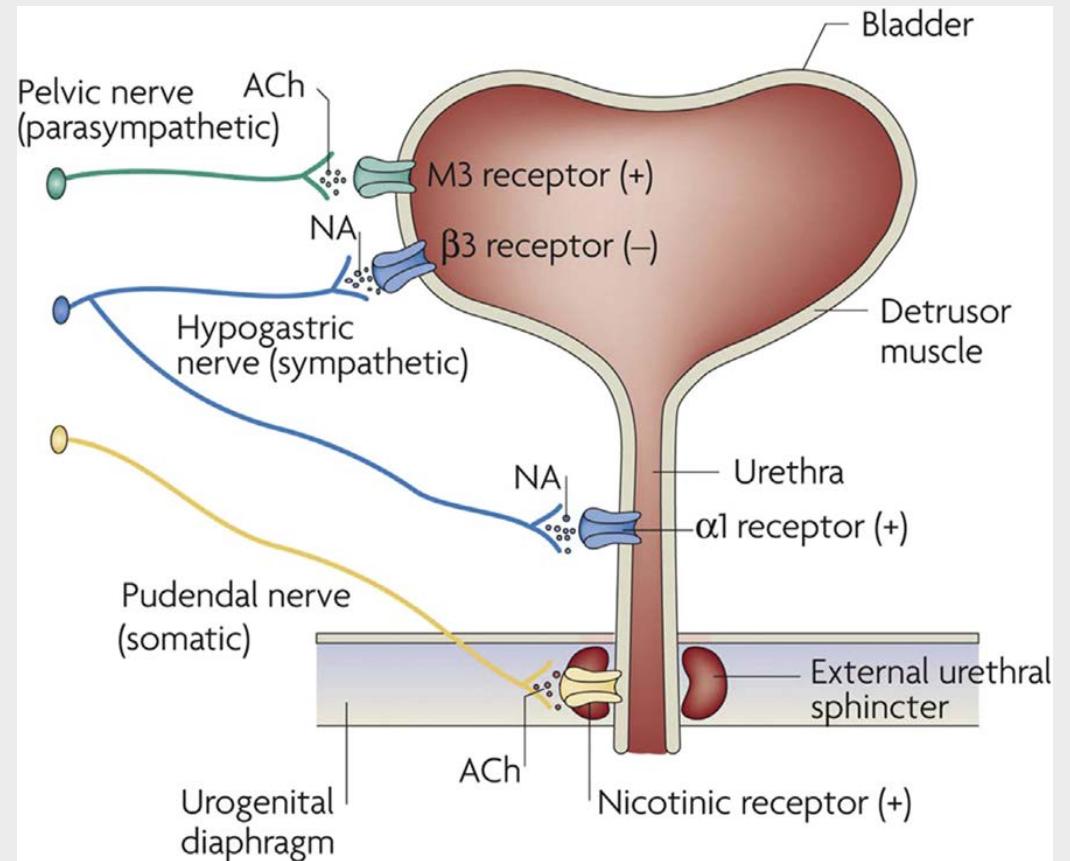
- Neural pathway :
 - Inhibition of B3-R . suppress detrusor contraction
 - Excite hypogastric nerve bladder base and internal urethral sphincter
 - Inhibition of parasympathetic detrusor smooth muscle B3-R postganglionic neurons internal urethral sphincter a1-R sympathetic postganglionic neuron



Pudendal Nerve

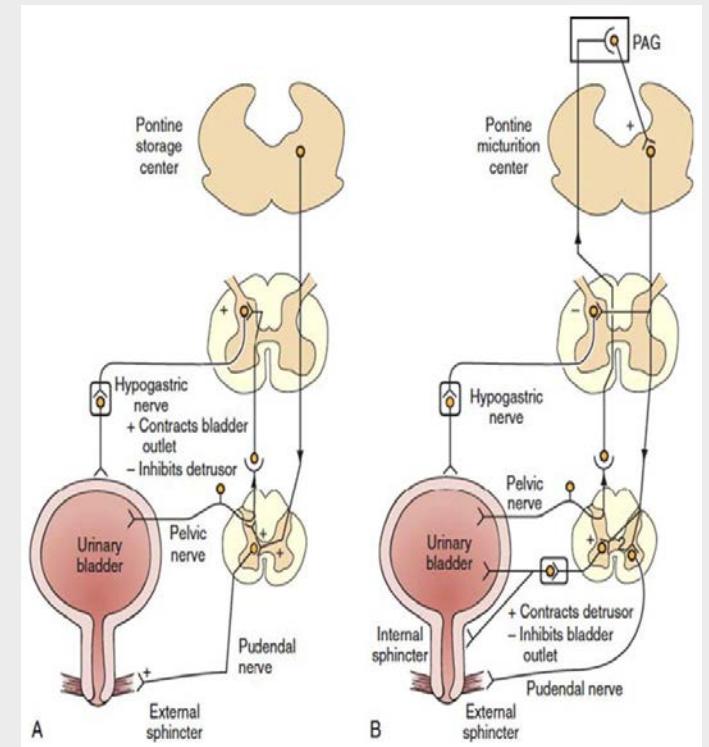
C

- Neural pathway :
 - Contraction of external urethral sphincter
- 
 pudendal nerve
 
 external urethral sphincter



AFFERENT NERVE

- A-fibers : small with myelin
C-fibers : big without myelin
- Function
 - Bladder contracts and internal pressure rises:
 - Bladder base → T11-L2
 - Bladder neck & internal urethral sphincter → S2-S4
 - Connect spinal cord with PAG, PMC , and cerebrum, coordinate bladder urinary storage, micturition, and produce micturition desire

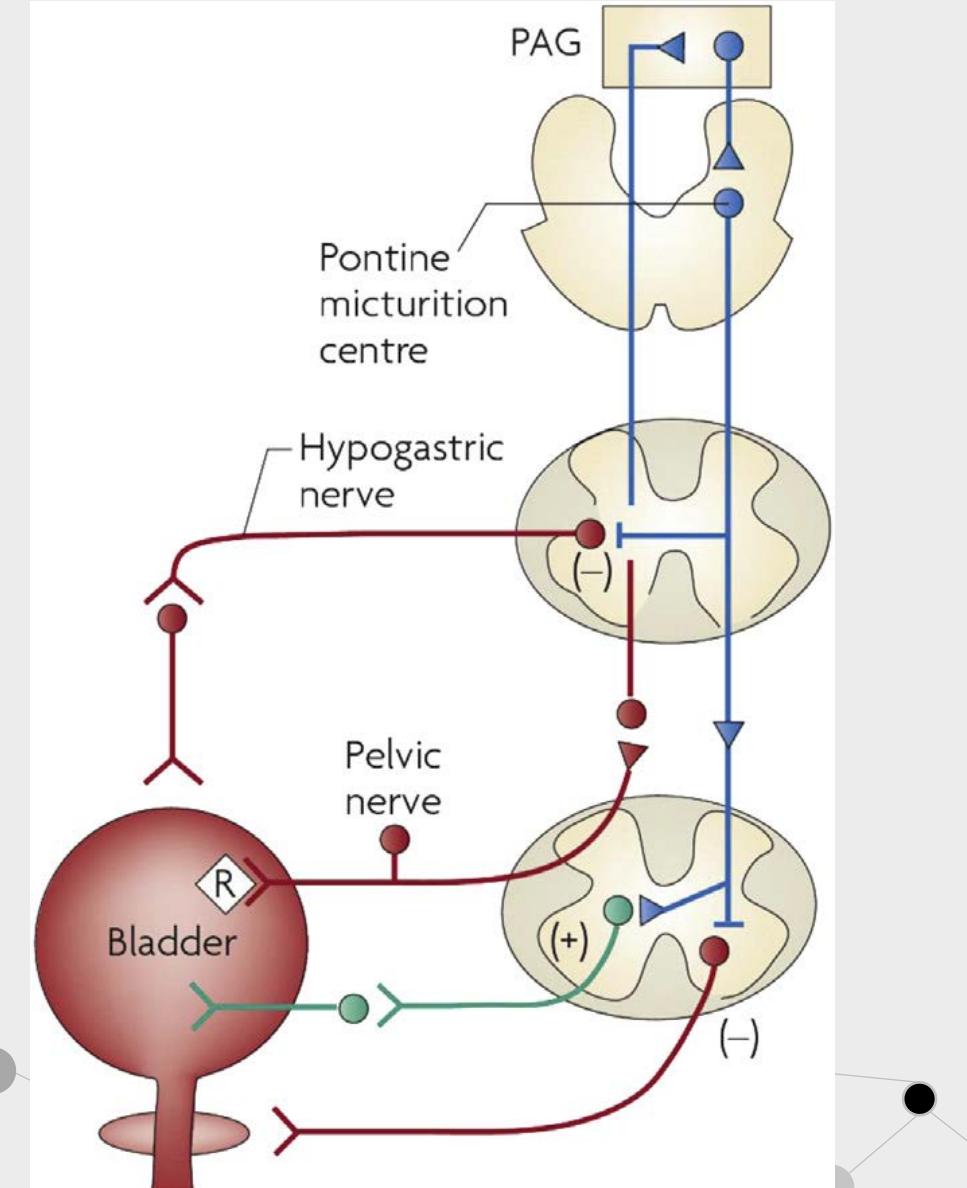


MECHANISM of NB

● Spinal shock stage (6-12w) :

urinary retention and overflow incontinence

- Parasympathetic (-)
- Sympathetic (+)
- Pudendal Nerve (-)



MECHANISM of NB

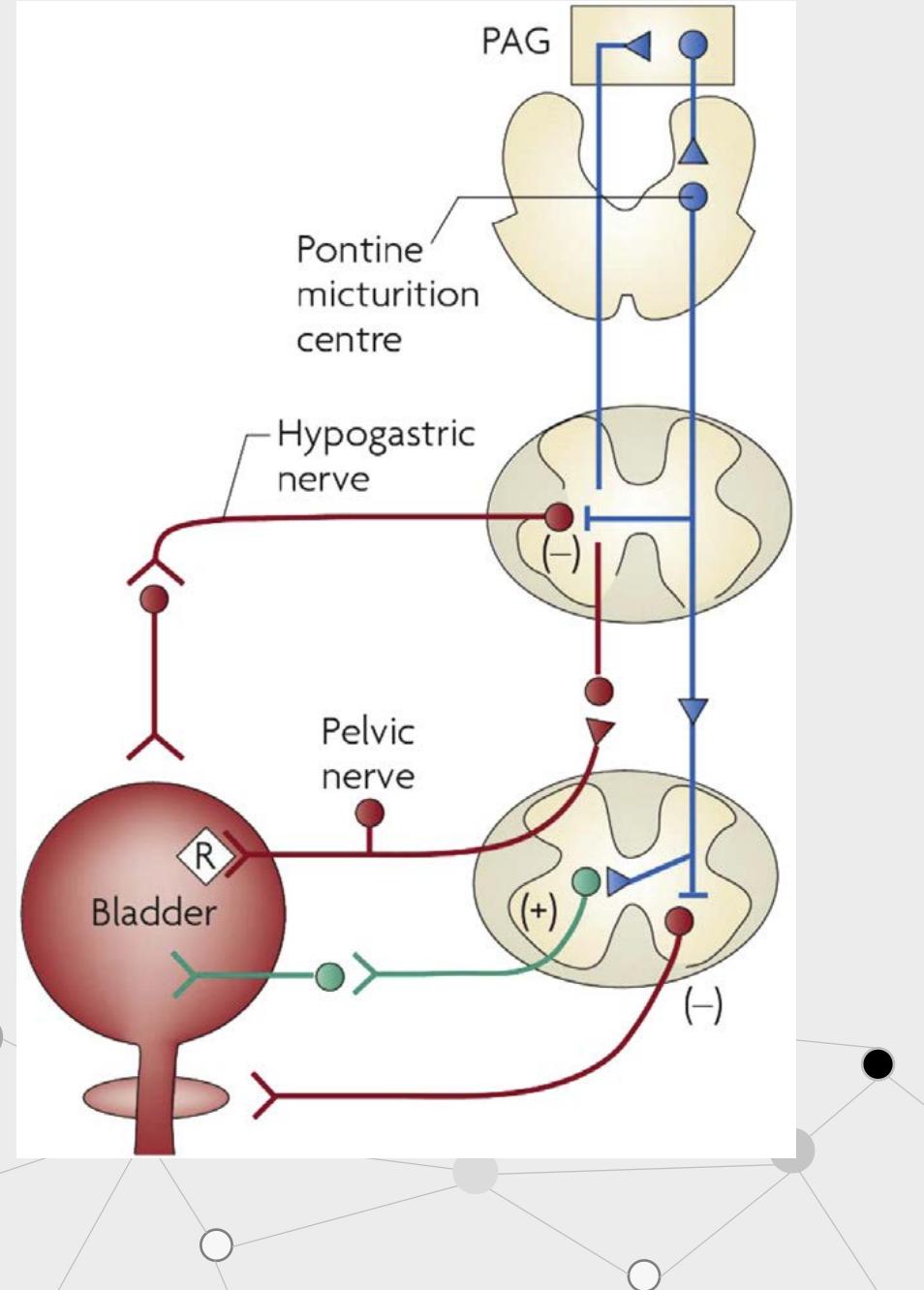
- Chronic stage :

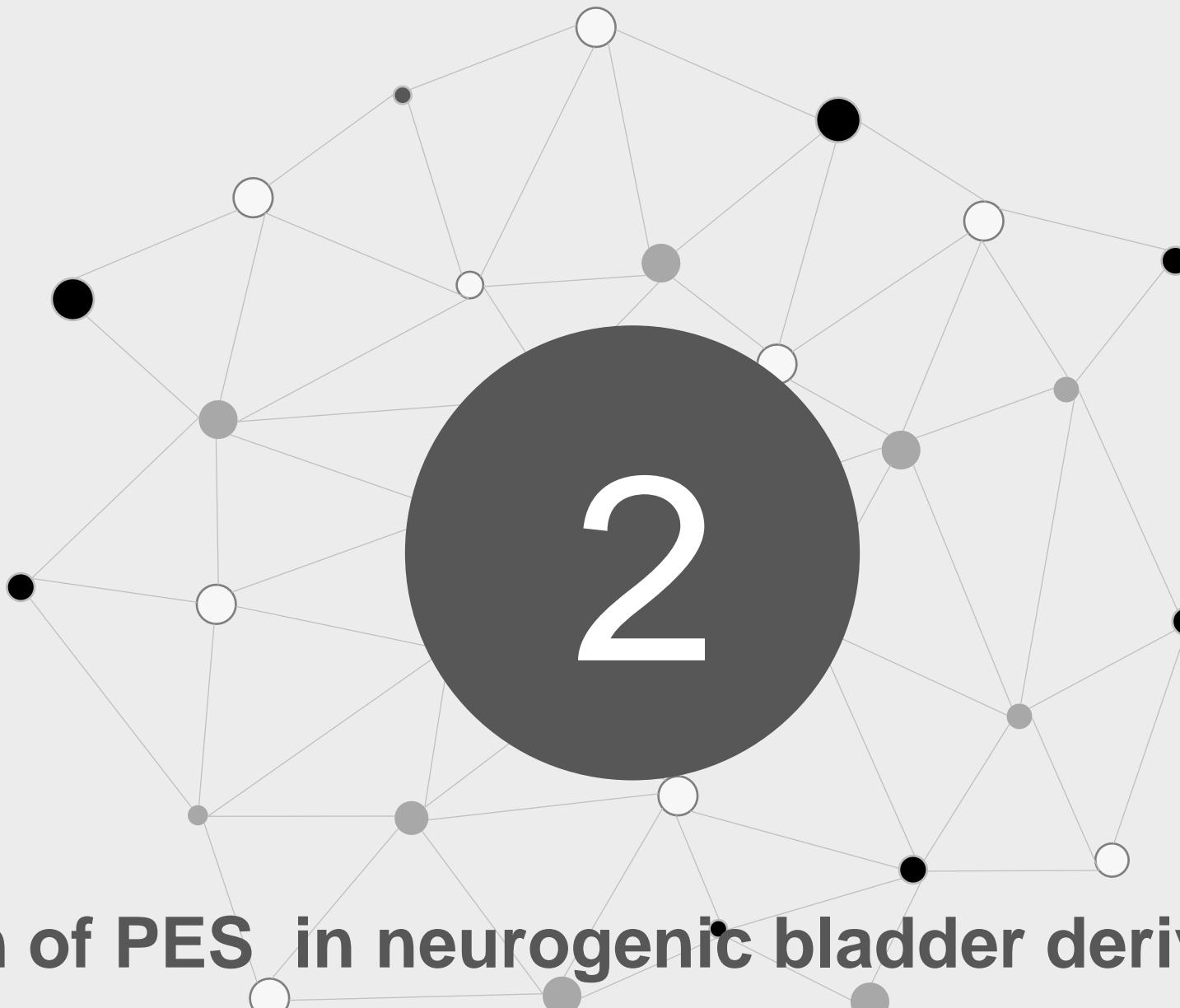
C replaces A

Reorganize pathway

threshold of micturition reflex is lower
detrusor overactivity

When $V_{\text{bladder}} \uparrow$, urinary incontinence



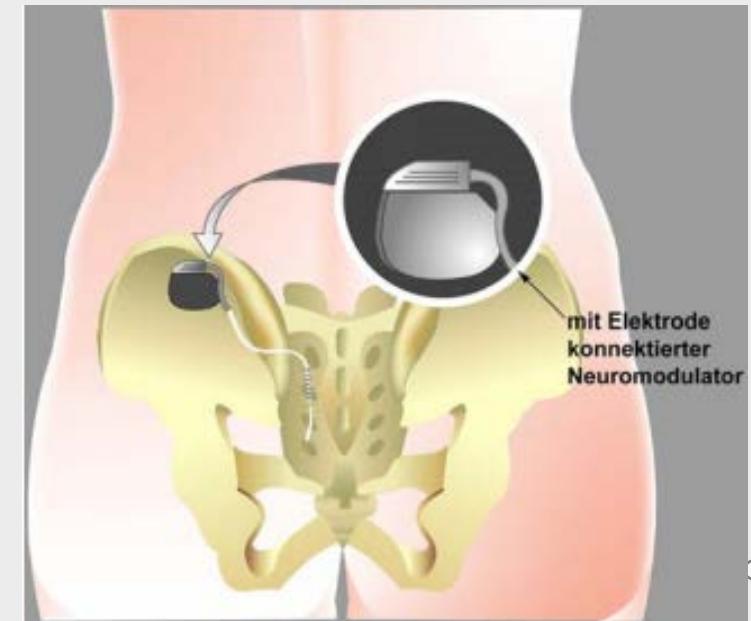


2

Application of PES in neurogenic bladder deriving from SCI

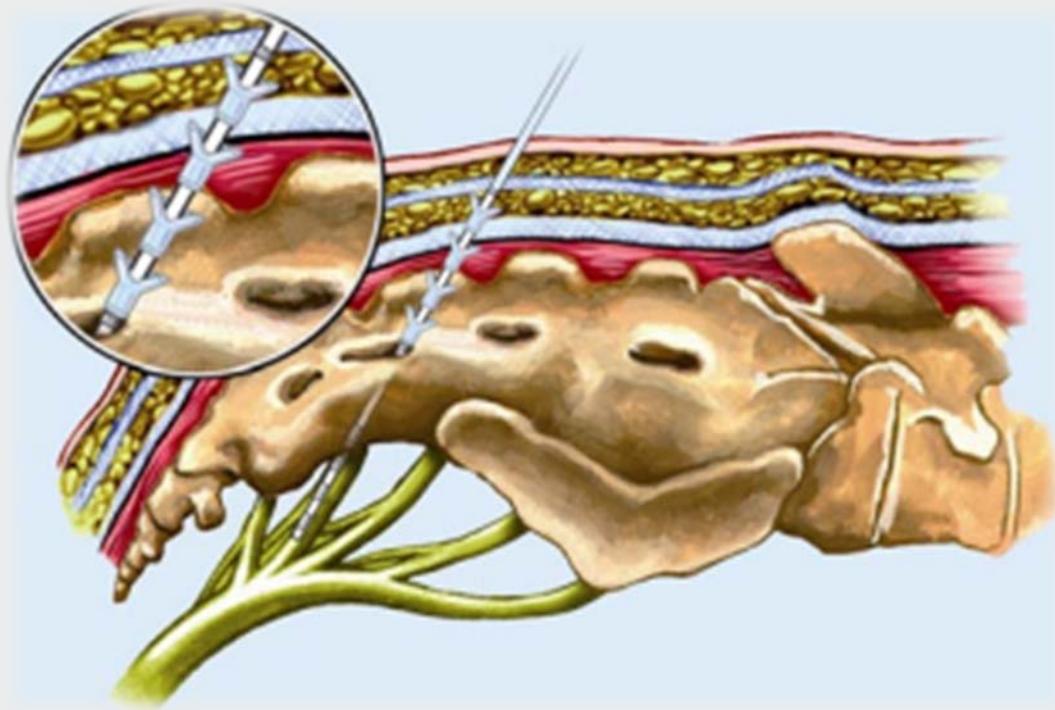
Why we choose the electrical stimulus ?

- Manipulation : Low security of micturition
- Anticholinergic drug : Serious side effect
- Injection of kreotoxin A to detrusor
- Surgery : Severe complications



(T.M.Kessler 2012)

Electrical Stimulus patterns



(T.M.Kessler 2012)



TENS : Effects are limited



SNM or Sacral nerve stimulation : invasive, pain, translocation of implanted electrode



PES

[6]陈亚平, 杨延砚, 周谋望等. 视觉反馈排尿训练在治疗脊髓损伤后神经源性膀胱中的应用[J]. 中华物理医学与康复杂志, 2013, 30(4): 267-268

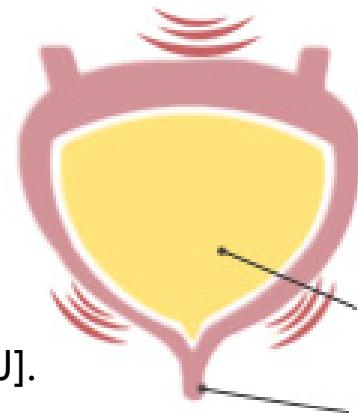
Theory of PES

- Restrain detrusor
- Elevate urethral closure pressure

[7] 杨幸华, 燕铁斌. 盆底肌电刺激用于治疗脊髓损伤患者神经源性膀胱的观察[J]. 中国康复医学杂志, 2013, 24(8): 715-726

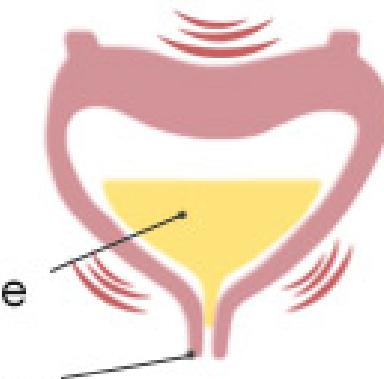
Normal Bladder

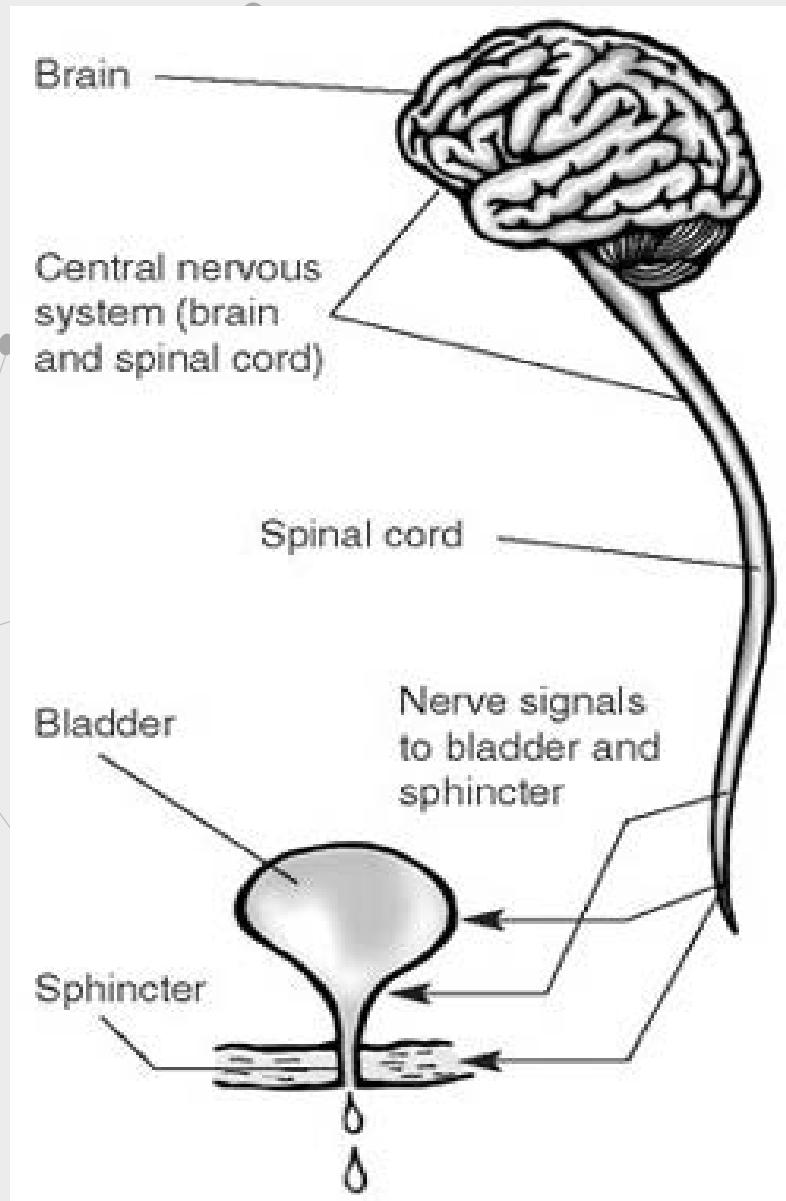
Detrusor muscle contracting when bladder is full



Overactive Bladder

Detrusor muscle contracting before bladder is full





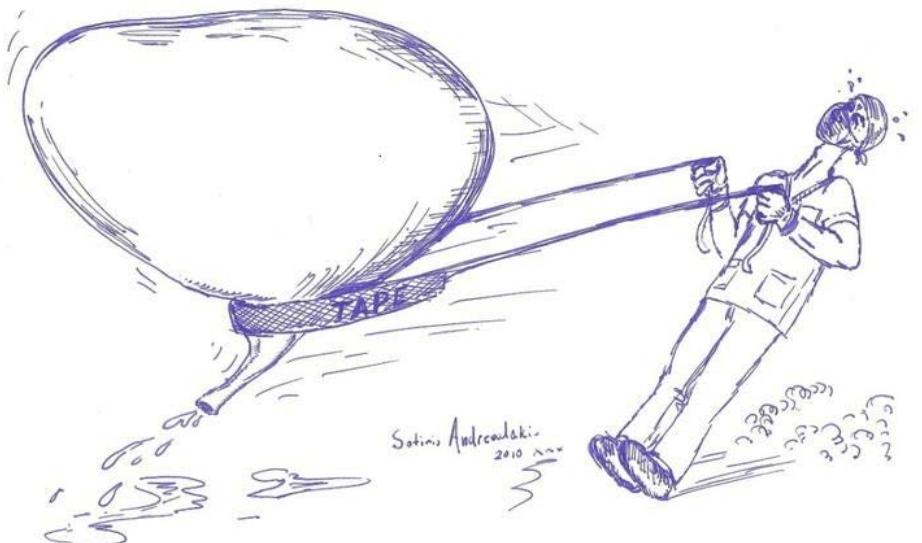
■ Restrain detrusor

**Pudendal nerve afferent fibers →
Sacral detrusor nucleus → Pelvic nerve
→ Suppress detrusor contraction**

Neurotransmitter : Gly, GABA, ENK

Electrical Stimulus restrain vesical reflex

■ Elevate urethral closure pressure



- I. Act on muscles directly
- II. Act on neural circuit

[7]杨幸华, 燕铁斌. 盆底肌电刺激用于治疗脊髓损伤患者神经源性膀胱的观察[J]. 中国康复医学杂志, 2013, 24(8): 715-726

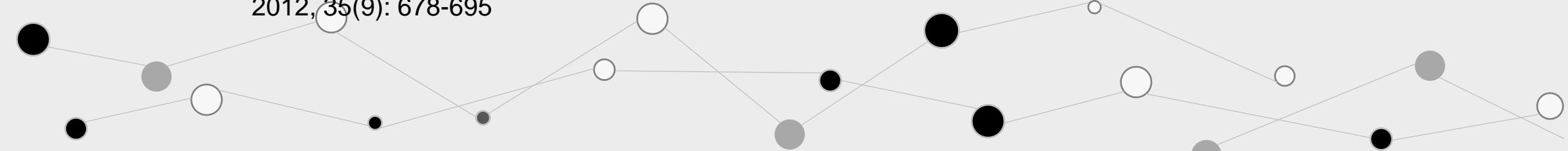
I . Muscles

➤ Cellular level :

- Nucleic acid and protein ↑
- $\text{Ca}^{2+}/\text{Pi}^{3+}$ 、 $\text{Ca}^{2+}/\text{Mg}^{2+}$ & cAMP ↑
- Content of organelles & activity ↑

Contraction and Urinary continence function ↑

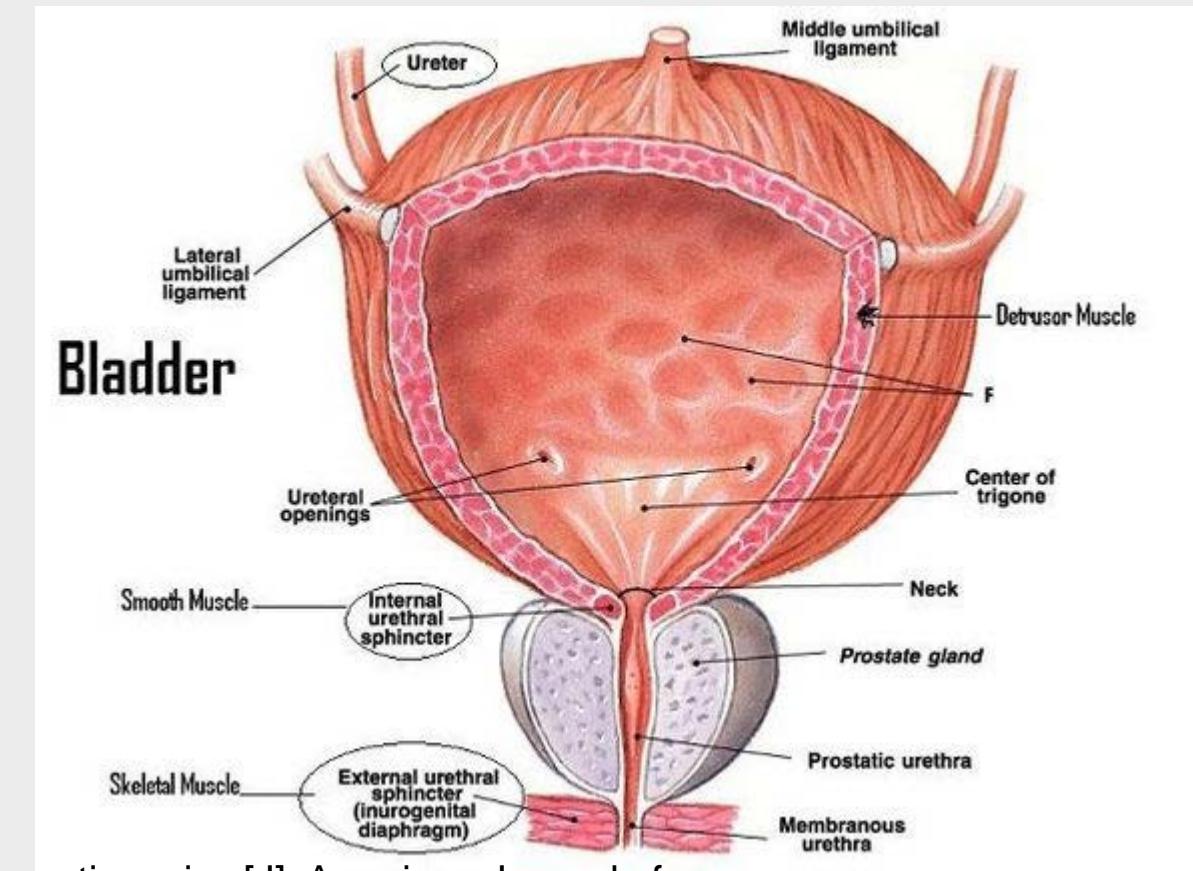
[8]陈国庆.不同频率的阴部神经电刺激对骶上脊髓损伤犬神经源性膀胱功能障碍的影响[J].中国泌尿外科杂志, 2012, 35(9): 678-695



I. Muscles

➤ Soft tissue level :

1. Reconstruct the neuromuscular activity
2. Increase the number of anti-fatigue muscle fibers



[9]Cedric, K. K,Nonantimuscarinic treatment for overactive bladder:a systematic review[J]. American Journal of Obstetrics and Gynecology, 2016, (6): 34-57

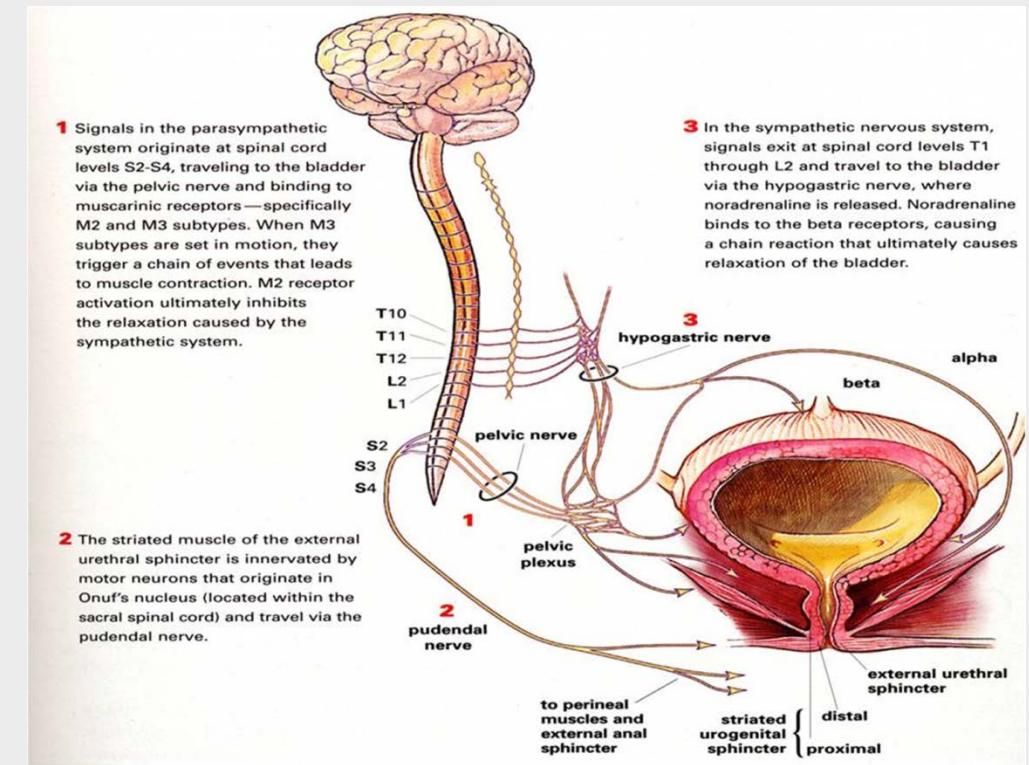
II. Neural Circuit

Impulse electrical stimulation to
Alpha-adrenergic receptor
thoracolumbar

Bladder neck & Proximal urethra
Excite sympathetic pathway &
Contract
Restrain parasympathetic pathway

Increase the function of urethral
closure
Restrain the contraction of bladder

Reduce bladder contraction ability



[10]Krzysztof Radziszewski, outcomes of electrical stimulation of the neurogenic bladder: Results of a 2 year follow-up study[J], Neurorehabilitation, 2013,(36): 867-873

Outcomes of electrical stimulation of the neurogenic bladder: Results of a two-year follow-up study

Krzysztof Radziszewski*

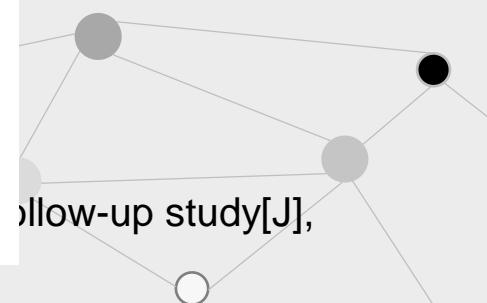
Department of Clinical Fundamentals of Physiotherapy, Collegium Medicum in Bydgoszcz, Nicolaus Copernicus University, Warsaw, Poland

Abstract.

INTRODUCTION: The complications of neurogenic dysfunction of the urinary bladder still constitute an important cause of death among spinal cord injury patients.

AIM OF STUDY: The aim of this study was to assess transcutaneous electrical stimulation of the urinary bladder as a treatment for micturition disorders in patients after spinal cord injury (SCI) over 2 years of follow-up.

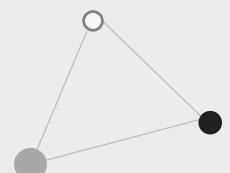
MATERIAL AND METHODS: The study involved 28 patients (22 men and 6 women) with neurogenic bladder dysfunction following a spinal cord injury. The patients were 16 to 68 years old and 2 to 26 months since their spinal cord injury. The therapeutic programme involved 30 sessions of electrical stimulation of the urinary bladder, five sessions per week. The outcomes of electrical





Contraindication

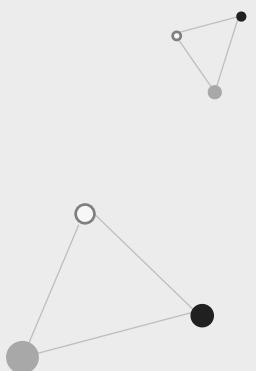
- 1. Cardiac pacemaker
- 2. Pregnancy
- 3. Haemorrhoid(bleeding)
- 4. Inflammation of vagina

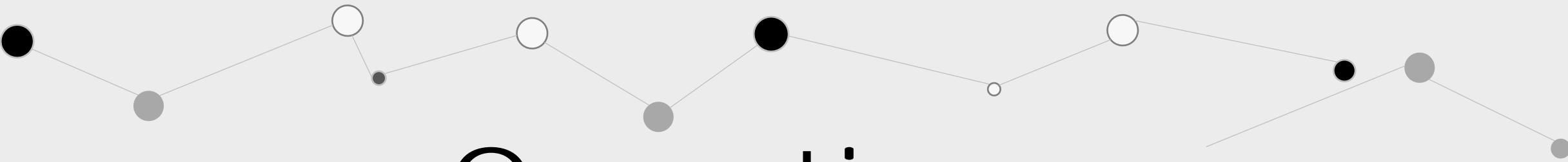




Precautions

- 1.Epilepsy
- 2.Armamentarium in body
- 3.Heart disease
- 4.Haemorrhoid
- 5.Abnormal reflection of autonomic nerve
- 6.Inflammation, metabolic syndrome





Operations

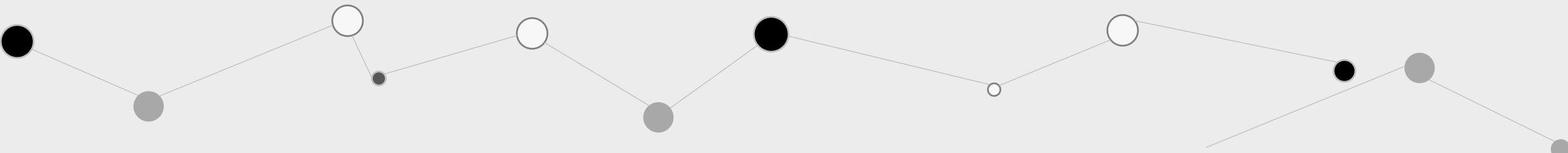
Key parameter :

Pulse width	200μS
Power off ratio	4s/4s
Amplitude rise/down	1s/1s
Stimulus frequency	20HZ 4MIN , 2HZ 10MIN,10HZ 20MIN
Stimulus intensity	Till the patients' tolerance degree

- Stimulus Intensity
- Stimulus Frequency

[11]冯碧珍, 解东风. 盆底肌电刺激联合干扰电治疗脊髓损伤后尿失禁患者的疗效观察[J]. 临床医学工程, 2011, 18(4): 544-545





➤ Stimulus Intensity

A. Patients with no sensory disturbance :

- Adjust current from small to large slowly
- Till the patients' tolerance degree

B. Patients with sensory disturbance :

- Put the electrode to the opisthenar
- Adjust current gradually
- Put the electrode to the treated

[12]Scaldazza. Percutaneous tibial nerve stimulation versus electrical stimulation with pelvic floor muscle training for overactive bladder syndrome in women: results of a randomized controlled study[J]. Int Braz J Urol, 2016, 2: 199-211

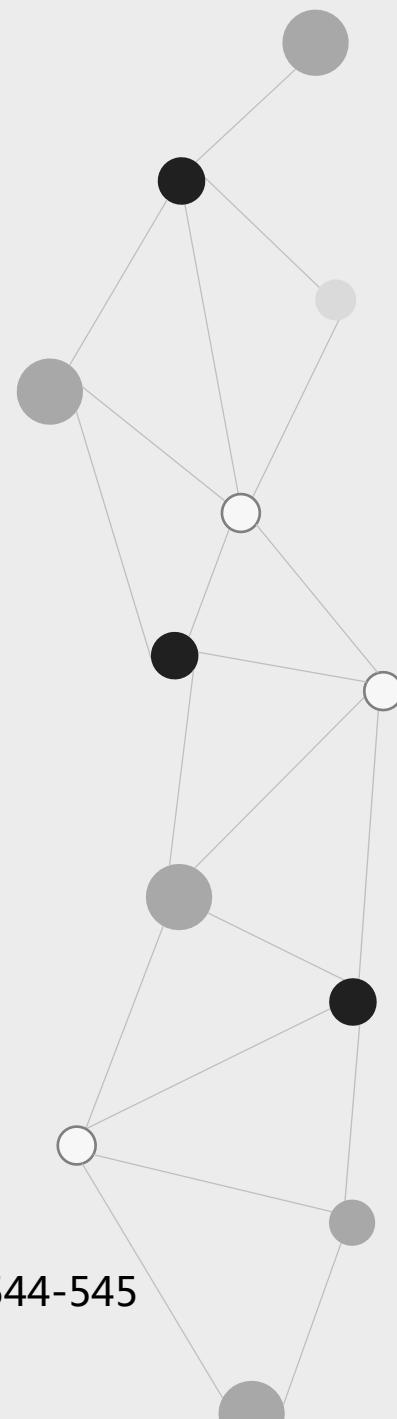
➤ Stimulus Frequency

Automatic parameter settings :

20Hz~4min , 3Hz~10min , 10Hz~20min

Special treatment :

- Restrain detrusor
- Improve the function of micturition





3

The Combination Therapy with PES

Combinative Therapy

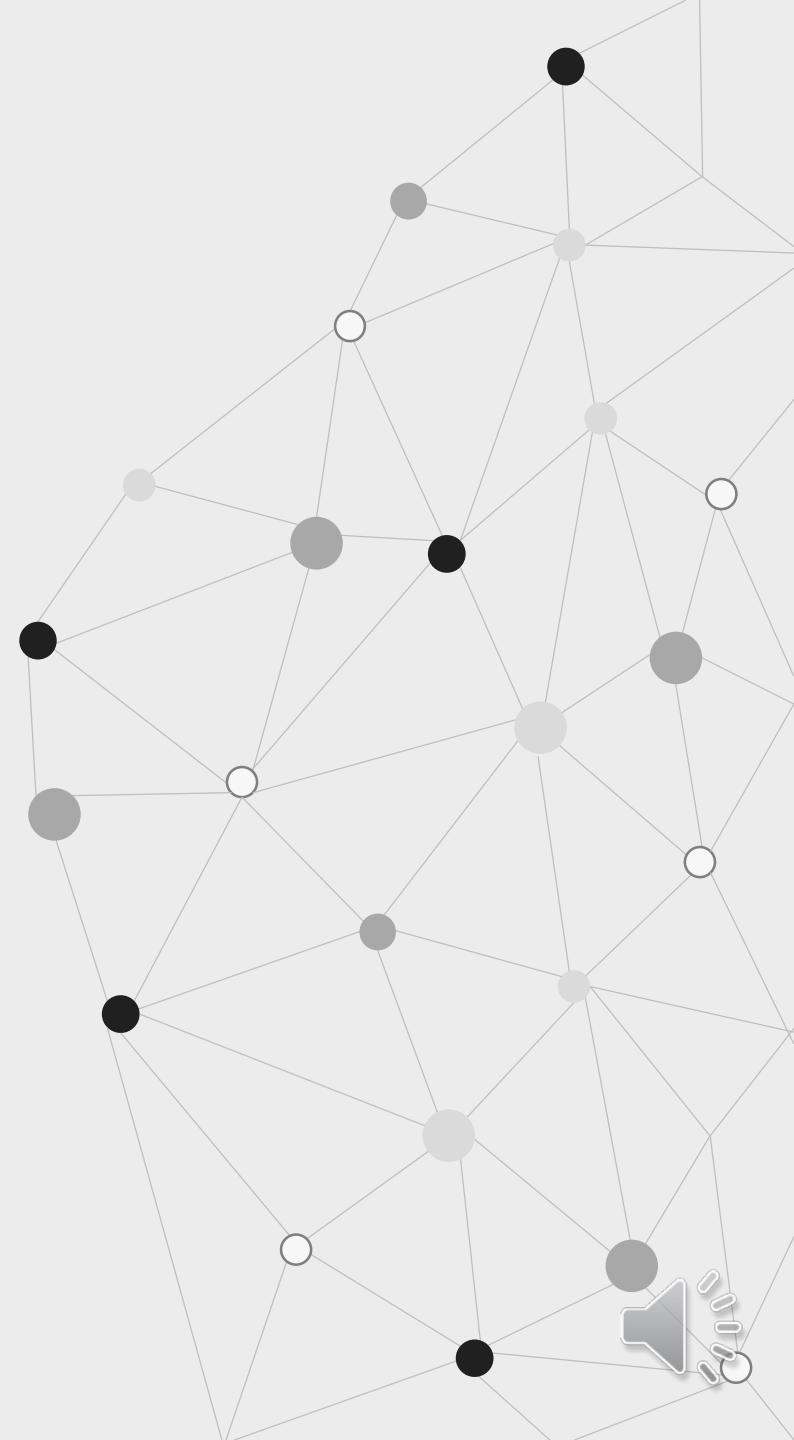


Interference current

Biofeedback

Reference

1. Manack, A. Epidemiology and healthcare utilization of neurogenic bladder patients in a US claims database[J]. *Neurourol Urodyn*, 2011, 30: 395-401
2. Warren, G, Hill. Control of Urinary Drainage and Voiding[J]. *Clin J Am Soc Nephrol*, 2015, 10(3): 480-492
3. Barry, D, Kyle. Ion channels of the mammalian urethra[J]. *Channels*, 2014, 8(5): 393-401
4. Lai-Fung, Li. Sacral Nerve Stimulation for Neurogenic Bladder[J]. *WORLD NEUROSURGERY* , 2016, 2: 108
5. 廖利民, 吴娟, 李建军. 脊髓损伤患者泌尿系管理与临床康复指南[J]. 中国康复理论与实践, 2013, 19(4): 301-317
6. 陈亚平, 杨延砚, 周谋望等. 视觉反馈排尿训练在治疗脊髓损伤后神经源性膀胱中的应用[J]. 中华物理医学与康复杂志, 2013, 30(4): 267-268
7. 杨幸华, 燕铁斌. 盆底肌电刺激用于治疗脊髓损伤患者神经源性膀胱的观察[J]. 中国康复医学杂志, 2013, 24(8): 715-726
8. Cedric, K. K, Nonantimuscarinic treatment for overactive bladder:a systematic review[J]. *American Journal of Obstetrics and Gynecology*, 2016, (6): 34-57
9. Krzysztof Radziszewski, outcomes of electrical stimulation of the neurogenic bladder: Results of a 2 year follow-up study[J], *Neurorehabilitation*, 2013,(36): 867-873 ,
10. 冯碧珍, 解东风. 盆底肌电刺激联合干扰电治疗脊髓损伤后尿失禁患者的疗效观察[J]. *临床医学工程*, 2011, 18(4): 544-545
11. Scaldazza. Percutaneous tibial nerve stimulation versus electrical stimulation with pelvic floor muscle training for overactive bladder syndrome in women: results of a randomized controlled study[J]. *Int Braz J Urol*, 2016, 2: 199-211
12. Herderschee R, Hay-Smith EC, Herbison GP, Roovers JP, Heineman MJ. Feedback or biofeedback to augment pelvic floor muscle training for urinary incontinence in women: shortened version of a Cochrane systematic review. *Neurourol Urodyn* 2013;32:325-9.



THANKS

