BEYOND THE HORIZON: A JOURNEY OF RESILIENCE, CHOICE, AND NURSE-LED SUPPORT

An inspiring patient story that reframes how we

care for catheter users

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Presented by







LIVE Q&A





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







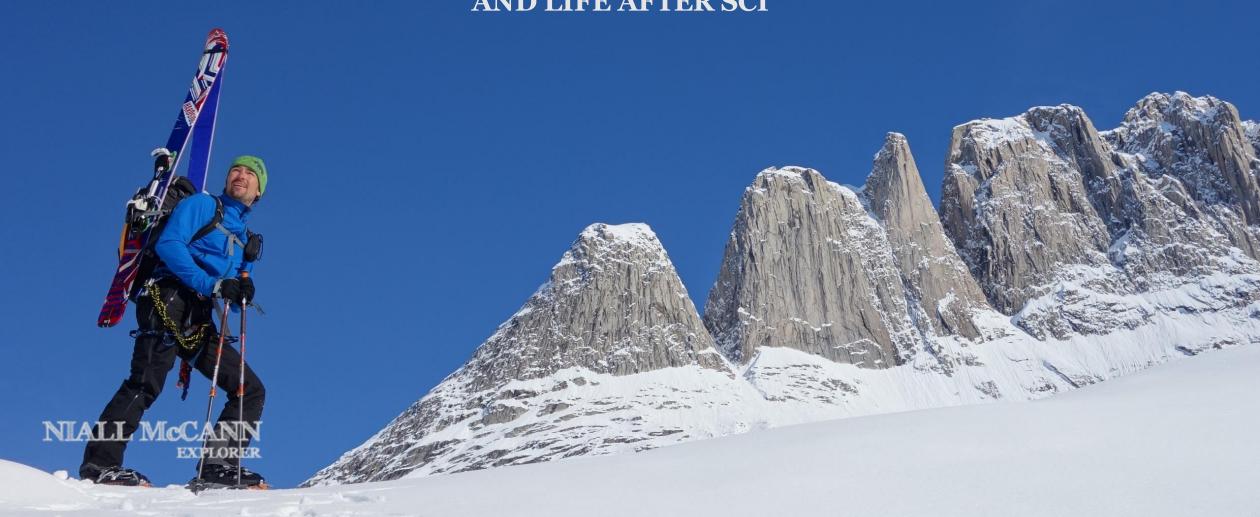
NO LIMITS: ADVENTURE, ADVERSITY AND LIFE AFTER SCI

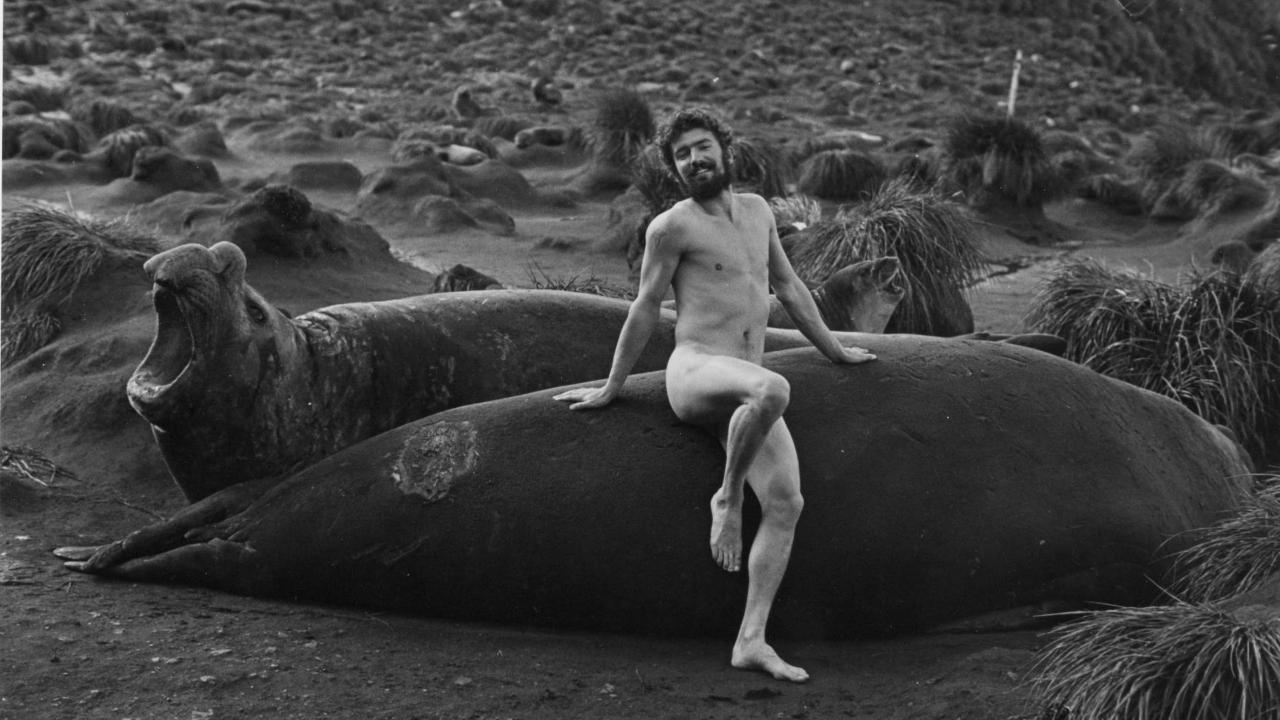




NO LIMITS

ADVENTURE, ADVERSITY AND LIFE AFTER SCI

















































































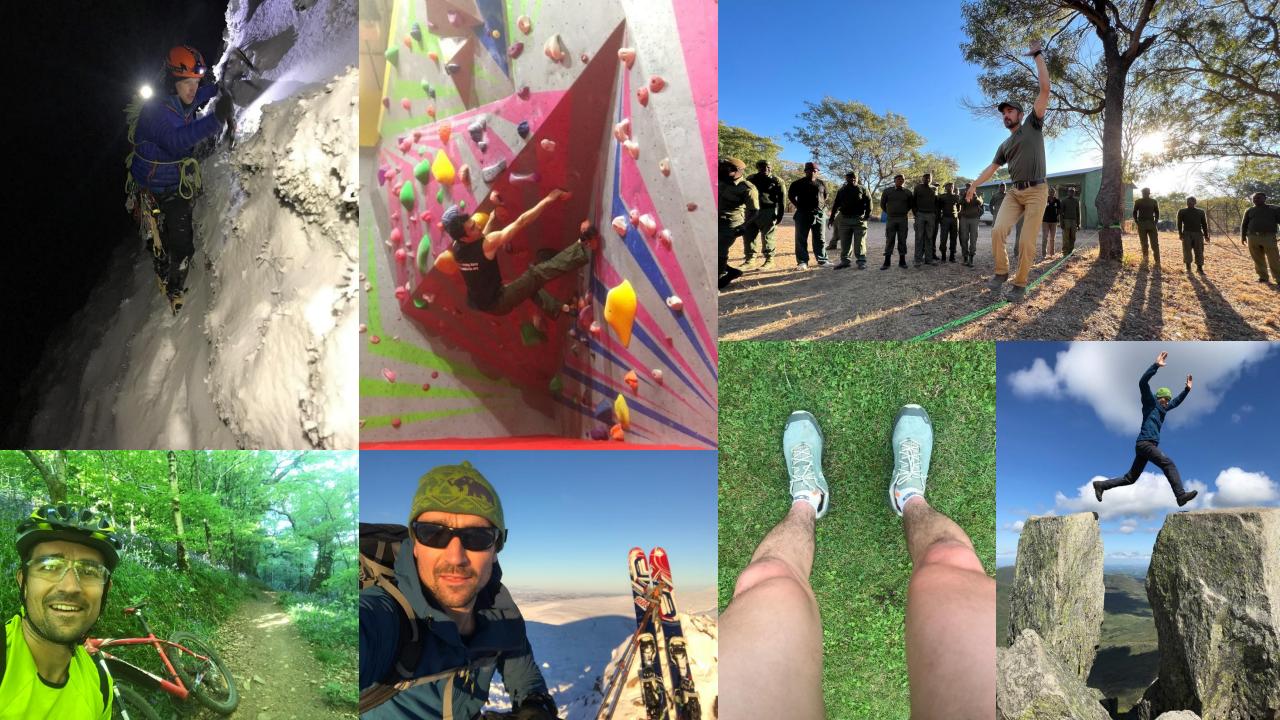






















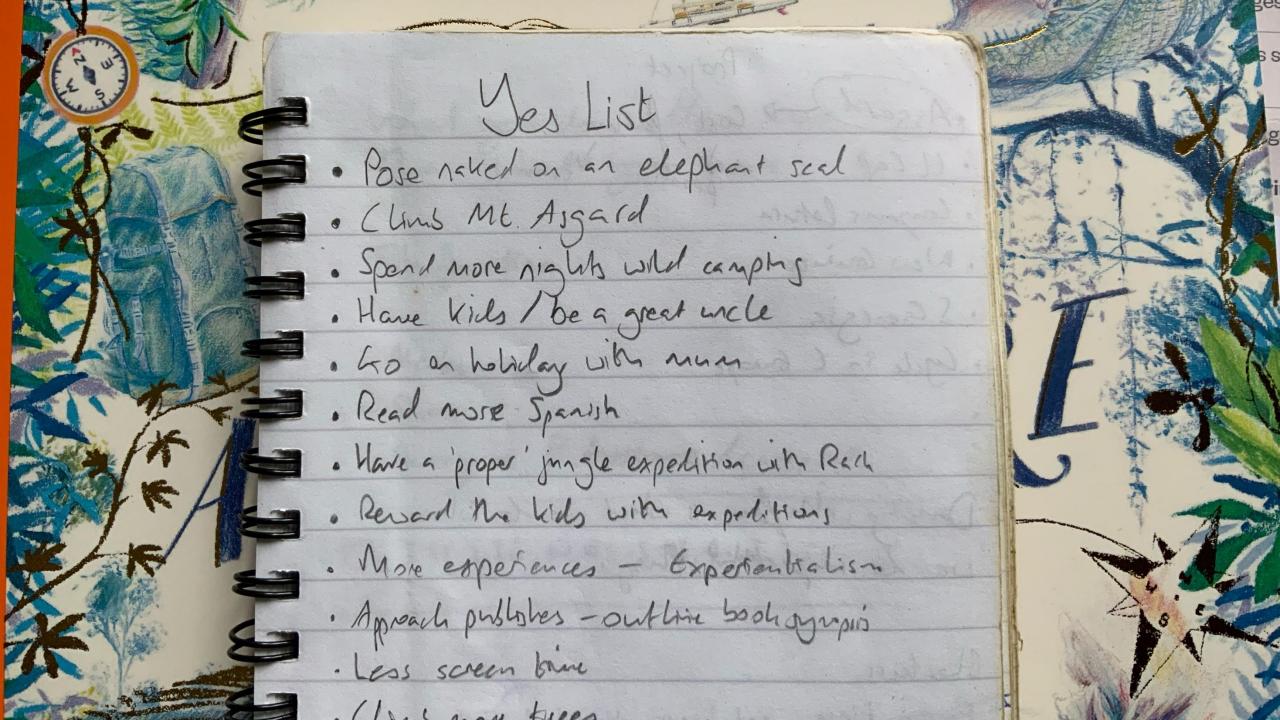


























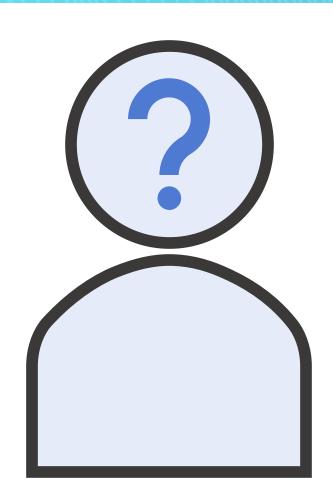


THE 'FORGOTTEN PATIENT'





The 'forgotten patient'



- No comprehensive UK wide data on patients lost to follow up after ISC training
- Studies focusing on adherence rates to intermittent catheterisation vary widely in reported numbers
- Long-term adherence often declines without ongoing support
- Patients are never offered updated choices or better products.





Statistics

- A 2024 study found that 46.2% patients reported difficulty accepting intermittent self-catheterisation¹
- No single statistic in the UK for the number of patients who have had a review of their catheter
- NICE (2025) suggest a 'regular' review of patients who have an intermittent catheter².

Primary Care Catheter Audit - Preliminary Findings

- 17% patients report significant effect on their quality of life
- 76% patients reported never having had a catheter review
- 29% of the patients reported a catheter related A&E attendance





The 'forgotten patient'

Consequences to a lack of follow up include:



Access issues, patient does not know how to access system



Changes to manual dexterity missed



Psychological factors not identified



Ongoing teaching and/or support is not available leading to non-adherence to catheterisation regimes



Age related symptoms missed



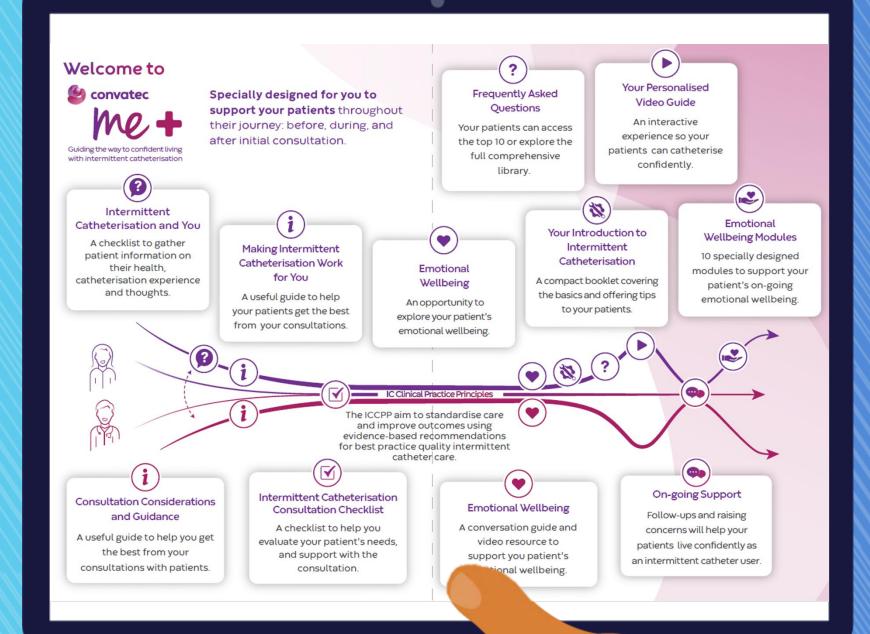
Physiological changes missed.



Ongoing education and regular follow up are essential for better adherence











Summary

- 1. More needs to be done to support patients after discharge
- 2. Patients will require different levels of support
- 3. Too many patients are left alone and isolated
- 4. Programmes like Me+ should be a part of every patient's journey
- 5. Patients should have access to ongoing teaching, support and follow up.





References

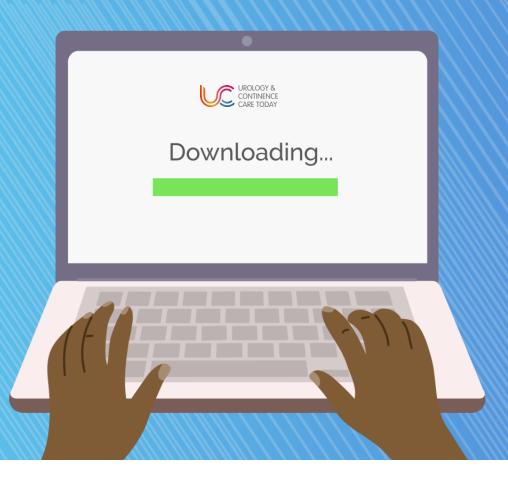
- 1. Fengming, H. et al (2024) Acceptance and the influencing factors towards intermittent self-catheterisation among patients with neurogenic lower urinary tract dysfunction in China: a multicentre cross-sectional study **BMJ Open** accessed 21/11/25 11:00am
- 2. NICE (2025) Intermittent urethral catheters for chronic incomplete bladder emptying in adults: late-stage assessment www.nice.org.uk/guidance/hte28 accessed 21/11/25 11:00am



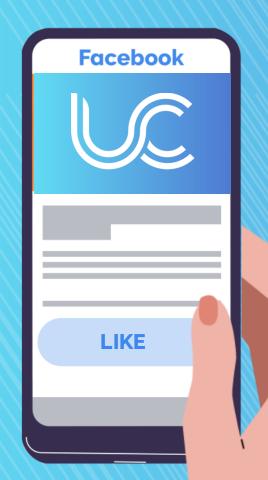








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