

Authors: T. Nichols, J. McPhail, and K. Goin
Institution: Hollister Incorporated and Hollister UK Ltd.
Title: WHEELCHAIR USERS AND PRE-LUBRICATED INTERMITTANT CATHETERS

Aim Of Study:

Clean Intermittent self-catheterization (CISC) is a successful alternative to indwelling catheterization. The maintenance of urinary continence and the elimination of external devices such as pads or diapers are some of the benefits to the user of this procedure. Additionally, regular and efficient bladder emptying contributes to the prevention of recurrent urinary tract infection [1]. However, due to the many reasons that an individual may be a candidate for CISC, not all receive an equal degree of convenience when using this procedure. Currently, there are two principle types of intermittent catheters available to this user group. One is a hydrophilic catheter which requires immersing the tubing in water (preferably sterile) to activate the hydrophilic surface of the catheter. The activated surface is a reduced friction surface which decreases, or attempts to eliminate the discomfort of friction present during insertion and removal. The second catheter type available to the user is the pre-lubricated catheter. The lubrication required for insertion and removal is provided by a water soluble gel that the catheter passes through prior to insertion. A perceived benefit to the consumer using a pre-lubricated catheter is that it is not necessary to have access to a clean or sterile water supply, and it reduces preparation time. This is particularly important when voiding must be carried out in a public restroom. The aim of the study presented here is to evaluate the experience of a group of alternate mobility consumers (wheel chair users), currently using a hydrophilic catheter, when introduced to a pre-lubricated catheter. Additionally, a subset of these users (those who must transfer to a toilet to catheterise) is also investigated.

Methods:

Fifty-one wheelchair users, from the U.K., that have been undergoing CISC for at least six months and are users of a hydrophilic catheter were asked to participate in a study assessing the effectiveness and patient satisfaction with a pre-lubricated catheter. The users have an average age of 41 years, and have been performing CISC for an average of 59 months. Users were required to use the pre-lubricated catheters for a period of 5 catheterizations and then complete a survey of their satisfaction with the catheter and rate it according to their experience with their current hydrophilic style catheter.

Results:

Approximately seventy-six percent of the consumers currently using a hydrophilic style catheter stated that the fact that the pre-lubricated catheter did not require water was of benefit to them. Fifty-three percent stated that the pre-lubricated catheter was easier to prepare. Seventy-five percent stated that they found it more effective in bladder drainage, while 59 percent stated the procedure took less time than their current hydrophilic catheter. Seventy-four percent stated that the use of the pre-lubricated catheter was more

convenient than the hydrophilic catheter. Eighty percent of the users stated the catheter was easier to remove than the hydrophilic catheters they were used to using. Sixty-eight percent of a subgroup of the users (those who must transfer to a toilet to catheterize) also stated that the pre-lubricated catheter was easier to remove.

Conclusions:

The results of this study indicate that for wheelchair users that are urinary incontinent, the use of a pre-lubricated catheter would be of benefit, not only as a matter of convenience, but also of effectiveness in its intended purpose.

This study was sponsored by Hollister UK Ltd., Wokingham, England, and Hollister Incorporated, U.S.A.

References:

1. Urologic Nursing, Principles and Practice, K.A. Karlowicz, Editor, W.B. Saunders Company, Philadelphia, 1995.