

LIVING WITH SCI

FACTSHEETS

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FOR LIFE AFTER SPINAL CORD INJURY



AUTONOMIC DYSREFLEXIA

Autonomic Dysreflexia

What is it?

Autonomic Dysreflexia is the name given to a condition where there is a sudden and potentially lethal rise in blood pressure (BP). It is your body's way of responding to a problem. It is often triggered by acute pain or some other harmful stimulus within the body. It is unique to spinal cord injury and most commonly affects spinal cord injured people with injuries at or above T6. This extreme rise in blood pressure (hypertension) can lead to some types of stroke (cerebral haemorrhage) and even death.



It should ALWAYS be treated as a medical emergency

Studies have shown that it can occur at any time following the onset of spinal cord injury, when the period of spinal shock has subsided. Spinal cord injured people with incomplete lesions are just as likely to experience autonomic dysreflexia as people with complete lesions, (Harris 2001) although it is reported that symptoms are less severe in this group.

Why does it occur?

Autonomic dysreflexia occurs in response to pain or discomfort below the level of spinal cord lesion. It is the body's 'fight or flight' response. Your blood pressure rises when your body encounters a harmful stimulus. This is detected by the nervous system, which then responds, via the autonomic nervous system, by dilating blood vessels, therefore lowering blood pressure to try to keep it within the normal range.

When your level of injury is T6 or above, the autonomic nervous system cannot lower raised blood pressure *below* your level of injury, in response to pain or discomfort below the level of spinal cord injury. Hence, your blood pressure continues to rise until the offending stimulus is removed.

However, your autonomic nervous system does attempt to lower your blood pressure *above* your spinal cord injury. This is the source of the symptoms of autonomic dysreflexia which are an invaluable warning mechanism for you to take appropriate action.

If an autonomic dysreflexic episode is not resolved, the continuing surge in blood pressure becomes very dangerous and can lead to a stroke or possibly death.

Who is at risk?

- Spinal cord injured people injured at or above the level of T6.
- People with complete injuries are more likely to be affected.

What are the symptoms?

It should be noted that you may not experience all the symptoms, you might even experience symptoms that are peculiar to you. However, one symptom frequently present is a pounding, usually frontal, headache **and** one or more of the following most common presenting symptoms:

- Flushed (red) appearance of skin above the level of injury
- Profuse sweating above the level of injury
- Pale coloured skin below the level of injury
- Stuffy nose
- Non-drainage of urine (urine obstruction is the most common cause)
- Severe hypertension (note: SCI people have lower resting blood pressure compared to non- SCI people)
- The sensation of a tight chest
- Bradycardia (slowing of the heart rate)

What are the common causes?

Bladder

- Distended bladder
- A kink in the catheter
- An over-full leg bag
- Blockage or obstruction that prevents urine flowing from the bladder
- Urinary tract infection or bladder spasms
- Bladder stones

Bowel

- Distended bowel which can be due to a full rectum, constipation or impaction
- Haemorrhoids
- Anal fissures
- Stretching of rectum or anus or skin breakdown in the area

Skin

- Pressure ulcer, contact burn, scald or sunburn
- Ingrown toenail
- Tight clothing/leg bag etc.

Sexual activity

- Over-stimulation during sexual activity
- Ejaculation – can cause a dysreflexic episode, but this can be managed

Gynaecological issues

- Menstrual pain

- Labour and delivery

Other causes

- Bone fractures, below the level of injury
- Pain or trauma
- Syringomyelia
- Deep vein thrombosis(DVT)
- Acute conditions such as gastric ulcer, appendicitis
- Severe anxiety (eliminate all possible physiological factors first)

Unless this is the first time you have experienced autonomic dysreflexia, or if you are recently injured, you will usually be familiar with the symptoms of autonomic dysreflexia in the same way a person with diabetes is aware of the early symptoms of hypoglycaemia (low blood sugar). You may well be able to spot the problem yourself and take immediate action or get appropriate help.

Not all medical staff are aware of autonomic dysreflexia and you, as a spinal cord injured person, are an expert on your condition. You may well find yourself having to educate a health professional as to what is happening to you.

Whilst some SCI people injured at T6 and above, will have experienced at least one episode of autonomic dysreflexia during their rehabilitation in a Spinal Cord Injury Centre (SCIC), this cannot be guaranteed.

Ideally, the best way to experience the symptoms of autonomic dysreflexia for the first time is within the protective environment of a SCIC, where many of the risk factors that influence autonomic dysreflexia are well controlled. At your discharge planning stage, it is appropriate that the Community Care Team and your full time carers have been educated on the causes and effects of autonomic dysreflexia and they, in turn, should establish your own current knowledge and experience for future reference.

Treatment

Early recognition of AD is essential so that treatment can be started immediately. Once raised blood pressure has been confirmed, where possible, together with the typical signs and symptoms of autonomic dysreflexia, the high blood pressure must be treated and the cause identified.

What actions should be taken once autonomic dysreflexia is identified?

- Sit up and drop your feet
- Loosen any clothing and check nothing is putting pressure on the skin
- Perform a quick assessment to identify the cause so that the stimulus can be removed.

Actions should be prioritised as follows:

Identify and remove cause

Bladder

The most common cause of autonomic dysreflexia is non-drainage of urine. This can be due to a blocked catheter, urinary tract infection or overfilled collection bag.

Action:

If you have a Foley or suprapubic catheter, check the following:

- Is your drainage bag full?
- Is there a kink in the tubing?
- Is the drainage bag at a higher level than your bladder?
- Is the catheter plugged?

After correcting the obvious problem, and if your catheter is not draining in 2-3 minutes, your catheter must be changed immediately. If you do not have a Foley or suprapubic catheter, perform a catheterisation and empty your bladder.



Do NOT attempt a bladder washout as this could increase your blood pressure

Bowel

If your bladder has not triggered the episode of autonomic dysreflexia, then the cause may be your bowel. This can be due to constipation, anal fissures / haemorrhoids or an infection.

Action:

Insert a gloved finger lubricated with an anaesthetic lubricant such as 2% lignocaine gel, into your rectum. If the rectum is full, insert some lubricant and wait for a minimum of 3 minutes. This is to reduce the sensation in the rectum. This is important because performing digital stimulation and manual evacuation may worsen autonomic dysreflexia. Gently perform manual evacuation.



If you were doing this when the symptoms of autonomic dysreflexia first appeared, then stop the procedure and resume after the symptoms subside

Other causes

If an overfull rectum isn't the cause, investigate alternative causes from the list given previously. It is important that if you have an autonomic dysreflexic episode that you remain calm; anxiety can make the problem worse. Once identified, remove the offending stimulus.

Ideally, you, your carers and family members, should know your normal blood pressure. It is important for you to know your normal blood pressure and pulse rate and document them in an obvious place, such as on your care plan, in the event of you having an episode of autonomic dysreflexia.

As people with high-level paraplegia and tetraplegia usually have a low resting blood pressure, (80 or 90 systolic for a cervical injury) a rise to 120 or 130 systolic, could be dangerous. If you have an episode of AD, it is important to be able to give any attendant health professional your normal blood pressure.

If possible record a baseline BP

If your BP increases by 20 mm/Hg and is accompanied by a lowering of the pulse rate, then you could be having an episode of autonomic dysreflexia.

If appropriate once you have eliminated bladder and bowel distension as the cause of the autonomic dysreflexia, sit up and have frequent BP checks until the episode has resolved.

If you are unable to measure your BP using the appropriate measuring machine (sphygmomanometer) then a good indicator is the severity of your headache. If your BP continues to rise, then your headache will become more intense; when it begins to fall, your headache will be less painful.

Call your GP

If the symptoms persist despite interventions, notify your GP and local SCI centre. It is important that you are familiar with your treatment options in the event of autonomic dysreflexia. You should also be provided with an appropriate vasodilator (substance that causes the blood vessels to widen, thereby reducing BP) for use at home, which should be administered if you have an episode of autonomic dysreflexia.

As mentioned previously, since not all medical and healthcare staff are familiar with autonomic dysreflexia and its treatment, you should carry an emergency medical card with you always that describes the condition and the treatment required. You can obtain a free emergency medical card from SIA.

Autonomic Dysreflexia Emergency Kit

It is also worthwhile to have an AD kit with you at all times. This would contain:

- Catheter and supplies: if you use intermittent catheterisation, pack a straight catheter, and if you use an indwelling catheter, pack insertion supplies, irrigation syringe and sterile water/saline solution.
- Medicine prescribed for autonomic dysreflexia (usually Nifedipine or Glyceryl tri-nitrate - GTN) – check this from time to time to make sure it is in date
- Anaesthetic lubricant like 2% lidocaine (lignocaine) gel
- Sterile vinyl gloves
- Wet wipes and disposal bag.



Warning: postural hypotension (a drop in blood pressure) can occur following medication for AD.

How can the risk of autonomic dysreflexia be reduced?

Fortunately, there are precautions you can take to reduce the risk of autonomic dysreflexia including:

Bladder

- Change catheters regularly to prevent blockage
- Keep catheters free off kinks, clean, and follow your intermittent catheterisation regime regularly to avoid an overfull bladder
- Check urine for signs of infection (UTIs)
- Have regular bladder and bowel check-ups with your GP or at your SCIC
- Drink enough fluids.

Bowel

- Maintain a regular bowel regime (ideally alternate days between bowel evacuations)
- Adequate fibre in diet to help avoid constipation
- Get treatment for haemorrhoids.

Skin

- Frequent pressure relief when in both chair and bed
- Check skin regularly
- Avoid tight or restrictive clothing
- Avoidance of sunburn / scalds (avoid overexposure, use sunscreen with SPF15 or higher, avoid extreme water temperatures)
- Establish good posture in your wheelchair
- Maintain essential equipment, especially making sure your cushion is fit for purpose.

Other

- If pregnant or planning to get pregnant, make sure your obstetrician / gynaecologist is aware of your healthcare needs as a SCI person
- Correct dosage and timing of medications
- Be educated in the causes, signs and symptoms, first aid, and prevention of autonomic dysreflexia and make sure those around you, or caring for you, are similarly educated.

In Summary

- AD is a potentially life-threatening medical problem
- It requires immediate attention by yourself / your carers
- Learn what triggers an episode, how to deal with it and teach those around you the warning signs and treatment
- Have the necessary tools handy to deal with an episode
- Fix the problem, sit up and try to stay calm
- Call for medical attention if the symptoms do not subside.

For an Emergency Medical Card, ring SIA Advice Line – Tel: 0800 980 0501

**Adapted from *Managing Spinal Cord Injury: Continuing Care*; Chapter 22 'Autonomic Dysreflexia' by Paul Harrison & Alison Lamb.*

Disclaimer

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About SIA



The Spinal Injuries Association (SIA) is the leading national user-led charity for spinal cord injured (SCI) people. Being user led, we are well placed to understand the everyday needs of living with spinal cord injury and are here to meet those needs by providing key services to share information and experiences, and to campaign for change ensuring each person can lead a full and active life. We are here to support you from the moment your spinal cord injury happens, and for the rest of your life.

For more information contact us via the following:

Spinal Injuries Association
SIA House
2 Trueman Place
Oldbrook
Milton Keynes
MK6 2HH

T: 01908 604 191 (Mon – Fri 9am – 5pm)

T: 0800 980 0501 (Freephone Advice Line, Mon – Fri, 11am – 1pm/2pm – 4.30pm)

W: www.spinal.co.uk

@: sia@spinal.co.uk

Charity No: 1054097

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