

Start	End	Topic	Speakers
13:30	13:50	Cardiovascular system and autonomic function	Jalesh Panicker
13:50	14:05	Pathophysiology of Autonomic Dysreflexia	Enrico Finazzi Agrò
14:05	14:20	Iatrogenic Autonomic Dysreflexia	Charalampos Konstantinidis
14:20	14:40	Prevention - Treatment and awareness programs	Pierre Denys
14:40	14:45	Questions	All
14:45	15:00	Discussion	Charalampos Konstantinidis Pierre Denys Jalesh Panicker Enrico Finazzi Agrò

Aims of Workshop

Autonomic Dysreflexia (AD) is a common complication among patients with Spinal Cord Lesion (SCL) located above the T6 level. Various stimuli below the spinal cord lesion may initiate the onset of AD. In most cases, the phenomenon subsides after the removal of the initial stimuli but sometimes is rapidly reactivated and progressive overexpressed causing uncontrolled blood hypertension with the severe danger of stroke or other cardiovascular accidents (CVAs).

The establishment of adequate awareness among the health care providers and the individuals with SCL is our main goal which may occur by a deep understanding of the pathophysiology of AD. The proper prevention and management of the syndrome are essential for our patient's life.

Educational Objectives

Autonomic Dysreflexia (AD) is a common complication among patients with Spinal Cord Lesion (SCL) located above the T6 level. Noxious or even not noxious stimuli below the spinal cord lesion may initiate the onset of AD. The syndrome is not well known among physicians and other healthcare professionals unless they are working on a spinal cord unit.

On the other hand, these individuals (with SCL), are not institutionalized or hospitalized, they stay at home and they may contact any health care unit for any medical reason. Physicians, nurses, and other therapists who deal with incontinence (these are the members of our society - ICS) are likely that they will be asked to manage these patients with paraplegia or tetraplegia. Under these circumstances, the deep knowledge of AD is essential for early detection, adequate treatment and sometimes even for the life support of these patients.

Additionally, simple urologic procedures such as urodynamics, cystoscopy or sperm retrieval by vibration may lead to uncontrolled AD episodes. The awareness of the syndrome is crucial for the prevention, early detection, and proper management of AD.

The establishment of adequate awareness among the health care providers and the individuals with SCL is our main goal which may occur by a deep understanding of the pathophysiology of AD. The proper prevention and management of the syndrome are essential for our patient's life.

We believe that this workshop is mandatory as the AD is a serious but rather underestimated condition, among the majority of healthcare professionals.

Learning Objectives

Understanding the pathophysiology of Autonomic Dysreflexia (AD)

Target Audience

Urology, Urogynaecology and Female & Functional Urology, Bowel Dysfunction, Pure and Applied Science, Conservative Management

Advanced/Basic

Intermediate

Suggested Learning before Workshop Attendance

2001, Consortium for Clinical Practice Guidelines for Acute management of AD, by Paralyzed Veterans of America.

https://pva-cdnendpoint.azureedge.net/prod/libraries/media/pva/library/publications/cpg_autonomic-dysreflexia.pdf