

**CONTINENCE MODULE 5**  
**MINIMUM STANDARDS FOR THE**  
**SPECIALIST ASSESSMENT & CONSERVATIVE MANAGEMENT OF PATIENTS WITH A NEUROPATHIC BLADDER**

The minimum standards required to assess and manage patients with a neuropathic bladder are outlined below and can be divided into six categories:

1. Knowledge base
2. Assessment of the patient
3. Basic investigations
4. Initiating treatment
5. Reviewing the outcome of treatment
6. Training and supervision

**1. Knowledge base**

Learning outcomes

To demonstrate an appropriate knowledge of anatomy and pathophysiology of the urinary tract in relation to lower urinary tract dysfunction and continence status.

To understand the alteration in lower urinary tract function in patients with neurological disorders

To understand the impact of lower urinary tract symptoms in neuropathic patients

To be able to identify “red flags” and be aware of the need for onward referral for these or other conditions

To demonstrate an understanding of the management of these conditions

To be able to set relevant goals and expectations of treatment and arrange appropriate review

To demonstrate knowledge of the role of the multi-disciplinary team

**2. Assessment of patient**

Learning outcomes

To demonstrate an ability to assess urinary symptoms in patients with neuropathic bladders and form a clinical diagnosis

Knowledge criteria	Clinical competence and professional skills	Training support	Assessment	References
<p>Knowledge of ICS definitions of lower urinary tract dysfunction and NICE guidance on male and female lower urinary tract symptoms.</p> <p>Knowledge of NICE guidance on lower urinary dysfunction in neurological disease</p> <p>Knowledge of male and female anatomy and pathophysiology in relation to continence status</p> <p>Knowledge of neurological symptoms that can affect lower urinary tract dysfunction and sexual function</p> <p>Knowledge of high risk and low risk bladder</p> <p>Knowledge of bowel symptoms and their potential effect on urinary symptoms</p> <p>Knowledge of red flag signs and symptoms</p> <p>Awareness of other co-morbidities and medications that may affect lower urinary tract function</p> <p>Awareness of the impact of mobility, manual dexterity and the patient's environment on their continence status</p> <p>Knowledge of autonomic dysreflexia</p>	<p>Ability to elicit a focussed history from the patient and link this with knowledge of anatomy and types of incontinence in neurological disease to form a clinical diagnosis including relevant questions regarding bowel and sexual function</p> <p>Ability to identify red flag symptoms and manage or refer appropriately</p> <p>Examination of the patient as per specialist assessment for men and women</p> <p>Ability to undertake a functional assessment on mobility, manual dexterity and environment</p> <p>Ability to identify patients at risk of upper tract dysfunction and refer appropriately</p> <p>Ability to recognise and manage patients at risk of autonomic dysreflexia</p> <p>Ability to perform reassessment of bladder symptoms if neurological symptoms deteriorate or disease progresses</p>	<p>Attendance at a nurse specialist and doctor led clinics for management of patients with neuropathic bladders in primary or secondary care</p> <p>Continence assesment module</p> <p>Study days basic on neurogenic bladder dysfunction</p>	<p>Direct observation or discussion</p>	<p>EUSC1</p> <p>CHS 39</p> <p>CHS40</p> <p>CHS 168</p> <p>CC01</p>

### 3. Basic Investigations

Learning outcomes

To demonstrate the ability to perform and interpret dipstix analysis of urine

To demonstrate the ability to perform a bladder scan to assess post-void residual and act upon the result when necessary

Knowledge criteria	Clinical competence and professionals skills	Training support	Assessment	References
Understand the implications of urine testing	Be able to perform and interpret dipstix testing of urine and know when to send MSU	Attendance at national or local education events	Training record	CC10
Knowledge of “red flags”	Know when to refer into other pathways such as haematuria pathway	Supervised learning with appropriately trained clinician.	Direct observation	PB1
Understand the use and interpretation of bladder diaries	Be aware of appropriate and inappropriate antibiotic prescribing	Training days.		CHS 76
Knowledge of bladder scanners and when to measure post-void residual	Be able to administer, explain and interpret bladder diaries.	Continence module		CHS 83
	Competent use of bladder scanner to measure post-void residual and act upon findings including onward referral when appropriate	Clinical supervision		
	Be able to evaluate need for renal function tests and referral for renal tract ultrasound			

#### 4. Initiating Treatment

##### Learning outcomes

To demonstrate the knowledge, skills and attitudes required to undertake first line treatment of male urinary symptoms

To understand the clinical context of treatment options

Knowledge criteria	Clinical competence	Training support	Assessment	References
Knowledge of conditions causing LUTs in neuropathic patients	Development of treatment plan and agree this with the patient based on initial assessment and basic investigations including explanation of bladder diary findings to the patient and giving advice based on findings	Direct clinical supervision	Direct observation	CHS 41
Awareness of co-morbidities and their effect on urinary symptoms		Direct observation of colleagues, observation by preceptor	Case log	CC02 CC04 CC06 CC 11
Knowledge of pharmacotherapy and the effect of drugs on the lower urinary tract	To demonstrate knowledge of impact of lifestyle modifications eg. Toileting regimens, fluid intake, bowel management, caffeine reduction, weight reduction, smoking cessation	University based continence module		SCDH SC0219
Knowledge of types of urinary incontinence and their appropriate treatments	Initiate bladder training and/or pelvic floor muscle training programme and allow 6-12 weeks for optimal treatment. Perform vaginal/rectal examination where appropriate			
Knowledge of purpose and interpretation of bladder diaries	Understanding of effects of medications on the lower urinary tract and neurological symptoms			
Knowledge of lifestyle interventions and appropriate onward referral	Demonstrate knowledge of indications and management of long term urethral and suprapubic catheters and ISC			
Knowledge of bladder training programmes	Demonstrate knowledge of available and suitable products and counsel patients about their correct use.			
Knowledge of anatomy of pelvic floor muscles and role of pelvic floor muscles in continence				
Knowledge of washable or absorbent products, collecting devices and toileting aids and available resources				
Knowledge of when long-term indwelling catheterisation (urethral or supra-pubic) or intermittent (self) catheterisation should be considered				

## 5. Reviewing the outcome of treatment

### Learning outcomes

To demonstrate the ability to monitor the effects of treatment

Knowledge Criteria	Clinical Competence and professional skill	Training support	Assessment	References
<p>Knowledge of Long term chronic neurological conditions</p> <p>Knowledge of potential outcomes of treatments for different symptoms</p>	<p>Assess the response to lifestyle interventions, referencing back to objectives agreed at initial assessment</p> <p>If 6 weeks lifestyle modification and bladder retraining is ineffective consider moving to the next stage on the treatment algorithm, including explanation of effect and possible side effects of treatment modalities offered</p> <p>Monitor the effect of PFMT and arrange referral to specialist serviced if no improvement</p> <p>Awareness of own level of responsibility and onward referral when appropriate, including when to refer to the MDT</p>	<p>Direct observation by preceptor</p> <p>Direct supervision and feedback</p>	<p>Direct observation by preceptor</p> <p>Case based discussion</p>	<p>PE1</p>

## 6. Training and supervision

1. Training must initially be given under the supervision of an identified competent preceptor.
2. Within the first 12 months of practical training the trainee should attend a relevant theoretical course.
3. Written evidence of observations of clinical practice and formal testing of a minimum of 10 cases must be undertaken and completed to satisfaction of preceptor before trainee is deemed competent to practice unsupervised.
4. Attendance at a regular MDT to discuss interesting or challenging management of cases seen.

## References

Skills for Health competences referenced in this document: [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

Ref number	Title
CC 10	Male lower Urinary tract symptoms
CC12	Pelvic Floor Exercises
PE1	Enable individuals to make informed health choices and decisions
CHS 76	Obtain informed consent for interventions or investigations
EUSC1	Take a presenting history from an individual to inform assessment
CHS 39	Assess an individual with a suspected health condition
CHS40	Determine a diagnosis of an individual's health condition
CHS 83	Interpret and report on the findings of investigations
CHS 41	Develop and agree treatment plans for individuals