

CLEAN INTERMITTENT CATHETERIZATION IS NOT FOREVER: DECREASING PATTERN IN PATIENTS WITH BLADDER VOIDING DYSFUNCTION.

Hypothesis / aims of study

To evaluate the feasibility and morbidity of clean intermittent catheterization (CIC) using a decreasing pattern in patients with bladder voiding dysfunction (BVD) of varied etiology.

Study design, materials and methods

We performed a retrospective study of patients with BVD in whom CIC was indicated. We evaluated the clinical presentation, post void residual urine (PVR) and the results of the urodynamic studies (UDS), and response to CIC in a decreasing pattern (DP), complications and patient adherence to it. The primary endpoint was a favorable response to a decreasing pattern of CIC. Secondary endpoints evaluated the complications associated with CIC and the perception of the patients to it.

After initial ISC teaching, patients were controlled by quarterly visits and decreasing pattern was recommended with PVR was < 100ml in 4 successive days. A telephone survey was undertaken on Feb-2013 to assess present outcome.

Results

We evaluated a total of 27 patients with BVD. Of these, 15 patients (56%) were women and 12 (44%) were men. The mean age was 54.3 years (32-82) and the mean follow-up time was 23.5 months (2-66). The mean catheterized volume and the number of catheterizations decreased in all groups of patients (Table I). 40.7% of all patients did not need to perform catheterization after a mean time of 7.38 months. The mean time to reach a stable PRU or the lack of it was 9.76 months (0.75 to 63). The only complication recorded were urinary tract infections (UTI) presenting as mild cystitis in 7 patients and orchitis and in 2 patients. 70.4% (19/27) of patients responded to the telephone survey. 79% (15/19) said to have had no greater difficulty in learning CIC, 52.7% (10/19) said to be continuing CIC, and the mean personal rating was 6/10 points.

Table I. Evolution of the different groups of patients with a decreasing pattern of CIC.

Clinical group (n)	Initial PVR (ml)	Initial ISC pattern / 24h	Final ISC pattern / 24h	Time to final ISC pattern (m)
Hipocontractile men	274 (40-561)	3,4 (2-6)	0,8 (0-2)	4,3 (0,7-17)
Idiopathic AUR Women	258 (50-500)	3,2 (1-4)	0,4 (0-2)	2,8 (1-6)
Painful Bladder syndrome (women)	67,5 (50-85)	2	0	8 (6-10)
Post sling retention (women)	231,6 (145-400)	3 (2-4)	0	8 (2-14)
Neurogenic BVD				
- Men	328,8 (230-650)	4 (2-6)	2	26,66 (2-66)
- Women	80 (50-100)	2,33 (2-3)	0,66 (0-2)	13,33 (2-36)
Post neobladder (1)	50	4	0,1	15

Interpretation of results

The non-neurogenic BVD is usually transient and the indication of CIC as a first step to manage it has many benefits over transurethral indwelling catheterization.

A good doctor-patient relationship and the specific information about the technique and benefits of CIC given to the patients during the first visit could ensure good acceptance and adherence to treatment with this method.

Concluding message

CIC in a decreasing pattern allows almost half of the patients to be totally free from catheterization. The other half reduces significantly the number of drainage, with little interference in their daily lives. It is an effective technique, well accepted and well learned by most patients with BVD in a wide range of indications, beyond neurogenic dysfunction.

References

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Disclosures

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