

Other conditions you may hear about

As well as common conditions that can occur after a spinal cord injury, such as pain or autonomic dysreflexia, there are some less common conditions that you may hear about. As with any symptom, if you have concerns, ensure that you raise them with your health professional.

Postural Hypotension

After a spinal cord injury, the autonomic nervous system (the part of the nervous system that controls blood circulation) is affected. This will alter blood pressure, and means that, at rest, your blood pressure will probably be lower than before your injury. If you have tetraplegia (quadriplegia), your blood pressure may be as low as 90/60 mm Hg.

If your blood pressure drops too low to maintain blood supply to your brain, fainting can occur. This commonly happens in the morning when you get out of bed after a long period of rest. If you get up too quickly you may faint because your body cannot adapt its blood pressure to the upright posture as quickly as it used to. Fainting occurs when the brain does not receive the oxygen it needs.

How can I help prevent fainting?

If fainting or feeling dizzy is a problem for you, then you may find it helpful to:

- Get up more slowly – sit up in bed for a while before getting into your wheelchair
- Wear graduated compression stockings and/or an elastic abdominal binder (corset) to help keep your blood pressure higher
- Check with your doctor whether changes should be made to your medication

What should I do if I feel faint?

- If you are in your wheelchair ask someone to raise

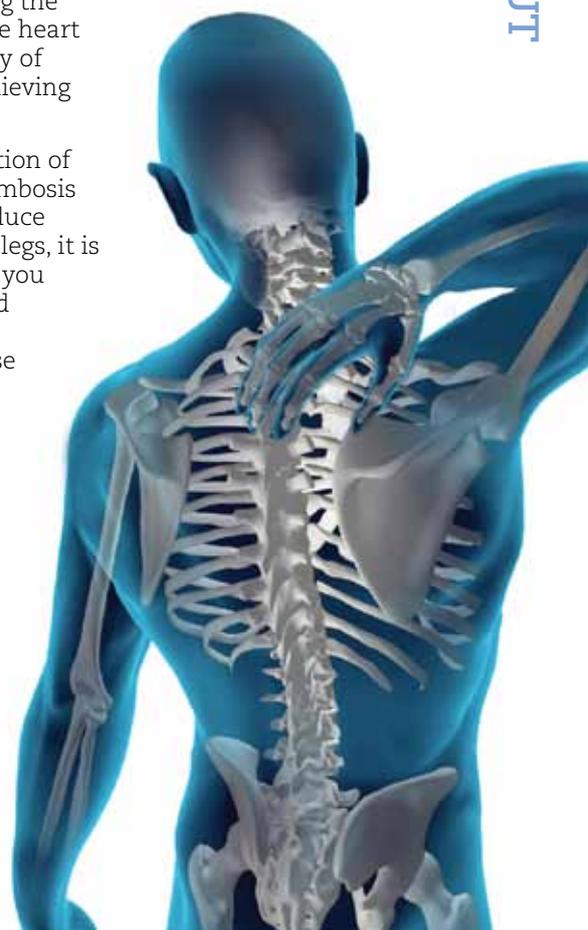
your legs or, if safe to do so, apply the brakes to your chair and tip the chair back, making it easier for the blood to return to your heart and head

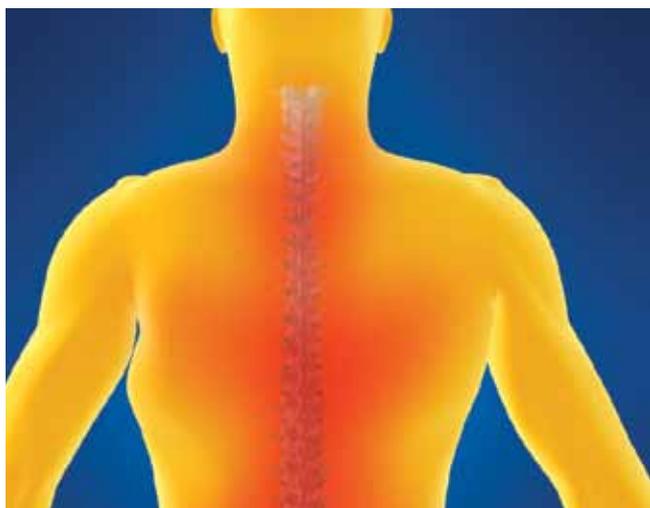
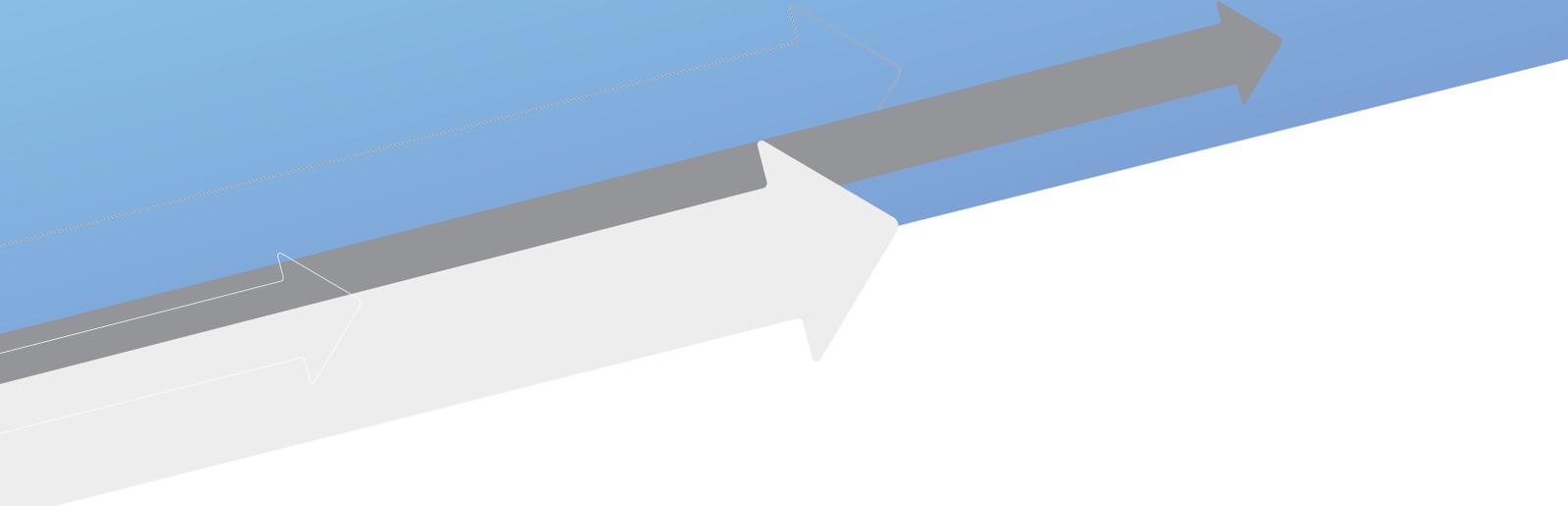
- If your wheelchair is fitted with tilt-in-space, you may be able to tilt your seat and backrest to help your blood flow return to normal
- If you are in bed, make sure you are lying flat to make it easier for the blood to return to your heart and head

Oedema

Swelling of the limbs is common due to reduced limb mobility and changes in circulation after a spinal injury. Elevating the limbs above the heart is a natural way of temporarily relieving the swelling.

For the prevention of deep vein thrombosis and to help reduce oedema in the legs, it is recommended you wear graduated compression stockings. These are made to measure and come in varying compression rates. Speak with your local doctor, or specialist, for a prescription and fitting service.





Poikilothermia

This is a condition where the body is unable to control its temperature level. After a spinal cord injury, the ability to shiver or sweat below the level of lesion is affected. This results in the body adopting the same temperature as the surrounding environment. This condition affects people with a spinal cord injury at or above T6 level.

Reverse cycle air conditioning is recommended for people affected by poikilothermia to help them control the temperature of their environment.

Post traumatic Syringomyelia (syrinx)

This is a fluid-filled cyst that forms within the spinal cord, usually extending from the site of the spinal cord injury. As a syrinx grows, it places pressure on the spinal cord, interfering with the transmission of nerve messages. If the syrinx extends upward (toward the brain), it can result in further loss of function.

Symptoms of a syrinx will vary from one individual to the next, depending on the severity and location of the cyst. Symptoms can develop slowly which may delay a diagnosis. Symptoms can include:

- Pain and weakness in the back, shoulders, arms or legs

- Loss of sensation above the level of injury, including sensations of pain
- Severe pain in the shoulders and neck
- Loss of strength
- Reduced bowel and bladder control (in the later stages)
- Changes to sexual functions

Treatment depends on the cause and severity of the condition:

- If the cyst is small and not causing any symptoms, your doctor may prefer to monitor the condition closely. Although it cannot be treated with drugs, pain killers and muscle relaxants may help ease some of the symptoms
- A shunt, or a thin tube, is inserted into the cyst to drain the fluid; it is a one-way valve that will prevent backflow
- Surgery to remove the cyst or repair damage if possible

Heterotopic Ossification

This is the new formation of bone in areas where bone does not usually form. It may occur anywhere in the body, but is most frequently found around the joints - hips, knees, elbows - or long bones. In persons with spinal injury, heterotopic ossification will occur below the level of injury.

References and Further Resources

Your local doctor or spinal specialist

Your occupational therapist for equipment prescription

ParaQuad NSW: www.paraquad.org.au (02) 8741 5600

ParaQuad's Community Support and Wellbeing Service (02) 8741 5674

Health Sheet Syringomyelia www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Syringomyelia

Health Sheet Heterotopic Ossification www.spinalcord.uab.edu/show.asp?durki=21485