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INTERMITTENT SELF-CATHETERISATION: PATIENTS PREFERENCE REGARDING CATHETER USE AND RE-USE

Hypothesis / aims of study

Current practice regarding intermittent self-catheterisation (ISC) in the UK is to prescribe single-use disposable catheters, this is not the case in many other developed nations eg : Australia and New Zealand, where catheters are usually reused, without a significant increase in complications. This survey explores UK patients' views on whether they would be willing to re-use their catheters and the reasons for their current views.

Study design, materials and methods

Patients attending a dedicated ISC clinic were asked to complete an anonymised questionnaire regarding their current ISC regime and their views regarding re-using their catheters and the reasons for their views.

Results

61 questionnaires were completed, (39 male, 22 female). The mean age of respondents was 61 years, (range 34 - 87) with the indication for ISC being incomplete voiding, (72%), urethral stricture, (20%) and urethral stenosis, (8%).

70% of patients would not re-use their catheters with hygiene and infection risk being the most common reason, cited by 97%. 30% of patients were willing to reuse their catheters with equal numbers prepared to re-use for a week and indefinitely (27%), The main reasons for willingness to re-use catheters were ease of storage (27%) and reduced cost to the health service (36%).

Interpretation of results

Greater than 2/3 of patients surveyed are unwilling to re-use their catheters for ISC with the vast majority citing fear of infection as their reason.

Whilst there is no clear robust evidence to support the concept that catheter re-use significantly increases the risk of urinary infection, either clinically or statistically, this is clearly the major concern and belief of patients performing ICS.

Concluding message

Patients are unwilling to re-use catheters for ISC based upon a mis-conception that there is an increased risk of urinary tract infection in doing so.

Greater patient education is required to correct this current misconception in order to influence patient perception, allow policy change and potentially save huge health service resource, in particular during this current age of austerity.

Disclosures

Funding: Nothing to declare **Clinical Trial:** No **Subjects:** HUMAN **Ethics not Req'd:** This is service evaluation, not a trial or study **Helsinki not Req'd:** Not applicable **Informed Consent:** No