

# Abstract 642 - Clean intermittent catheterisation: Which are our patients' preferred catheters?

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## Hypothesis / aims of study

Clean intermittent catheterisation(CIC) introduced by Jack Lapides in the seventies(1), is up to date, the main treatment option for patients who are unable to empty the bladder efficiently. Although this treatment modality has proven to be effective in preventing upper urinary tract impairment and urinary infections, compliance is still a major issue regarding CIC, even in neurogenic bladder patients. Routine catheterisation can be difficult and bothersome for patients, leading to a low treatment adherence and dropouts. The type and caliber of the catheter could influence treatment compliance(2). We aimed to determine the profile of patients accessing our clean intermittent catheterisation program, compliance and their preferences regarding the type and size of urinary catheter.

## Study design, materials and methods

Retrospective observational study of patients who started the CIC program between 2020-2023 in our center. Patients who did not start the program or had no data regarding the type of catheter were excluded. The following catheters were offered to each patient:

Men: Lofric Origo (Wellspect), Speedicath Navi (Coloplast), and Onli (Hollister).

Women: Lofric Sense, Speedicath, Onli, Actreen Mini-cath (Braun), Mini-set (Braun), and Hi-Lite-Set (Braun).

The initial gauge used in both sexes was 10 or 12Ch, giving patients both options for each catheter.

After a trial period (1-2 weeks), a follow-up consultation was conducted by our nursing staff to determine the chosen catheter and gauge. More than one catheter could be selected. Demographic data, underlying pathology, number of catheterisations per day, and CIC dropout rate were also collected.

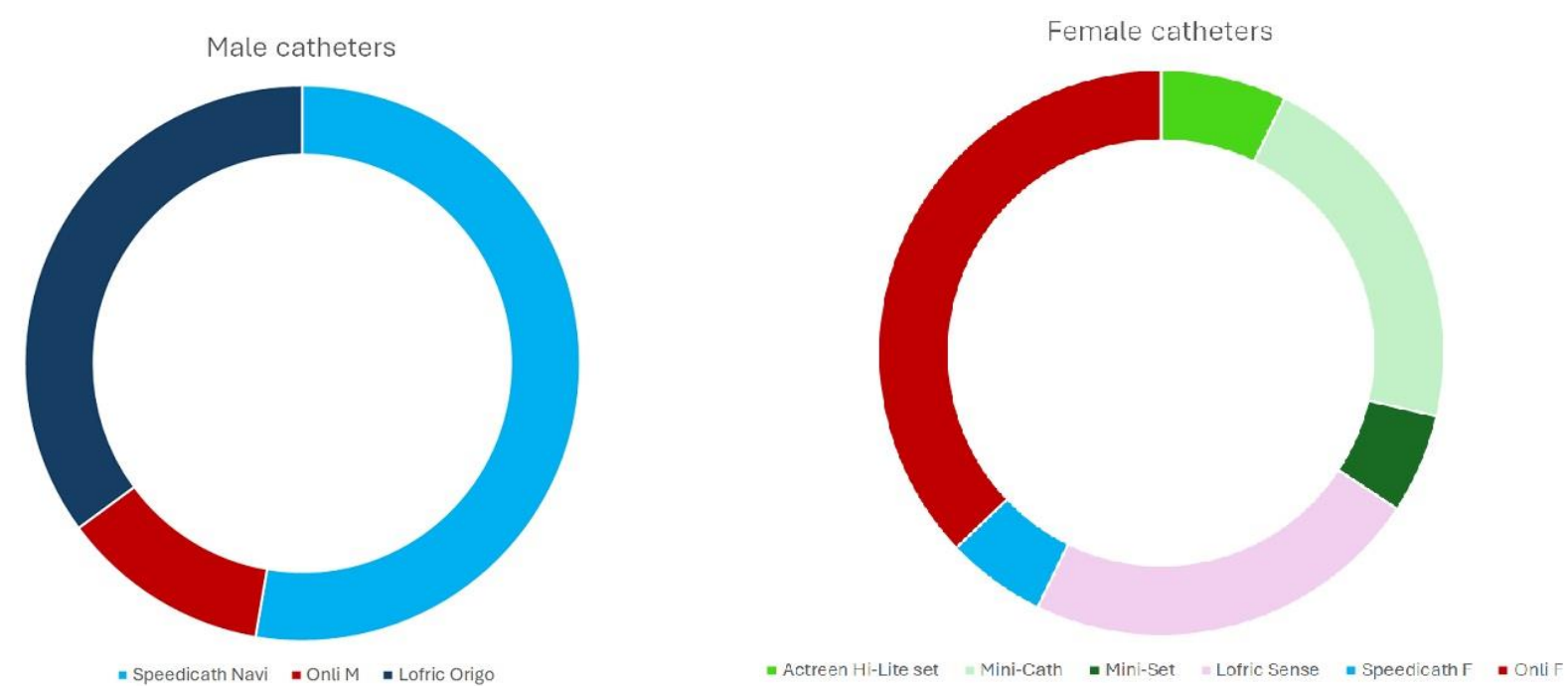
Patients	148			
Male	67	45%		
Female	81	55%		
Nº CIC /day (mean)	1,95	(1-8)		
Dependent on CIC	17	11,50%		
Indication of CISC			Dropout rate	
Idiopathic detrusor underactivity	55	37,1%	17	30,90%
Traumatic or surgical spinal cord injury.	22	14,90%	6	27,30%
Multiple sclerosis	20	13,50%	4	20%
Other neurological diseases	22	14,90%	7	31,80%
Other indications	29	19,60%	15	51,70%

## Results and interpretation

A total of 148 patients were included; demographic data, underlying pathology, and dropout rate are shown in Table 1.

In men, the most used catheter is the Speedicath Navi (52.7%), followed by Lofric Origo (35.1%) and Onli (12.2%). In women, the preferred catheter is Onli (37.1%), followed by Lofric Sense (22.9%), Mini-Cath (21.4%), Hi-Lite Set (7.2%), Mini-Cath (5.7%), and Speedicath (5.7%).

The most used gauge in men is 10Ch (49.3%), while women prefer 12Ch (56.8%). Only 4% of patients switched to a different gauge catheter.



The preferred catheter for CIC in men and women is Speedicath Navi and Onli, respectively. In our health system, each of those catheters is financed by our National Health System, so that no economic bias should be present. The 10 or 12 gauge catheters seem to be a good fit to start a CIC program in both sexes. Although this data should be interpreted carefully due to it's retrospective nature, the number of patients reviewed is high and the protocol used is unbiased. If we were to start a CIC program in a patient, a 10Ch Speedicath Navi and a 12Ch Onli could be the initial catheters advised based on this study.

Despite of the type of catheter, dropouts in our series is 33,1%. Multiple sclerosis patients present the least dropout rate in our series (20%), but it is still a high percentage.

## Conclusions

Treatment compliance is relatively low, even in neurogenic bladder patients. The type and gauge of the catheter applied could be of importance for the patient's adherence. A 10Ch Speedicath Navi and a 12Ch Onli catheter are advisable to start a CIC program. Improvements in the follow-up of patients eligible for CIC are needed to promote treatment adherence.

## References

1. Lapides J, Diokno AC, Silber SJ, Lowe BS. Clean, intermittent self-catheterization in the treatment of urinary tract disease. J Urol. 1972 Mar;107(3):458-61.
2. Chapple C, Abrams P, Lam T, Mangera A, Belal M, Curtis C, Emkes J, Hillery S, Irwin K, Logan K, Weston P, Yates A. A consensus statement on when to start clean intermittent self-catheterization: An untapped resource? Neurourol Urodyn. 2024 Feb;43(2):459-463.