

PATIENT REPORTED PAIN WITH INTERMITTENT SELF CATHETERISATION

Hypothesis / aims of study

Category- Incontinence/ Voiding Dysfunction/ LUTS

Keywords- Quality of Life (QoL), Nursing, Intermittent Self Catheterisation and Questionnaire

Intermittent self catheterisation (ISC) has become firmly established as the standard of care in the management of lower urinary tract dysfunction leading to incomplete bladder emptying. There is little modern day data to inform patients of the level of discomfort they can expect to experience with ISC (1, 2, 3).

The aim of our study was to determine the level of patient reported discomfort and pain experienced with ISC via a telephone questionnaire survey, thus enabling more thorough counselling of patients prior to the introduction of ISC.

Study design, materials and methods

A telephone survey was conducted based upon a specifically designed proforma. Every patient registered with the dedicated ISC clinic was contacted. All patients were asked whether they would like to participate in the survey and were assured that the results would be anonymous.

The questionnaire sought to determine the following parameters:

Age
Gender
Underlying diagnosis
Frequency of ISC
Catheter size
Pain assessment on catheter entry (Verbal Analogue Score)
Pain associated with catheter removal (Verbal Analogue Score)

Results

In total, 73 patients responded to the survey with a mean age of 67 (range 36 to 88 years). The majority of respondents were male (50:23).

67% of patients were performing ISC as a consequence of incomplete bladder emptying, with urethral stricture disease and urethral stenosis accounting for a further 25% and 8% respectively.

Over a quarter of patients experienced some degree of pain at the time ISC was commenced with a fifth of patients admitting to pain on insertion (mean pain score 3.6/10) and just over half this number experiencing pain on catheter withdrawal (mean pain score 3.2/10).

There does not appear to be any correlation between pain and gender, catheter size, underlying diagnosis or ISC frequency.

Interpretation of results

ISC is associated with a degree of discomfort both on insertion and removal, but this is not related to gender, catheter size, underlying diagnosis or the frequency of their ISC.

Twice as many patients established on ISC experience pain on insertion compared to withdrawal of the catheter.

There do not appear to be any factors predictive of pain with ISC.

Concluding message

This work offers the first modern day information regarding pain with ISC on insertion and removal of the catheter, utilising modern catheters. Such information is vital in the appropriate and thorough counselling of patients who are being taught ISC.

Further work is recommended and required to determine patient factors that may predict pain with ISC.

References

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Disclosures

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