

This article deals with problems that are of a highly personal, often embarrassing nature.

It is vital that from the outset, the reader is aware that difficulties such as incontinence are far from uncommon.

Sexual dysfunction again can be an expected part of chronic illnesses, especially those causing pain, and those affecting the spine.

In the 1999 arachnoiditis survey, some 68% of respondents admitted to bladder/bowel/ sexual dysfunction.

Of necessity, this article may have a rather cold, clinical and detached feel about it, and hopefully a prosaic approach to problems that people find almost impossible to speak about and sometimes even to think about.

Its aim is to provide sound information and helpful ideas to reduce some of the distress and hopefully enable those who suffer from any of the problems dealt with, to have the confidence to seek individual help from their doctors or independent help and support services, addresses being given within the article.

To achieve this aim, I have to adopt a frank tone.

URINARY PROBLEMS:

The main thrust of this article is to address common problems that may be experienced by arachnoiditis sufferers.

To put this into context, one should keep in mind that around 3 million people in the UK suffer from urinary incontinence, with something like 1 in 10 men and 1 in 4 women experiencing this problem at some time in their adult life.

Some of you may have seen the recent Channel 4 programme on incontinence, which openly tackled this delicate subject.

THE URINARY SYSTEM:

The urinary system consists of:

- kidneys : remove waste from the blood and produce urine, which travels down the ureters to:
- bladder: stores urine until it is to be expelled from the body; the bladder muscle is called the DETRUSOR
- urethra: the hollow passage which carries urine from the bladder to the urethral sphincter
- urethral sphincter: a muscle acting as a valve at the end of the urethra, under voluntary control to hold back or release urine for voiding.

VRC: a group of nerves found along the lower section of the spinal cord: the *voiding reflex centre*

communicates bladder fullness to the brain and then to the urethral sphincter, the release command. Opening the sphincter triggers bladder muscle contraction to expel the urine. It is a complex co-ordination of messages and actions.

The bladder is designed to:

- hold enough urine to ensure dryness for a reasonable period.
- Remain watertight during activity
- Empty completely on a voluntary basis

