

## LEARNING CLEAN INTERMITTENT SELF CATHETERISATION PRIOR TO SURGERY: IS IT ACCEPTED OR REJECTED?

### Hypothesis / aims of study

Post operative voiding dysfunction is a frequent complication following incontinence surgery with an incidence of 5% to 20% reported in the world literature.<sup>(1)</sup> Women are not always happy when they have to learn to perform clean intermittent self catheterisation (CISC) for the first time in the post operative period. Many even regret having undergone the surgery. Hence in our unit we offer to teach women who are at a high risk of developing post operative voiding dysfunction to learn to perform CISC prior to their surgery.

### Aim

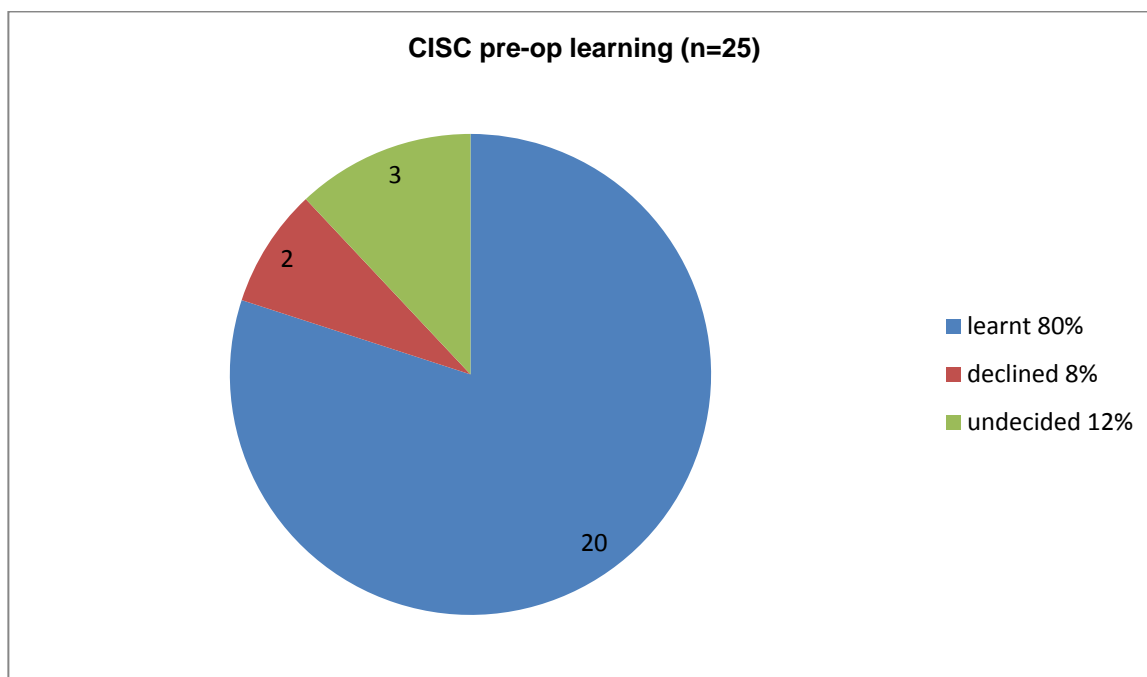
To study the acceptance of CISC when taught as a pre- operative preparation for patients who were considered to be at high risk for post operative voiding dysfunction.

### Study design, materials and methods

Materials & Methods : A retrospective cohort study of 25 women referred to the voiding clinic to learn CISC prior to surgery, during a ten month period from April 2010 until February 2011.

### Results

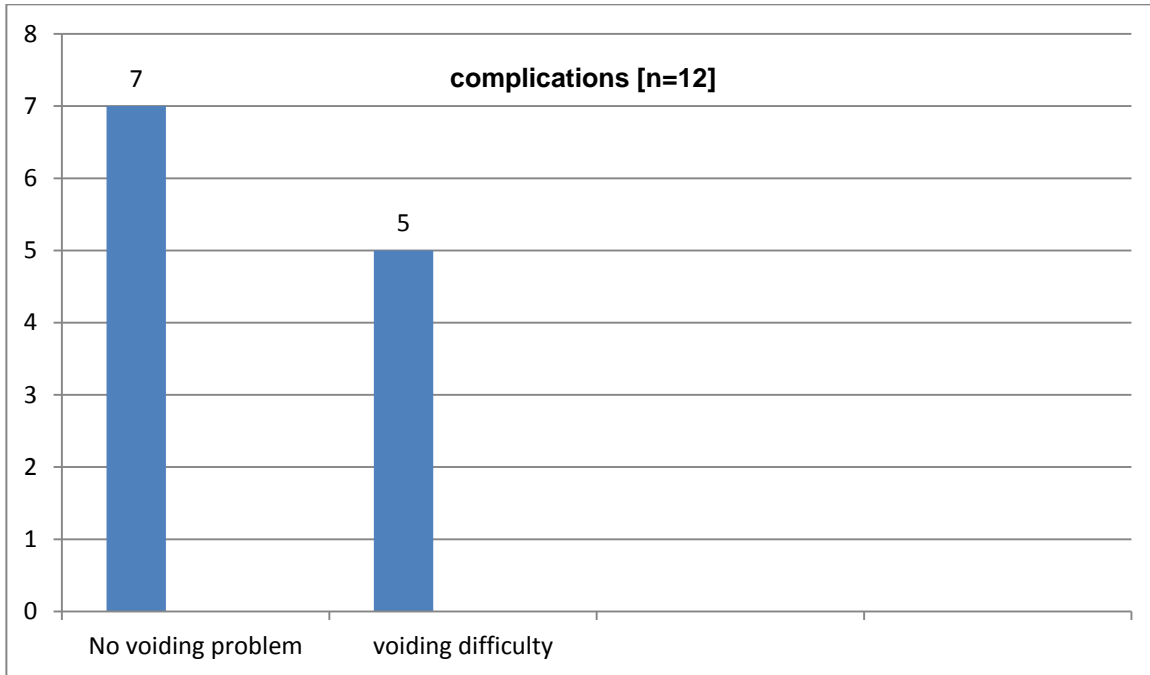
25 women were referred to the voiding clinic to learn CISC during the study period. These women were considered to be at high risk for post operative voiding dysfunction as in 19 cases there was evidence of poor flow during urodynamics and 2 had high post void residue. 4 women were scheduled for secondary incontinence surgery and 3 for botox injections . Out of the 25 referred to the voiding clinic 20(80%) learnt the technique,2(8%)declined to learn and 3(12%) were undecided.



### Interpretation of results

Of the 20 women who learnt the technique 12(60%) underwent surgery [primary incontinence surgery(6) cases,secondary incontinence surgery(4),botox injections(1),suprapubic cystostomy(1) and (3) had combined operations]. 3 women (15%) are in the waiting list and 5 women (25%) did not wish to perform CISC and declined surgery.

Of the 12 women who were operated seven women 7/12 (58%) had no problems with voiding and only five women 5/12 (42%) had voiding difficulty.



Only three women 3/12( 25%) had to perform CISC. No infection was reported.

Concluding message

There is a mixed response to CISC when taught prior to surgery as a pre- operative procedure. Majority of the women were happy to learn the technique and did not consider this as a major obstacle as shown in other studies.<sup>(2)</sup> But some declined surgery after learning the technique. Some did not even attempt to learn the technique and gave up the surgical option. None of the women who developed post operative voiding difficulty were disappointed. Teaching CISC prior to surgery also enables women to make an informed decision regarding their surgical management.

References

1. Luigi Bomberi, Robert M Freeman. The management of voiding difficulty after incontinence surgery.The obstetrician & Gynaecologist 2003;5:66-71.
2. Kessler TM. Clean intermittent self –catheterization :a burden for the patient?Neurourol Urodyn.2009;28(1),18-21.

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<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>NONE</b>