

# INTERMITTENT SELF-CATHETERISATION: SUPPORTING PATIENTS

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Presented by





# LIVE Q&A

## Comments



Submit your questions through the comment section of the live broadcast!



# Learning objectives

1. Pathway to determine voiding dysfunction
2. Best practice treatment plan for intermittent self-catheterisation (ISC)
3. Benefit of collaborative working.

# Bladder assessment

**Continence assessment is a care plan based on the bladder problem and diagnosis.**

There are four main types of bladder problems:

1. Stress urinary incontinence
2. Overactive bladder syndrome
3. Voiding dysfunction
4. Functional incontinence.



# Prevalence of bladder dysfunction

- Bladder dysfunction is surprisingly common
- One in four people will experience bothersome bladder problems; one in 10 will experience bothersome bowel problems
- Therefore, more patients present with incontinence than asthma, diabetes and epilepsy combined (Bladder Interest Group [BIG], 2021).

# Voiding dysfunction

## Common causes of voiding dysfunction:

### 1. Obstruction

- This may be due to faecal impaction/chronic constipation, an enlarged prostate, urethral stricture, tumour, prolapse

### 2. Underactive bladder (hypnotic)

- This is when the bladder is unable to contract in an efficient manner. This may be experienced by people with neurological conditions, such as multiple sclerosis (MS), Parkinson's disease, diabetes or following cerebral vascular accident (CVA).



# Voiding dysfunction (cont.)

## 3. Detrusor sphincter dyssynergia

- This is a loss of coordination between the bladder muscle and urethral sphincter that can affect people with a neurological condition.

Refer to the European Association of Urology (EAU) Neuro-Urology Guidelines for further information (EAU, 2018).

# Symptoms of voiding dysfunction

- Frequency of micturition
- Urgency
- Nocturia/nocturnal enuresis
- Dribbling incontinence
- Recurrent urinary tract infections (UTIs) - more than three in six months
- Poor urinary flow/after dribble
- Hesitancy of micturition.



# Treatment pathway

- **Investigations:**

1. Ultrasound scan bladder
2. Residual greater than 150mls on two occasions.

- **Treatments:**

1. Double void technique
2. Queen's Square Bladder Stimulator™
3. Intermittent self-catheterisation (ISC)/indwelling catheterisation
4. Pessary
5. Surgery.

# RCN guidelines, reviewed July 2021



## Catheter Care

RCN Guidance for Health Care Professionals

(Royal College of Nursing [RCN], 2021)



# Why ISC?

- Catheterising patients places them in significant danger of acquiring a urinary tract infection, and the longer the catheter is in place, the greater the risk
- Recommendations therefore relate to using indwelling urethral catheters only after considering alternative methods of management.

# RCN guidelines

- Intermittent self-catheterisation is considered the gold standard for urine drainage (National Institute for Health and Care Excellence [NICE], 2015)
- It can be used as treatment for voiding problems due to disturbances or injuries to the nervous system, non-neurogenic bladder dysfunction or intravesical obstruction with incomplete bladder emptying.

# Key recommendations April 2022



1. Communication
2. Training and Education
3. Patient Empowerment.



# Skills for Health

- National occupational standards
- Enable individuals to carry out intermittent catheterisation (Skills for Health, CCo6).

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Skills for  
Health

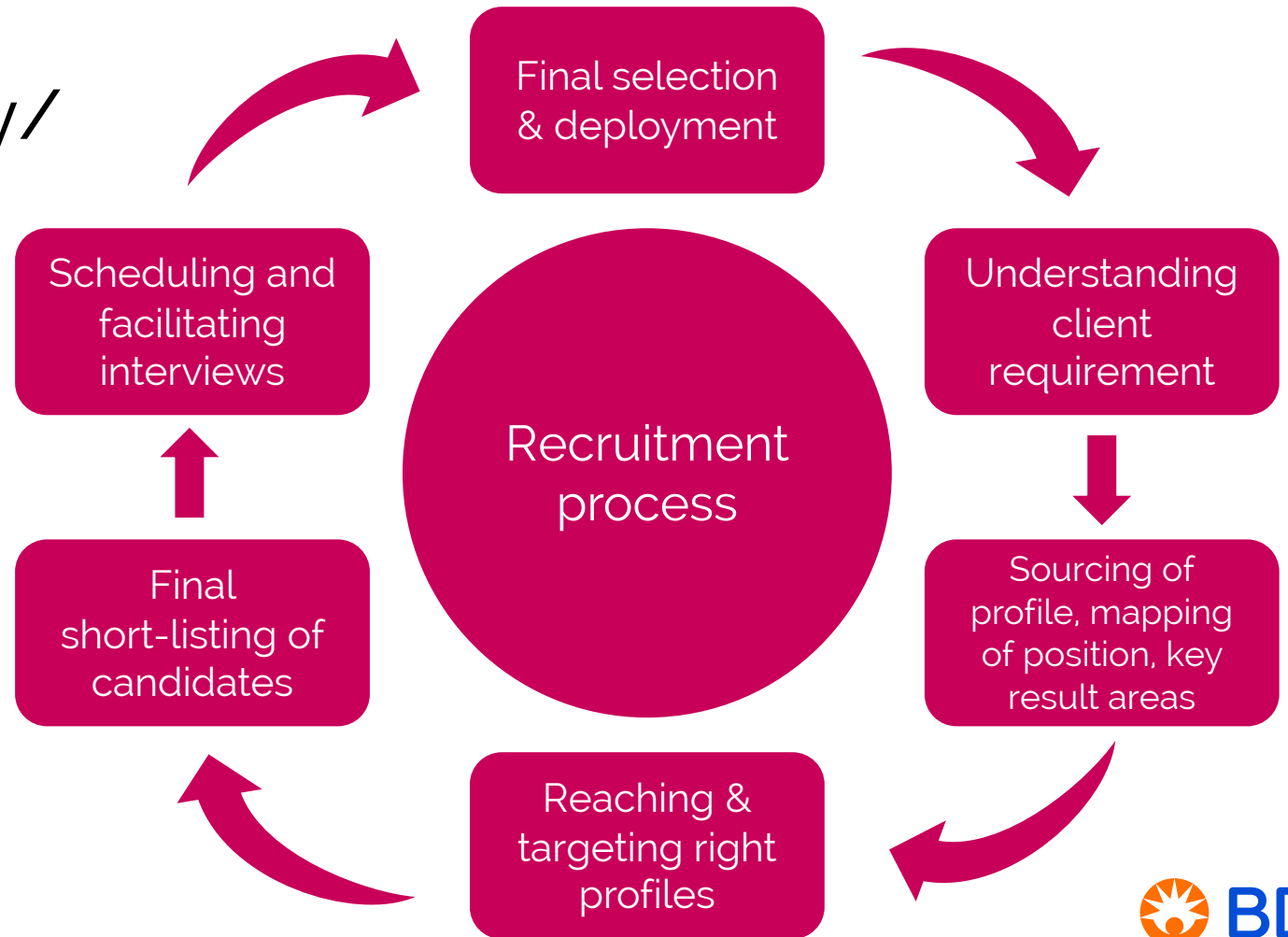
# Pressures on NHS for teaching ISC



1. Building a rapport with the patient
2. Number of contacts to patient
3. Time consuming.

# Pressures on NHS clinical resources

1. Post-Covid recovery/  
waiting lists
2. Staffing
3. Recruitment.





# Safe staffing

- Department of Health's *Good Practice in Continence Services* (DH, 2000) recommends minimal requirement for level 2 specialist nurse at band 6 or above is one whole time equivalent (WTE) per 100K population
- Measure current staffing levels in relation to WTE per population.

# National staffing recommendations



## All Party Parliamentary Group (APPG, 2011):

- Cost effective commissioning for continence care
- Procuring a 'fit for purpose' continence service.

# Staff development

1. Knowledge
2. Skills
3. Competency
4. Training.







# Quality and safety risks

- Psychological burden of the embarrassing condition
- Physical harm risk due to potential skin damage, deterioration of condition, reduced quality of life. (NICE, 2010; 2021)
- Seven-minute briefing deconditioning awareness Lancashire adult safeguarding
- Reduced staff morale, increased staff stress, ongoing overwhelming workload, sustainability
- Pelvic Floor Report (The Pelvic Floor Society, 2021) – succession planning.

# Collaboration plan

1. System to share patient care with corporate clinician
2. Confidential transfer of clinical information – maintaining information governance
3. Review meetings.

# Risks to NHS

-  Breakdown of communication between NHS and corporate nurse
-  Breach of information governance.



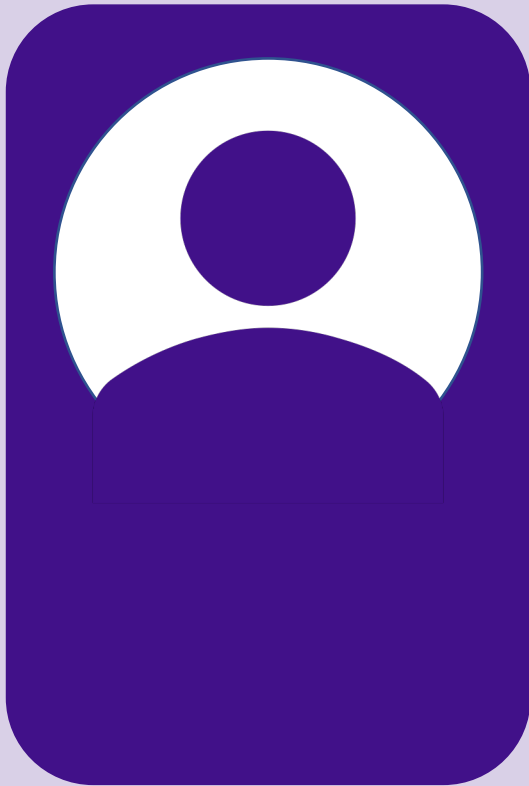
# Benefit to NHS

- ⊕ Opportunity to increase capacity
- ⊕ Reduce number of NHS-led contacts per patient
- ⊕ Reduce patient waiting times
- ⊕ Build synergy with corporate nurse
- ⊕ Improve referral to treatment and discharge target.

# Pathway for shared care

1. Identify possible voiding dysfunction – first bladder scan
2. Refer to corporate nurse for second bladder scan and subsequent ISC training
3. Documentation of ISC teaching, including device choices/patient involvement.

# Patient story



- 50-year-old female
- Voiding dysfunction
- Did not attend (DNA) appointment
- Anxiety
- Housing issues
- Breakdown in relationship with family/neighbours.



# Call to action

- Time for a different way of thinking within the NHS
- Time to embrace a different approach to working with corporate colleagues
- How can we work collaboratively with nurses from different organisations?

# Contact BD



<https://isctraining.bd.com>



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For more information about BD's nursing service,  
visit: <https://isctraining.bd.com/faqs.html>

# References

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