

DOES CIC DESERVE A BETTER REPUTATION IN PATIENTS WITH VOIDING DYSFUNCTION?

Hypothesis / aims of study

Objective: To clarify the long-term results of bladder management on CIC with urological complications, the patient's satisfaction levels, and the factors in continuing the treatment, as well as, the support necessary to continue the treatment.

Study design, materials and methods

From January 2002 to February 2006, we retrospectively reviewed the medical records of 249 patients with voiding dysfunction, assessing the long term results of bladder management on CIC with urological complications.

During February 2006, a semi-structured interview was conducted with 20 individuals who continued CIC, inquiring on satisfaction levels of voiding by the method, reasons for continuation of CIC, and information on support they require.

The statistical tool, SPSS, was utilized for inductive analysis of the data available.

Results

The patients average age was 73 years old (ranging in age from 21 years to 98 years). Males comprised 70% of this group. Approximately, 90% of the patients with voiding dysfunction are caused by neurogenic bladder and bladder outlet obstruction. From the patients, approximately 20% stopped CIC due to improvement of their urinary dysfunction, 15% changed their urination method due to medical reasons, 2% suspended CIC as their decision, and approximately 60% continue CIC. Complications from CIC such as urinary tract infections and renal dysfunction were only at 3%. The satisfaction levels achieved by CIC were high. Based on a 5 level measurement scale, 80% answered satisfied, somewhat satisfied. The factors for continuation of CIC were categorized under 'Improvements in symptoms related to urination', 'Improvements in daily lifestyle', 'Adaptability to changes in method of urination' and 'Recovery of self-confidence by learning CIC techniques'. Factors categorized under necessary support for continuation of CIC were 'support for techniques/skills in line with daily lifestyle', 'support for acquiring skills, 'meeting the individual needs of the patient' and 'medical practitioners affirmative attitude'.

Interpretation of results

Japanese are all covered by a national health insurance program. In comparison to other countries, the support and necessary equipment required for CIC can be obtained at reasonable cost under this national program. As a result, it is thought that disruption of treatment from economic reasons is rare. In our cases, a urologist and a continence nurse specialist have been evaluated and assigned for long-term care of voiding dysfunction from 2002 onward. The urologist provides a diagnosis, as well as, an accurate assessment on whether CIC is suitable. Continued support is provided by the continence nurse specialist regardless of age or problem, respecting the individual patient's wish or values, ADL, and recognition. As a result, personal CIC disruptions are few and it is expected that patients satisfaction levels are high for their urination.

Concluding message

To continue long-term CIC without complications and to provide the necessary support for the patient, it is essential that doctors and nurses with special knowledge and skills be present.

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HUMAN SUBJECTS: This study did not need ethical approval because retrospective medical records review and a semi-constructed interview but followed the Declaration of Helsinki Informed consent was obtained from the patients.