#393 Factors affecting adhesion on treatment with clean intermittent catheterizations for neuro-urological patients

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Introduction

Clean intermittent catheterizations (CIC) are one of the suggested treatments for patients with a disability to empty their bladder or a significant post void residual (PVR).

One of the most studied patient groups are neurological patients with dysfunction of the lower urinary tract, known as neurogenic lower urinary tract dysfunction (NLUTD). NLUTD has been highlighted in patients with spinal cord injury (SCI) and Multiple Sclerosis (MS).

CIC as ideal treatment for neuro-urological patients has two main goals: bladder emptying and preserving low detrusor pressures in filling phase, protecting the upper urinary tract and reducing episodes of incontinence.

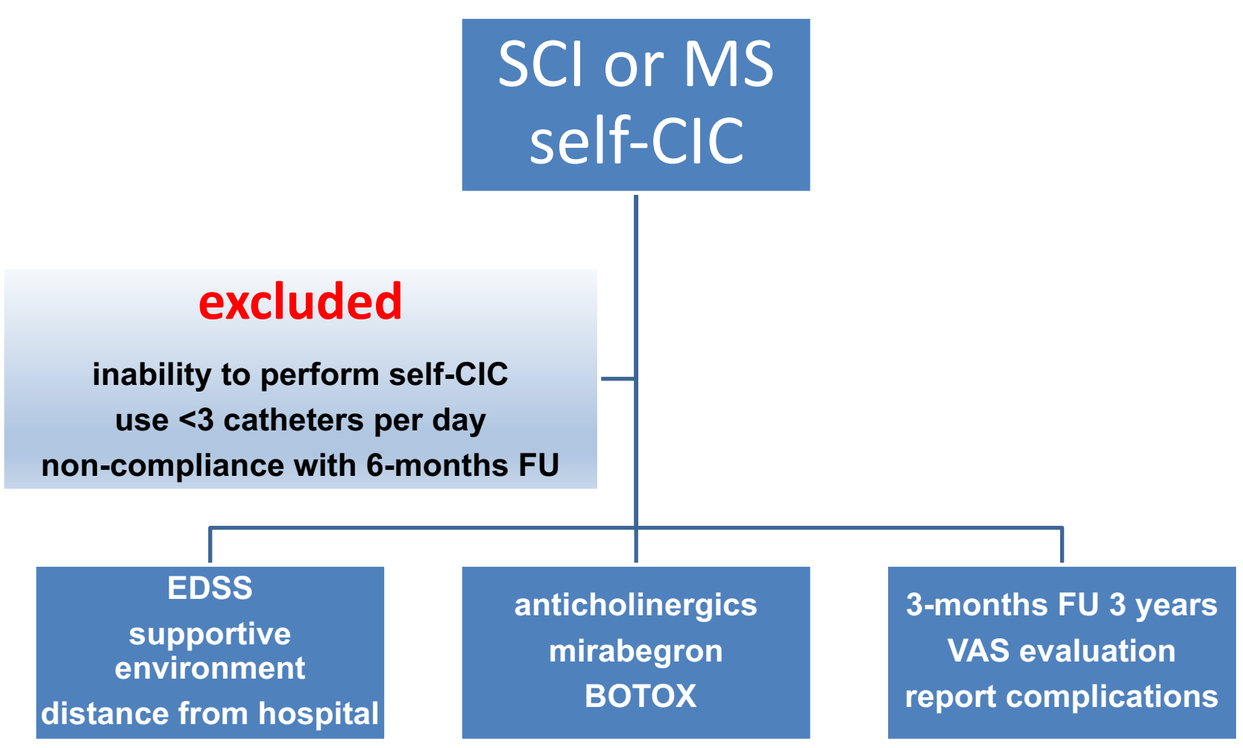
Although CIC is strongly recommended in neuro-urological cases, it remains a minimal invasive treatment with complications, mostly minor. Hence, there is a number of patients who discontinue CIC, endangering the proper function of both lower and upper urinary tract.

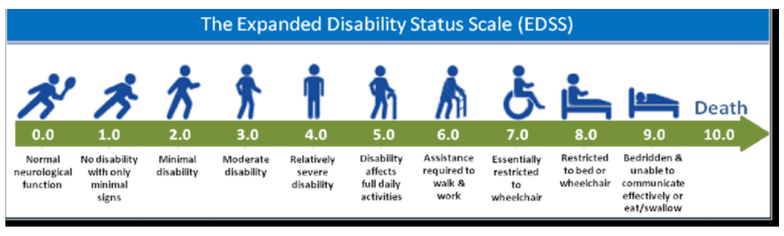
The aim of our study was to investigate the reasons that lead neuro-urological patients to cease CIC treatment and suggest potential factors leading to this decision.

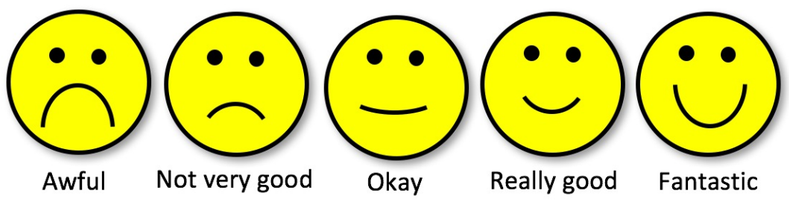
Methods and Materials

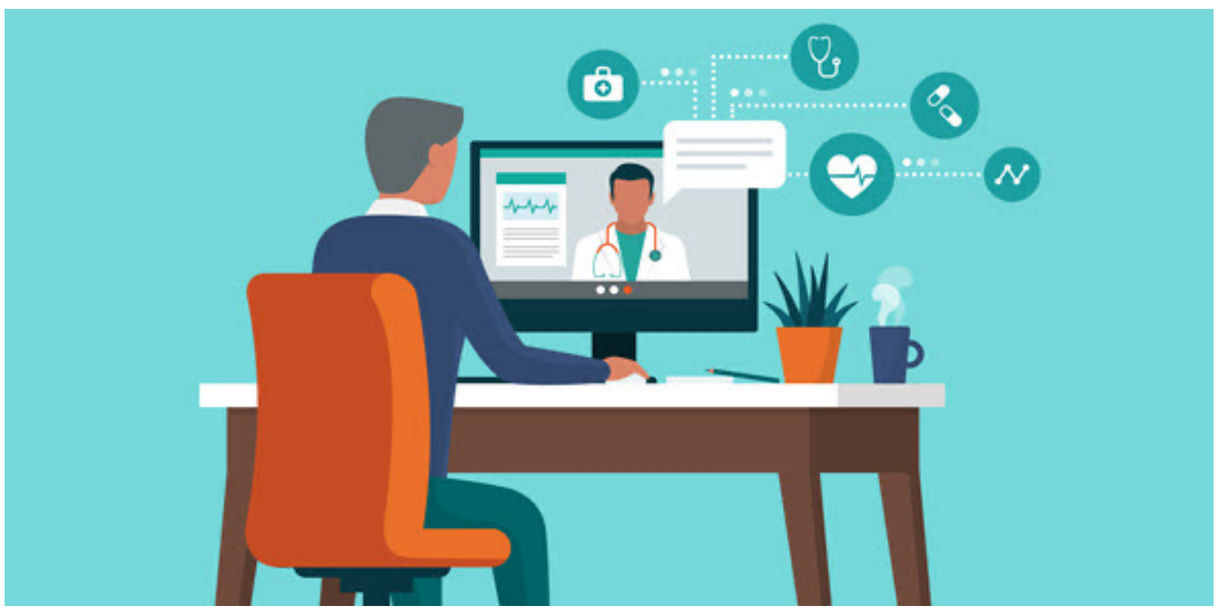
This is a prospective observational study including adult patients who visited the Neuro-urological and Urodynamics clinic of our Urology Department.

The catheters offered to all patients were hydrophile, pre-lubricated, containing PVC, ready for use.



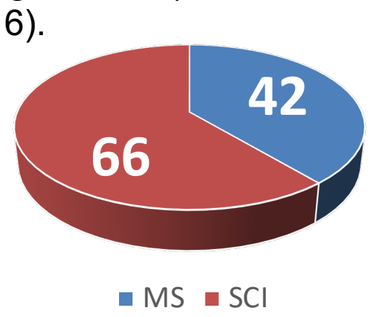


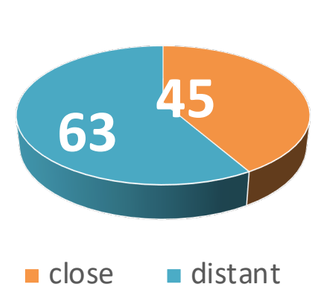


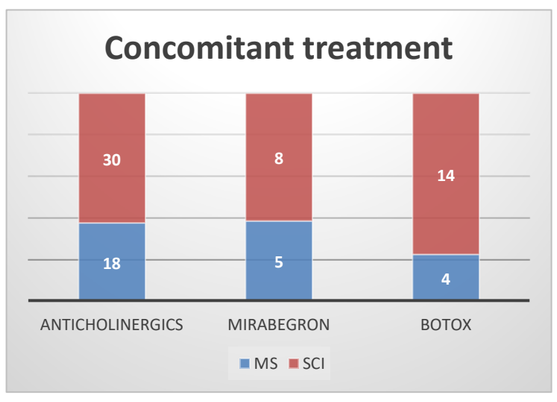


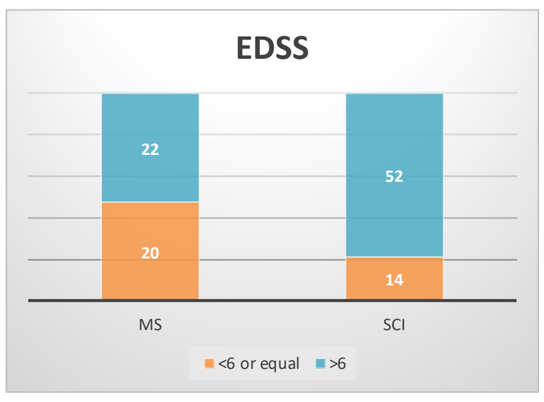
Results

The study included 108 patients, 58 men and 50 women with a median age of 41 years (range: 19 – 60) and a median follow-up of 26 months (range: 6 – 60). The median number of used catheters were 5 (range: 3 – 6).









- **3 months: drop out NONE, mVAS: 8**
- **1 year: drop out 4, mVAS: 8**

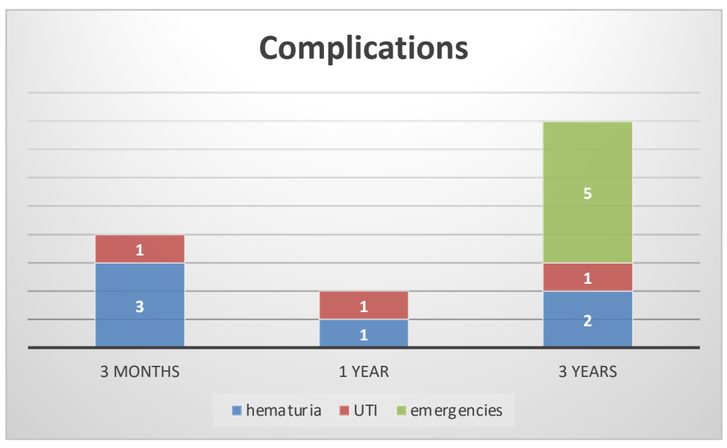
MS with EDDS> 6.

6 patients ceased their visits in favor of a closer center.

- **3 years: drop out 9, mVAS: 7**

6 MS with EDSS> 6 and 3 SCI, needed to stop oral treatment due to side-effects.

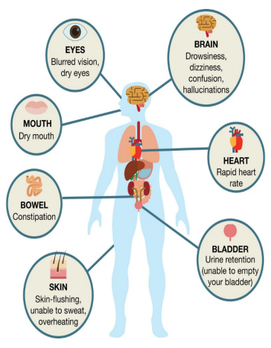
2 more opting for a less distant hospital



During pandemic, 98 (90.7%) patients had typical visits and 10 (9.3%) phone-call evaluation. Interestingly, all patients with phone-calls completed their 3-year follow-up, continuing CIC.

Discussion

Key factors



Limitations

- short but close FU
- scarcity of data
- lack of transitional care support

Conclusions

Adherence to CIC treatment is crucial for patients with NLUTD but it could be affected by a low EDSS, concomitant medication and long distance from specialized centres. High-quality catheters, patients' education and close follow-up could be essential for CIC continuation, while further studies with extended follow-up are required to establish a follow-up protocol.

References

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