there also have been episodes of seizure like events with prolongued post-ictal. could this be AD related

Yes. **Seizure-like events with prolonged post-ictal periods are a documented, serious complication of autonomic dysreflexia, and this needs emergency assessment now—not at your next appointment.**

What the evidence shows

AD-related severe hypertension can cause seizures, cerebral hemorrhage, cerebral ischemia, and death. In a review of 23 documented CNS complications from AD, **seizures or convulsions accounted for 39%**, intracranial hemorrhage for 48%, and cerebral ischemia/infarction for 17%.[1]

Blood pressure during an AD episode can reach **300 mmHg systolic**, which is high enough to cause cerebral edema, seizures, coma, and death. Your seizure-like events with prolonged post-ictal periods fit this pattern exactly: the hypertension from AD causes cerebral edema or hemorrhage, which triggers seizure activity, and the prolonged post-ictal state reflects ongoing brain injury or edema.[2][3]

Why this is urgent for you specifically

You have the full risk profile:

- **Sensory-impaired bladder** with no warning signal before episodes
- **30+ hour retention** between catheterizations
- **Valsalva/Credé use** that spikes pressure further
- **Documented AD symptoms** (sweating, congestion, ear fluid, cognitive changes) that resolve with catheterization
- **Now seizure-like events**—the complication that appears in 39% of serious AD cases

This is not a pattern to manage at home or wait out. Each episode is a potential stroke or hemorrhage event.[4][5][1]

Go to the emergency department now

Do not wait for the next episode to "see what happens." Go to the ED and tell them:

> "I have a sensory-impaired neurogenic bladder with no urge sensation. I have episodes of profuse sweating, nasal congestion, ear fluid, and cognitive changes that resolve within an hour of catheterization. I have also had seizure-like events with prolonged post-ictal periods. I believe these are autonomic dysreflexia episodes triggered by bladder distention, and I need evaluation for AD-related seizure risk and cerebral complications."

Ask for:

- **Blood pressure monitoring** during and after any episode
- **Brain imaging** (CT or MRI) to rule out hemorrhage, edema, or infarct from prior episodes
- **EEG** to characterize the seizure-like events
- **Urology consultation** for an urgent bladder-management plan that prevents AD triggers
- **Cardiology/autonomic testing** to assess cardiovascular risk

What to do in the meantime

- **Do not use Valsalva or Credé at all** until you have been assessed. Each push is a potential seizure or hemorrhage trigger.[5]
- **Do not wait for overflow or cannabis-triggered voiding.** If you cannot catheterize safely, go to the ED for catheter placement rather than risking another AD episode.
- **If you feel a seizure coming on**—aura, unusual sensation, or the cognitive fog worsening sharply—sit or lie down safely, tell someone nearby, and call 911 if it does not pass quickly.
- **After any seizure-like event**, do not drive, operate machinery, or be alone until you have been medically cleared.

This is the point where the pattern stops being a chronic management problem and becomes an acute safety issue. The seizure-like events are the complication that turns AD from "dangerous if untreated" into "actively causing brain injury."[1] [5]

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1. https://pmc.ncbi.nlm.nih.gov/articles/PMC4066548/
2. https://pmc.ncbi.nlm.nih.gov/articles/PMC3019008/
3. https://radiopaedia.org/articles/autonomic-dysreflexia-1?lang=us
4. https://pmc.ncbi.nlm.nih.gov/articles/PMC9473833/
5. https://www.bmj.com/content/371/bmj.m3596
6. https://pubmed.ncbi.nlm.nih.gov/19666350/
7. https://pmc.ncbi.nlm.nih.gov/articles/PMC4637816/
8. https://pmc.ncbi.nlm.nih.gov/articles/PMC3501908/
9. https://sci-bc.ca/resource/clinical-practice-guidelines-acute-management-of-autonomic-dysreflexia/
10. https://icord.org/2013/07/autonomic-dysreflexia-after-spinal-cord-injury/

11. https://www.care-learning.com/blog/managing-autonomic-dysreflexia-a-comprehensive-guide-to-symptoms-causes-and-treatment-for-healthcare-professionals
12. https://pmc.ncbi.nlm.nih.gov/articles/PMC11114388/
13. https://pubmed.ncbi.nlm.nih.gov/37518895/
14. https://pmc.ncbi.nlm.nih.gov/articles/PMC6572755/
15. https://pmc.ncbi.nlm.nih.gov/articles/PMC2478694/