

Abstract Reproduction Form B-1

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Title (type in
CAPITAL
LETTERS)**CLEAN INTERMITTENT SELF-CATHETERISATION:
UTILISATION AND QUALITY OF LIFE IN PATIENTS AT A
DISTRICT GENERAL HOSPITAL.****Aims of study:**

Clean Intermittent Self-Catheterisation (CISC) has become increasingly popular since its introduction in the 1960s [1]. Lapedes showed that CISC was a safe and effective way of managing patients with urinary retention or incontinence due to neuropathic or hypotonic bladder [2]. For many patients, life has been transformed by a procedure that can be performed at home by themselves or a carer. CISC is now being used for a much wider variety of conditions. The aim of this study was to characterize the clinical categories and quality of life in patients who have recently started using CISC within an adult population of a District General Hospital.

Methods:

A total of 80 postal questionnaires were sent out to all adults (>18years) who were patients attending the Urology out-patients in our hospital and whom had been commenced on CISC in the last 3 years for a variety of conditions. The patients were identified from hospital records and confirmed by the company providing catheters, within the area. The first part of the questionnaire identified the urological history and indication for CISC, as well as questions concerning ease of use, complications and general satisfaction. The second part of the questionnaire was based on the Short Form (SF36) quality of life questionnaire which measures 8 multi-item variables: physical functioning, social functioning, role limitations due to physical or emotional problems, mental health, energy and vitality, pain and general perception of health. The scores were compared to previous population norms for the SF36 from a large-scale community sample [3].

Results:

A total of 58 patients (49 male and 9 female) with mean age 65.7(range 21-89) returned the questionnaires (response rate 73%). The mean duration of catheterisation was 14.7 months(range1-36).

The indications for CISC commenced in the last 3years were: urethral stricture 14(24%), infra-vesical obstruction 5(9%), Neurogenic bladder 5(9%), Non-neurogenic acontractile bladder 26(45%) and others 8(14%).

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A mean of 1.4 (range 1-5) teaching sessions was required for the patients to learn and be confident with the procedure. Only 3 patients (5%) found the procedure difficult to learn, while 47 patients (81%) judged that they found it easy. 3 (5%) patients continued to find the procedure difficult while 50 (86%) patients now find it easy.

Only 4 patients (7%) have had trouble with CISC and sought help from a doctor or continence advisor. 3 patients (5%) always find the procedure painful, while 41 patients (71%) have never suffered any pain. 12 patients (21%) suffer more than 4 urinary tract infections per year, 11 patients (19%) get 2-3 infections per year, while 35 patients (60%) have had 1 or no infections ever. 15 patients (26%) described occasional bleeding on catheter insertion but in all cases this was mild. In all, 51 patients (88%) expressed satisfaction with the use of CISC.

As expected the scores for the SF36 quality of life questionnaire for patients with neurogenic bladder were less than the matched population norm for all 8 multi-item variables, but only statistically significant for social functioning, body pain and energy and vitality. Patients with infra-vesical obstruction actually scored statistically higher for body pain, emotional role limitation and general health perception. For all other groups there was no significant difference from the population norm.

Conclusion:

As a whole, CISC remains an extremely useful technique for management of patients with bladder dysfunction. Patients of all groups generally find it easy to master and use the technique, have minimal complications and express satisfaction with the result. Urinary tract infection is common, but not generally a significant problem amongst patients. A small proportion of patients does find CISC rather traumatic and are less satisfied. It is important to identify these patients, so that the technique can be carefully reviewed and modified. Patients with neurogenic bladder dysfunction tend to score less well for quality of life, but as the score is not specific for CISC, this is not surprising. However patients with non-neurogenic bladder dysfunction and stricture of all ages cope very well with CISC and express a quality of life matching the population norm.

References:

- [1] The value of intermittent catheterisation in the management of paraplegia. Paraplegia 1966; 4: 63-64.
- [2] Further observation of self-catheterisation. J Urol 1976; 116: 169-171.
- [3] Short form 36 (SF36) health survey questionnaire: normative data for adults of working age. BMJ 1992; 306: 1437-1440.