The Spinalis Botswana SCI-rehabilitation Centre

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Reclaiming life after a spinal cord injury

An example of Partner Driven Cooperation between Botswana and Sweden
Pre- and post SCI-rehabilitation
SCI care prior to Spinalis Botswana

- No specialized SCI rehabilitation
- Occasionally rehabilitation abroad
- High mortality due to pressure wounds, sepsis, respiratory and kidney failure
Challenges in care

- Acute management
  - Long time to surgery
  - Bowel and bladder management
  - Pressure ulcers
- No dedicated unit
- Supply of technical aids, medications, consumables
- Staff rotations
- Inaccessible/unreliable transport
Spinalis Unit at Princess Marina hospital – a national SCI-Rehabilitation Centre
Wheelchair accessibility
Twin room with bathroom … patient lounge and dining room
Rehab Coaches in the team

- Role model
- Integrated peer support
- Transfers, positioning
- ADL
- Wheelchair skills
- Wheelchair maintenance
SCI Rehab: multi-disciplinary, active neuro-rehabilitation
• Teamwork
• Patient centred rehabilitation
• Medical, social and environmental circumstances
Post SCI centre

- Reduction in secondary complications and mortality rates
- Increase in return to work or studies
- Re-integration into the community
Post SCI centre

- Functional independence
- Appropriate assistive devices e.g. wheelchair
- Continence
Case Presentation

35/M, RTA victim, paraplegic with neurological diagnosis of T2 AIS A. Seen at local clinic with history of elevated BP, profuse sweating, blurred vision, nasal congestion

Autonomic dysreflexia
Case presentation cont...

Symptoms AD

- Headache
- Blurry vision
- Nasal congestion
- Anxiety/Malaise
Case presentation cont…

Aetiology of AD
- Bladder distension
- UTI
- Bowel distension
- Fecal impaction
- Bowel instrumentation
- Pregnancy

- Pressure ulcers
- Ingrown nails
- Fractures
- Surgical procedures
Case presentation cont…

Treatment

• Sit the patient up
• Survey person for instigating causes, start with urinary system
• Use antihypertensives agent
Take home message

• Cost efficient, relatively small investment
• Radical improvement in survival and quality of life
• Prerequisites
  – Designated ward and full staff initially
  – Clinical pathway for acute interventions
  – Sustainable supply system for consumables/drugs/technical aids
• SCI patients should be educated to recognize the early symptoms of secondary complications and AD

*Acute SCI management only does not create a better everyday life for the spinal cord injured!*
Women day
Thank you!