

IS MITROFANOFF MORE SOCIALLY ACCEPTED CIC ROUTE FOR CHILDREN AND THEIR FAMILIES?

Hypothesis / aims of study

We aimed to examine the social impact of clean intermittent catheterization (CIC) on children with a neurogenic bladder and to compare the impact of urethral CIC with Mitrofanoff catheterization

Study design, materials and methods

Questionnaires containing 29 questions about the social impact of CIC on the children and their families were administered with their parents or caregivers of 50 children (34 boys and 16 girls) using CIC. The mean (SD) age of the children was 9.6 (4.32) years and duration on CIC was 6.1 (3.97) years.

Results

Seventeen children were using Mitrofanoff catheterization (group I) and 33 children urethral catheterization (group II). Of the respondents, 54% reported that their children accept the use of CIC, 30% that they do not like it and 16% that they always refuse and resist it. There was no difference in the level of acceptance between the two groups. Both groups reported that children were social (90%) and had close friends (88%). However, 50% felt that CIC affected mood with 30% of the children displaying bad temper.

Mitrofanoff catheterization was associated with fewer episodes of frequent urinary tract infection ($p = 0.004$) and greater adherence. All children from group I, aged >6 years were attending school compared with 78% from group II. School performance was significantly better in group I ($p = 0.022$).

Interpretation of results

We found that children using Mitrofanoff catheterization were more adherent to treatment and, therefore, had fewer episodes of UTI than children using urethral CIC. This could be explained by the fact the CIC through continent urinary diversion is easier to carry out and therefore, improves autonomy and quality of life in those patients that need a definitive urinary diversion.

Concluding message

There was acceptance of CIC in the majority of children but Mitrofanoff catheterization appears to have a lower social impact in terms of school performance, adherence to therapy and complications.

Disclosures

Funding: N.A **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** King Abdulaziz University Ethical Committee **Helsinki not Req'd:** We have had our own declaration methods **Informed Consent:** Yes