W17: LIVE WEBINAR: ICS Core Curriculum: A Multidisciplinary Approach to Intermittent Self Catheterisation in Neurogenic Patients

Workshop Chair: Collette Haslam, United Kingdom

Start	End	Topic	Speakers
19.30	19.35	Introduction	Collette Haslam
19.35	19.55	The Neurourologists approach to assessing and teaching intermittent self catheterisation	Emmanuel Braschi
19.55	20.15	The Nurse Specialists approach to assessing and teaching self-catheterisation	Claire Ervin
20.15	20.35	When to involve the physiotherapist to facilitate ISC	Carina Siracusa
20.35	20.50	Case discussions	Collette Haslam Emmanuel Braschi Claire Ervin Carina Siracusa
20.50	21.00	Conclusion of workshop and Q and A	Collette Haslam

Aims of Workshop

Intermittent catheterisation is recognised as the preferable method of bladder emptying in urine retention management for patients with neurogenic bladders.

The aims and objectives of this workshop are to explore methods of assessment and teaching practice from a multidisciplinary perspective, to enable facilitation and ability of the neurogenic patient to self catheterise.

Learning Objectives

To promote the basic knowledge of intermittent catheterisation
To promote intermittent catheterisation as a feasible option for this group of patients.
To encourage the care giver to explore the multidisciplinary benefits of patient care in self catheterisation.

Target Audience

Any member of the multidisciplinary team who may be involved in the assessment and instruction of a patient with a neurological condition who requires to self-catheterise

Advanced/Basic

Basic

Suggested Learning before Workshop Attendance

National and local guidelines for bladder management of the neurogenic bladder
Webcast/videos for intermittent catheterisation that are produced by the catheter manufacturer

Workshop Chair

Collette Haslam
Clinical Nurse Specialist in Uro-Neurology, United Kingdom

Speakers

Emmanuel J, Braschi , MD
Neurourologist, Argentina

Adult neurogenic lower urinary tract dysfunction (ANLUTD) is prevalent in many neurological diseases. The condition is known to be life threatening if not properly managed. The conservative treatment is in almost all cases the first to give and will remain the primary choice in the majority of patients with neurogenic bladder.

Intermittent self catheterization (ISC) is the first choice treatment for those with inability to empty the bladder adequately and safely in neurogenic voiding dysfunction. It is a valuable tool for achieving continence. In general, the purpose of catheterization is to empty the bladder and to resume normal bladder storage and regularly complete urine evacuation. With ISC there is no need to leave the catheter in the LUT all the time, thus reducing complications of indwelling catheterization (ID).

Some of the main variables to consider when teaching ISC include: the type of underlying disease and its natural evolution, bladder dysfunction, urethral conditions, but also on the patient's general condition, patient's wishes and the available resources. Urodynamic testing will be necessary in many patients to gain more complete diagnosis of how the neurogenic dysfunction has changed the function of different components in the lower urinary tract and their interaction.

Indications, limitations (not all patients are candidates for ISC), complications, long-term acceptance, follow-up, how, when, tips and tricks from the literature and from personal experience in a National Rehabilitation Centre in Argentina, single use vs multiple use will be discussed.
Also preliminary results from an International Survey about Multiple Use will be presented (professionals from 58 countries participated)

A correct technique when teaching ISC with an appropriate assessment and follow up will led to less complications and a long acceptance of the therapy.

Claire Frances Ervin
Clinical Nurse Specialist, Australia

Following a diagnosis of neurogenic bladder dysfunction, the continence nurse advisor has a central role. They provide effective education on procedures and long-term benefits of Intermittent self-catheterization (ISC), as well as supporting the patients whilst they gain confidence.

The aim of this workshop is to explore methods of ISC assessment and teaching practices.

Patients with neurogenic disorders who are required to perform ISC may experience added challenges due to mobility, dexterity and cognition- domains which require comprehensive assessment before undertaking ISC. Assessments can be undertaken with validated tools and the involvement of a multidisciplinary team; the details of which will be explored further in the workshop.

Education and patient centred care are pivotal in ensuring fewer complications and better long-term compliance by empowering patients with the knowledge to manage their ISC. It is key that patients feel confident in the expertise of the continence nurse educator, as well as in their own abilities, as this helps reduce possible long-term complications.

Education should be tailored to the individual needs of the patient, focusing on the benefits of ISC uptake and the information needed to recognise signs of possible complications. Education should also focus on the different products available, their advantages and disadvantages, so the patient can make decisions informed by their personal preferences and best available practice. Furthermore, education should be considerate of a patient's social determinants, and acknowledge that whilst catheter reuse is not recommended as best practice, it is sometimes necessary. It is also crucial to educate patients in navigating web resources to prevent reliance on unsubstantiated online information between visits.

When education is comprehensive and in-depth, patients have the autonomy to better perform ISC between visits and are better equipped to overcome other lifestyle barriers they may encounter. This workshop will examine these lifestyle barriers in further detail and explore the possible managements, treatments and resources available.

Carina Maria Siracusa
Physiotherapist, United States

Pelvic floor physiotherapists can be an integral part of the team when it comes to creating a plan for intermittent self-catheterization in the patient with multiple sclerosis. Catheterization will be more successful if the patient has had their pelvic floor evaluated prior to initiating any protocol. The patient should also be evaluated from a sensation standpoint to determine the frequency of catheterization and if there can be any urge or on demand catheterization completed. A pelvic floor physical therapist can help to monitor bladder output and make recommendations for adjustment of catheterization frequency.

During this talk, the pelvic floor physical therapist will discuss how they perform a thorough sensory and muscular strength assessment to determine if there may be any barriers to self-catheterization. During the internal exam the physical therapist may also make recommendations about proper pelvic floor and sphincteric relaxation to facilitate the entrance of the catheter. The participants will learn how this is performed and what recommendations are made if it is determined that the patient lacks relaxation. They also may look at the patient's body movements and fine motor skills to determine if there are any physical issues that may bar a patient from participating in a program like this. Finally, the physical therapist will continue to reinforce good bladder and bowel health habits. This can include positioning, good fluid habits, and constipation prevention to ensure success with the program.

Participants will leave this talk with a thorough view of the role of a pelvic floor physical therapist on an interdisciplinary team for the patient with Multiple Sclerosis. They will also understand how to create a comprehensive physical therapy plan to ensure the success of an intermittent self-catheterization program.