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Non-Neurogenic Voiding Dysfunction

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What is non-neurogenic voiding dysfunction?

People with non-neurogenic voiding dysfunction have problems emptying urine from the bladder. The urge to urinate, or go to the toilet is there, but the bladder (a hollow organ that holds the urine until it is ready to leave the body) is unable to empty. Other times, urination starts normally, but not all of the urine leaves the body because the bladder is unable to fully empty. The urine also may leave the bladder very slowly in a weak stream.

What causes non-neurogenic voiding dysfunction?

Non-neurogenic voiding disorder most likely is caused by behavioral and psychological disorders that develop over time. These behaviors result in bladder problems that appear similar to those caused by neurological (nerve-related) disease. Non-neurogenic voiding dysfunction is not caused by an illness, injury, or a birth defect. Although they are not a direct cause of non-neurogenic voiding dysfunction, caffeine, alcohol, and spicy foods can irritate the bladder.

What are the symptoms that the urine voiding process is not working properly?

Many times, incontinence (uncontrolled leaking of urine) may occur if there are problems in the process of passing urine. Leaking sometimes may happen at night while a person is sleeping. The bladder muscle may open before a person is able to get to the toilet.

Frequent urination, another problem that may be present, occurs when the bladder feels full and there is an urgent need to get to the toilet. Once there, however, not much fluid comes out. Urine remains inside even though the bladder feels like it has been emptied. Problems like urinary tract infections (UTIs) may happen as well if the body is not able to get rid of the waste. Germs begin to build up in the bladder and cause more problems, such as pain or burning when urinating. If this occurs, the doctor will need to prescribe medicine.

These conditions happen in a generally healthy person. In children, the problem may be the result of behavioral or development issues, or possible sexual abuse.

Diagnosis and Tests

Should I see a doctor about non-neurogenic voiding dysfunction?

To help figure out the problem, a visit to the doctor may be needed. The doctor will ask about daily urinating habits and what is happening in the body. He or she will want to know what and when you drink, how much, and how many times you typically urinate each day. The doctor may do a physical exam and may order tests.

Management and Treatment

How is non-neurogenic voiding dysfunction treated?

There are many different ways to treat non-neurogenic voiding dysfunction. The doctor may suggest tests, therapy, and medicine to help treat the problem. With care, the problem can be fixed and many people return to normal bathroom habits.

To help someone learn to urinate on a more normal schedule, the doctor may suggest trying some different ways to train the bladder to react differently and more normally. He or she may recommend relaxing first and waiting before heading to the bathroom. A nurse or therapist may help teach how to relax the muscles that are used in urination and recommend not straining other muscles that are not needed in the process. These muscles would include those around the stomach, or middle core.

The doctor may also advise going to the bathroom at a certain time, on a regular schedule, such as timing trips to the bathroom every two hours during the day. This regular activity will help the body get on track. He or she may advise you to keep away from drinks such as alcohol, coffee, tea, and soda. He or she also might suggest that you avoid drinking fluids before bedtime.

In certain cases, tests may be needed to see what is happening inside of the body to help figure out the best treatment. One procedure puts sensors on the skin at the lower stomach area. These sensors are then hooked to a computer that will electronically read what is happening inside the body. It can show how the bladder is filling and emptying. Looking at these photos on the computer will help pinpoint the problem. The doctor may give you some ideas about how to control certain muscles.

At times, a catheter (thin, flexible tube) may be used to drain the bladder of urine. This procedure can also help lessen the risk of urinary tract infections.

What medicines are used to treat non-neurogenic voiding dysfunction?

Depending on how well the therapy works on the body, the doctor may also prescribe some medicine. Drugs such as oxybutynin (Ditropan®) or tolterodine (Detrol®), are helpful in increasing the capacity of the bladder and decreasing the

bladder's muscle activity in children. These medicines help children wait longer between trips to the bathroom and, in turn, increase the amount of urine leaving the bladder.

If an infection is present, the doctor will prescribe antibiotics to kill the bacteria in the bladder.

In addition, many times constipation (trouble ridding the bowels of solid waste) is present with voiding disorders. The doctor may suggest scheduling bowel movements and discuss dietary changes that will help. Over-the-counter laxatives or enemas may also be suggested.

Is surgery ever needed for non-neurogenic voiding dysfunction?

Surgery is rare, but if needed, it will be used to increase the size and capacity of the bladder. Surgery also can help to decrease the pressure inside the bladder. It will help the bladder hold urine longer, allowing less frequent trips to the bathroom.

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