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LONG-TERM FOLLOW-UP OF CLEAN INTERMITTENT CATHETERIZATION(CIC)
: IS CIC REALLY SAFE?

AIMS OF STUDY

CIC has been accepted as one of the most safe and effective method to evacuate the urine in the patient with neurogenic and non-neurogenic voiding dysfunction since Lapidus introduced CIC in 1971. Some reported that there are no difference in long-term complication rate between CIC and indwelling catheter[1, 2].

This study was to define the safety and effectiveness of long-term CIC and the cause of abandoning CIC in 74 patients with neurogenic and non-neurogenic voiding dysfunction whose follow-up period was more than 6 months.

METHODS

CIC was performed in 4-6 hour intervals with 300-400cc of volume at a time with or without anticholinergic medication. In one case ileocystoplasty was performed to make a holder. The patients were followed up at 3-6 month intervals for checking the urine analysis and continence. The patients underwent ultrasonography or IVP for upper tract evaluation at 6-12 month intervals. The patients was treated with parenteral antimicrobial agents for febrile urinary tract infection(>38°C). The complications, continuing or abandoning CIC, the causes of abandoning CIC were studied prospectively

RESULTS

10 out of 74(13%) patients abandoned the CIC. The major cause of abandoning CIC was recurrent UTI in hyperreflexic or hypertonic bladder. Urologic complications occurred in 22 out of 71 patients(31%). Those were febrile UTI, acute epididymitis, urethritis, mild urethral stricture, urinary stone, vesicovaginal fistula. There was no patient who has upper tract change or renal function deterioration.

CONCLUSIONS

CIC in neurogenic and non-neurogenic voiding dysfunction with or without anticholinergic medication is safe and effective method to control urinary incontinence only in condition that the close observation is feasible for urologic complications. The adequate control of intravesical pressure is the important factor for successful CIC especially in the patient with hyperreflexic and hypertonic bladder.

REFERENCES

1. J.Urol. 1992, 147, 1069-1072
- 2 J.Urol. 1994, 151(suppl), 271A