

Facebook Live

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INTERMITTENT SELF-CATHETERISATION: GETTING THE BASICS RIGHT

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LIVE Q&A

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Learning outcomes



Clinical indications and exclusion criteria



Preparing and supporting patients



Assessment and equipment selection



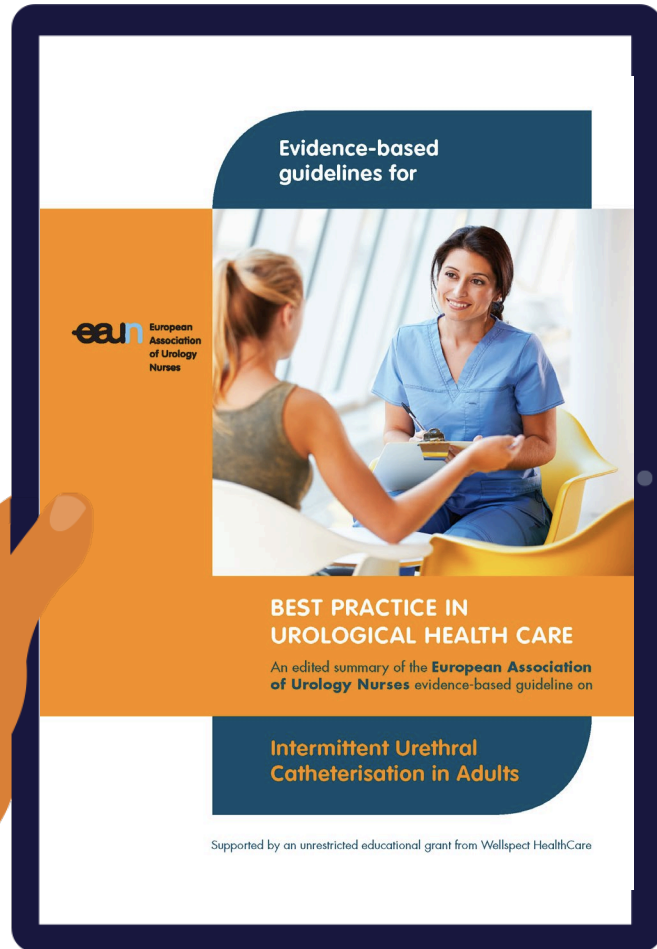
Practical applications



Intermittent self-catheterisation and beyond
(McClurg et al, 2018).

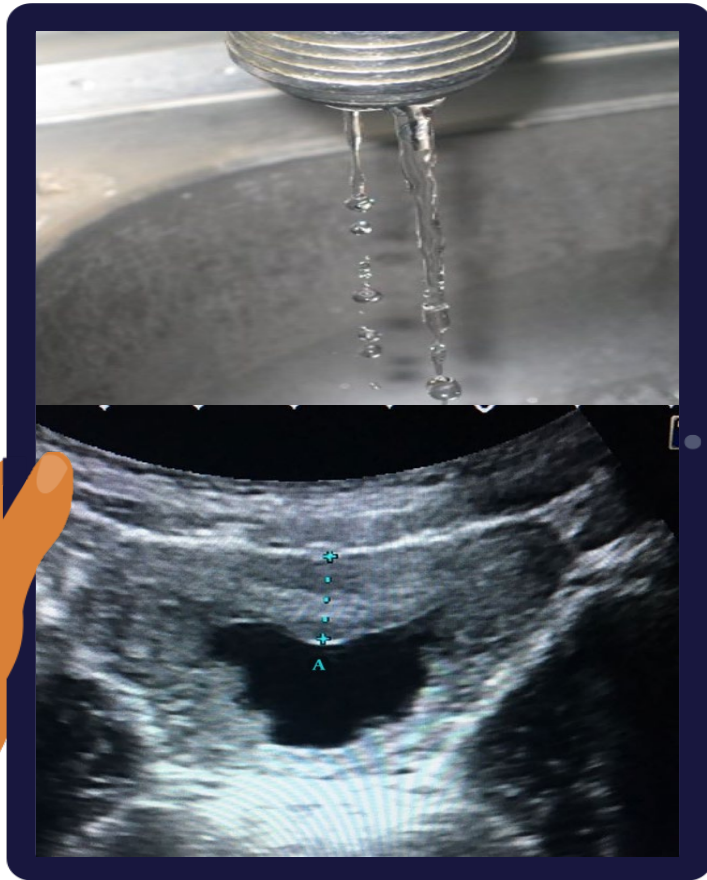
DEFINITIONS, INDICATIONS AND EXCLUSIONS

Definition: Intermittent self-catheterisation



- ISC is defined as the patient intermittently inserting a hollow tube into the bladder via the urethra to allow drainage of urine, with subsequent removal of the catheter (EAUN, 2017)
- 'Simple' and safe, and leads to increased quality of life compared to indwelling (many studies), but adherence can be problematic
- May be short-term, or life long
- ISC is considered the gold standard for urine drainage (National Institute for Health and Care Excellence [NICE], 2014)
- Aseptic/no-touch/clean techniques.

Clinical indications for ISC



- Post void residual urine \pm symptoms (and/or complications)
- Detrusor muscle dysfunction, insufficiency or failure (neurological)
- Bladder outlet obstruction (prostate, stenosis, strictures)
- Post-operative general acute or following procedures for:
 - Stress incontinence, e.g. transobturator tape (TOT), colposuspension
 - Urge incontinence - Botox
- Following bladder reconstructive surgery.

Benefits of ISC



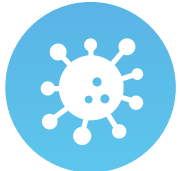
Maintains sexual function/body image



Promotes independence



Improves quality of life



Lowers urinary tract infection (UTI) risk



Protects renal function.

Exclusion criteria & contraindications



High-pressure
urinary
retention
Why?



Body habitus



Poor manual
dexterity



Psychological
aversion

PSYCHOLOGICAL PREPARATION AND EDUCATION

Psychological preparation

- Emotional & psychological impact
- Strategies to address them
- Comprehensive education
- Patient buy-in and responsibility
- Self-care and empowerment.



Psychological and emotional impact

Teaching preparation is key

- Healthcare professional **competence** and **confidence** (RCN, 2019)
- Prepare yourself before teaching:
 - **Know your patient and their history** - are there any comorbidities?
- This knowledge will help you to work out the realistic expectation of the **impact ISC will have on their life**. This is one of the first things they want to know
- Time frames:
 - **Being able to give the patient some idea of this helps them develop expectations and start to process their coping strategy.**

Teaching resources and environment

Resources

- Be selective with teaching tools – be mindful of using a variety of materials and these may need to be introduced over a phased approach
- Remember the 20% rule of what is remembered balanced with the psychological and emotional considerations already discussed
- 64% of population are visual learners
- Health literacy.

Teaching resources and environment

Clinic environment

- A quiet, uninterrupted and private space. Reinforces a positive perception of your relationship with your patient
- A minimum of 45 minutes but allow up to one hour for new teaching. Consider two appointments if this is not possible
- Consider where urine is to be drained (minimise the worry about making a mess)
- Adequate space, a couch, light and fresh air.

Teaching resources and environment

Home environment

- Advise and establish ahead of time – sets patient expectation for visit and ensures the teaching goals can be achieved where possible. Consider chaperone requirements (patient choice and healthcare professional safety)
- Teaching with set catheter initially to facilitate options for practical restrictions
- Take mirrors for male as well as female use, booklets and hand sanitiser. Other teaching aids might need to be made available such as gripper, pantler, strap on mirrors.

Teaching resources and environment

Home environment

- Provide enough catheter supplies to leave for the first two weeks or for a trial period and take a variety as limited on assessment prior to the visit to establish best type of catheter. Or, consider carrying out an assessment in clinic and the first supported catheterisation and troubleshooting as home visit.

Psychological & emotional assessment and support



Resilience and positive attributes improve positive outcomes (Palmer, 2021)



Cultural and perception/acceptance considerations (Marckiewicz et al, 2020)



Establish level of information detail and teaching style needed



Assessment of likely levels of motivation and compliance.

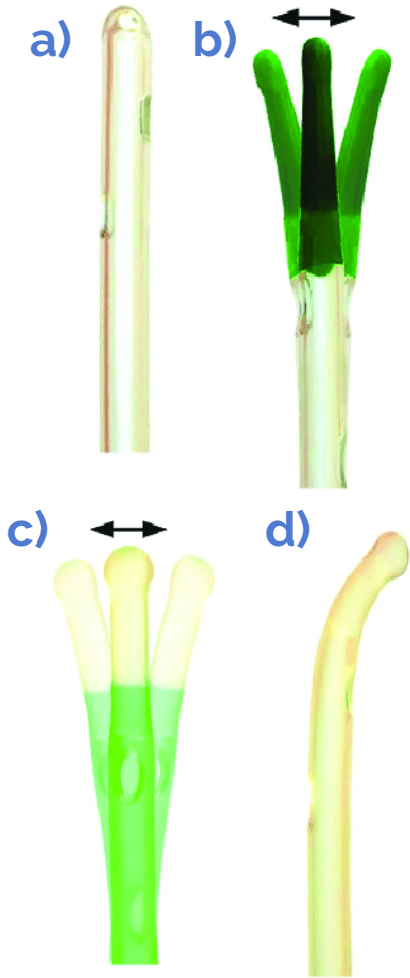
Psychological & emotional assessment and support

Support and reassurance

- Time to engage, time to understand
- Establish social connectivity (Marckiewicz et al, 2020)
- Tailored information and patient-centred teaching – models, booklets, websites
- Consideration of teaching environment and develop a plan.



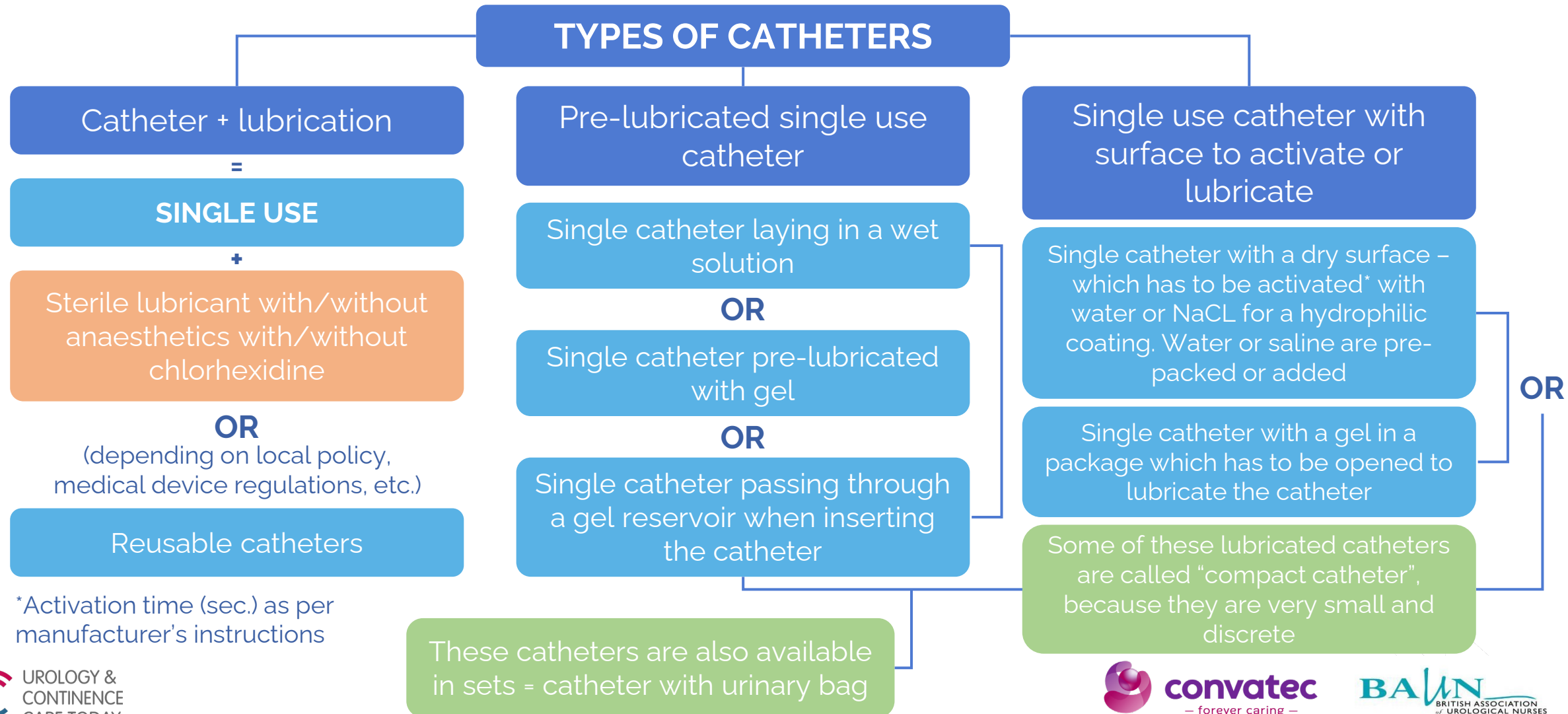
Selecting the right Nelaton catheter



Catheter tips:

- a) **Straight** – for uncomplicated anatomy, when used for incomplete bladder emptying that is mechanical rather than obstructive (Mitrofanoff)
- b) **Ergothan** – useful post-stricture surgery or when there is a stricture present, post trauma, DXT, bladder neck complications
- c) **Soft/flex/olive** – incomplete bladder emptying generally, males with slight prostate enlargement, neurogenic bladders that need frequent drainage. Patients that catheterise seated
- d) **Tiemann/coude tieman** – obstructive non-vascular prostates, CA prostate, patient needs to follow precise insertion instructions.

Catheter types (EAUN, 2017)



ISC: The Procedure

Guidelines for teaching	Notes
Prepare the patient	Booklet, DVD, website
Check verbal consent	
Advise on best location/position following assessment	Bed, bathroom, over toilet
Verbal explanation of the insertion procedure	Devices needed
Explain importance/hand washing/facilitate meatal cleansing	Cross infection
Decide on mirror/visualisation needed/by touch	
Decide on approach – self insertion/assisted/nurse first	No touch/clean approach
Void first if able to	Can help to confirm need for ISC
Allow practising until confident/ verbal repetition	

ISC: The Procedure

Guidelines for teaching	Notes
Check if feels able to perform on his/her own	
Give individualised advice on frequency of ISC/ voiding diary	Depending on voiding ability/bladder volume/ renal function — avoid residual of > 500mls
Advise on potential difficulties, how to seek help and contact details	
Ensure adequate number of supplies, samples if possible, ongoing supplies?	Order when the suitability of catheters is confirmed — safety netting important
Appointment — follow-up/ telephone/trouble shooting	Questions come later!

ISC and beyond



- Catheter-associated urinary tract infection (CAUTI) – most common complication (approximately 2.5 per year)
- Trauma/urethral bleeding
- Discomfort/spasm/anxiety
- Poor compliance (variety of reasons) (Balhi and Arfaoui, 2021)
- Follow-up essential as things change.

Key points



ISC is the gold standard



ISC reduces UTI, protects kidneys improves quality of life



Patient preparation and education are key



Patient assessment and individual care essential



Communication, contact, follow-up for confidence and compliance.

BAUN

The British Association of Urological Nurses (BAUN) is a registered charity which promotes and maintains the highest standards in the practice and development of urological nursing and urological patient care. The Association provides information to professionals working in urological nursing as well as a mutual network of support.

Our annual conference is the highlight of the BAUN calendar. We look forward to a face-to-face conference in Liverpool on 19-21 November 2023.



References

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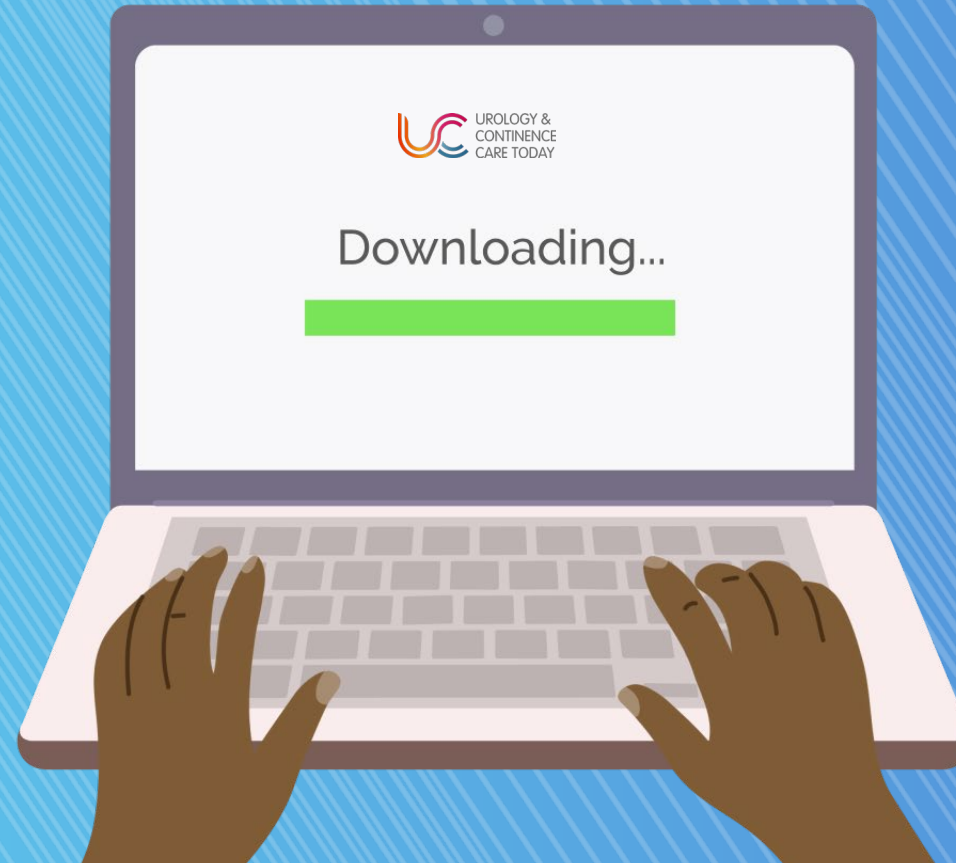
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