

PATIENT REPORTED COMPLICATIONS WITH INTERMITTENT SELF CATHETERISATION

Hypothesis / aims of study

Patients with meatal stenosis, urethral strictures or incomplete bladder emptying often perform intermittent self dilatation (ISD) or catheterisation (ISC) respectively. ISC has been established in the urological armamentarium for over a generation but despite advances in ISD/ISC catheter technology, there is no recent data regarding the problems encountered and complication rates experienced by patients whilst performing ISC or ISD or indeed, how ISC and ISD impacts upon quality of life (QOL). All published series are now outdated when one considers current catheters and the technology employed to reduce complications. The aim of this prospective study was to assess and determine the nature and frequency of patient reported complications as a consequence of ISD and ISC.

Study design, materials and methods

Patients attending nurse led catheterisation clinics were asked to complete a questionnaire. The questionnaire included patient demographics, duration of ISC/ISD, frequency, reason for catheterisation, catheter details, complications including difficulties in catheterisation and whether ISD or ISC had affected their quality of life.

Results

95 patients completed the questionnaire. 57% were performing ISC for incomplete bladder emptying, 3% following reconstruction, with 40% performing ISD for urethral stricture or meatal stenosis.

The most common complications reported were Cystitis (43%), pain on catheter insertion (32%), difficulty in introducing catheter (17%), pyelonephritis (6%) and orchitis (3%).

Difficulty introducing the catheter requiring surgical intervention was recorded in 4%.

Most patients found that their QOL improved (69%) with a further 24% stating that their quality of life was in fact unaltered by the practice of ISC. Only 7% of patients reported a reduction in their quality of life as a consequence of ISD/ISC.

Interpretation of results

Complications with ISC/ISD remain frequent despite current improved catheter technology and ISC/ISD technique with infection still being the most common complication in agreement with earlier out dated reports.

Most patients performing ISC / ISD are comfortable in carrying out the procedure and feel that it improves their quality of life.

Concluding message

ISC/ISD remains an excellent choice in the treatment of incomplete bladder emptying and urethral/meatal stricture disease but patient reported complications remain common despite the majority of patients reporting an improvement in their quality of life.

This survey offers clinicians valuable information to allow more accurate and realistic counselling of patients with respect to the complications and impact on quality of life when performing ISD/ISC and is perhaps even more important in the current era of increased onabotulinum toxin.

Disclosures

Funding: No Funding **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** Service evaluation questionnaire survey and as such ethics approval not required **Helsinki not Req'd:** Not applicable **Informed Consent:** Yes