Continence Care Case Reports

Product Solutions

Focus: Intermittent Catheters

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Managing urinary retention for a young man

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OBJECTIVE:

- Aid incomplete bladder emptying
- Help ease the patient's concern about introducing bacteria into the urinary tract
- Promote bladder health and bladder function

SETTING:

Urology Urodynamics Unit at Whipps Cross Hospital

PATIENT OVERVIEW:

The patient is a 20-year-old male. His parents were present during the consultation and answered all the questions about their son's medical history.

This individual was admitted to accident and emergency (A&E) with a strange presentation of diarrhea and vomiting. He described a three-week history of waking up with a puffy face, which subsided as the day progressed. He also had two days of difficulty emptying his bladder, experiencing three episodes of incontinence in one day. Over the past two months he had a feeling of incomplete bladder emptying, experiencing difficulties with the stopping/starting of his urine flow. He denied having abdominal pain, but complained of suprapubic tenderness.

Past medical history:
His mother explained that as a toddler, he was obsessed with cleanliness, especially refusing to micturate in public places; he felt public toilets were dirty. He continues to have issues with voiding in public; therefore, he waits long periods between voiding.

Investigations:
Blood results identified an elevated creatinine level

CT abdomen revealed a thickened bladder wall, but no other abnormalities

USS KUB identified a distended bladder with 1400 ml urine, and a mild bilateral hydronephrosis

INTERVENTION(S):

He was treated with intravenous fluids until his renal function improved and then was discharged with an indwelling catheter and a catheter valve in place. He was educated in catheter valve management and was advised to open the valve every 4 hours during the day, and maintain continuous drainage at night. At this stage, clean intermittent self-catheterisation (CISC), was discussed with him and his parents as a preferable way to empty his bladder.

At his next visit he underwent a trial without catheter (TWOC), which proved successful. He voided a large volume comfortably, with a demonstrated residual urine volume of 300 ml. It was determined that he should be recommended for CISC, which was explained to both patient and his parents. As a result, he was taught to undertake CISC using a **VaPro** hydrophilic intermittent catheter, 12 Ch, catheterising twice a day. Due to his obsession with cleanliness, the VaPro catheter with no-touch features (sleeve and a protective tip) was selected. This catheter is designed to help reduce the risk of introducing bacteria into the urinary tract. Patient was advised on the importance of adequate fluid intake and to attempt to micturate at regular intervals (e.g., every 4 hours) if he has no sensation of a full bladder.

MAIN OUTCOME:

He was reviewed in clinic regularly over the subsequent few weeks. After initial problems with his technique, he developed confidence and competence. He commenced spontaneous voiding, with volumes ranging between 200-650 ml, with post-void residuals of 50-100 ml, adhering to a twice-a-day CISC regimen. He has indicated no difficulty with catheter insertion.

CONCLUSION:

CISC can be a successful intervention for bladder emptying, and may be used to promote improved bladder function in young men. To train and support people carrying out CISC, it is important to explore and address their psychological and emotional, as well as practical needs.[1] Choosing the appropriate catheter, such as the VaPro intermittent catheter, may help patients gain confidence, promote compliance, and help reduce the risk of introducing bacteria into the urinary tract. It is important for catheter insertion to be as simple as possible, with minimal discomfort in order to gain trust, motivation, and compliance to the self-catheterisation regimen.

References
1. Logan K, Shaw C, Webber I, Samuel S, Broome L 2007, Patients' experiences of learning clean intermittent self-catheterization: a qualitative study. Journal of Advanced Nursing, 62(1), 32–40.

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To teach a blind man the principles of intermittent self-catheterisation

Penny Hoines
Stoke Mandeville Hospital, Buckinghamshire Hospitals NHS Trust

OBJECTIVE:

- To teach a blind man intermittent self-catheterisation (ISC)
- Help ensure a safe technique
- Help ensure full bladder emptying
- To help him catheterise confidently and competently, encouraging compliance with the advised regimen

SETTING:

Spinal unit rehabilitation ward

PATIENT OVERVIEW:

Patient has been totally blind since the age of 22 due to bilateral retinal detachments. He recently sustained an incomplete spinal injury due to a fall from a second floor bedroom. Therefore he suffers from neurogenic bladder with associated bladder emptying problems. He has experienced upper urinary tract infections.

INTERVENTION(S):

He was taught the technique of intermittent self-catheterisation (ISC) using a **VaPro** hydrophilic intermittent catheter whilst attending the unit for rehabilitation. He was advised to undertake the procedure 4-6 times a day.

He also underwent a series of investigations to identify the reason for his long-term, upper urinary tract infections.

MAIN OUTCOME:

Patient mastered the ISC technique despite his visual problems, managing to manipulate the catheter with ease and insert the protective tip by blind touch. He indicated that the protective sleeve gave him confidence; that with the no-touch technique he felt protected from contaminating the catheter when performing the procedure.

CONCLUSION:

Despite mastering the principles of ISC quickly, and articulating increased confidence in undertaking the procedure, he was forced to discontinue ISC when he required surgery for malformation of the right kidney. Post-surgery, the consultant decided that the patient required continuous bladder emptying to hopefully reduce the extent of the kidney damage, resulting in the placement of a suprapubic catheter. The individual has voiced interest in reestablishing intermittent catheterisation in future, when his kidney function improves.

This case study offers implications for clinical practice as it highlights the patient's perspective that the VaPro intermittent catheter offers an assurance of safety and ease of use. It also references that the VaPro intermittent catheter offers an intuitive technique, so that a blind man can catheterise successfully.

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Assess bladder function through trial without catheter

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OBJECTIVE:

- To assess the patient's bladder function by undertaking a trial without catheter
- If required, teach the principles of intermittent self-catheterisation (ISC)
- Help improve quality of life

SETTING:

The patient was admitted to the urology ward at Royal Glamorgan Hospital for one day to undergo a formal trial without catheter.

PATIENT OVERVIEW:

Patient had been diagnosed with bowel cancer and had undergone an abdominal-perineal resection 18 months earlier. A catheter is often inserted during major surgery; however, it is usually removed within a predetermined time frame. Post-surgery, patient failed the trial without catheter on repeated occasions whilst an inpatient. As a result of this failure, he was discharged with an indwelling urinary catheter in place. The individual was diagnosed with benign prostatic hyperplasia of the prostate and was prescribed Tamsulosin and Dutasteride.

He was recommended for a transurethral resection of the prostate; however, he was totally against further surgery, preferring long-term bladder management instead.
He agreed to undergo a further trial without catheter and, if necessary, agreed to be taught the principles of intermittent self-catheterisation (ISC) by the Urology Nurse Practitioner (UNP).

INTERVENTION(S):

The trial without catheter proved unsuccessful. He did not void over a long period of time. As a result, he was shown various intermittent catheters and informed of the possible associated risks of undertaking ISC in comparison to indwelling catheterisation. He chose to trial the **VaPro** hydrophilic intermittent catheter because the catheter has features (protective tip and sleeve) designed to help reduce the risk of introducing bacteria into the urinary tract. He was instructed to perform ISC 4-6 times a day.

MAIN OUTCOME:

Patient was very pleased to be without the indwelling catheter and the associated equipment such as the leg drainage bag. He shared his delight in feeling more comfortable and less restricted. He managed to insert the VaPro intermittent catheter with ease and minimal discomfort. He manipulated the protective tip and touch free sleeve without any problems. He had the confidence of knowing the no-touch features could potentially help reduce the introduction of bacteria onto the catheter surface.[1]

The UNP offered weekly follow-up by telephone to monitor his progress and offer support. The individual said he has continued to adhere to the advised plan and has experienced no problems. He also indicated he continues to be happy and confident using the VaPro intermittent catheter, and remarked how easy the catheter is to handle.

CONCLUSION:

For patients who worry about contamination during intermittent catheterisation, a catheter with a protective tip and touch free sleeve may make it easier to overcome the concern; and therefore achieve concordance with the planned regimen.

References
1. Murahata R.I, Hudson E, 2005, The no touch method of intermittent urinary catheter insertion: can it reduce the risk of bacteria entering the bladder? Spinal Cord, 43. 611-614.

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Switch to no-touch catheter to help reduce the risk of introducing bacteria, and help improve quality of life

Elaine D. Hazel, Urology Nurse Specialist (UNS)
Guys Hospital, London, England

OBJECTIVE:

- Help reduce the risk of introducing bacteria into the urinary tract
- Aid complete bladder emptying
- Help reduce discomfort of performing ISC
- Have a positive effect on patient quality of life

SETTING:

Urology Outpatient Department, Guys Hospital, London

PATIENT OVERVIEW:

Post-surgery for transurethral resection of prostate (TURP), individual was found to have an enlarged bladder, and experienced incomplete bladder emptying. Post-void residual measurements indicated a residual volume of 475 ml. The patient was experiencing urinary tract infections (UTI), despite using antibiotics in rotation and undertaking intermittent self-catheterisation (ISC). The individual expressed concern about the pain experienced when using his current catheter. The urology nurse specialist (UNS) decided to trial a no-touch hydrophilic intermittent catheter.

INTERVENTION(S):

Patient was re-educated in the principles of ISC using the **VaPro** touch free hydrophilic intermittent catheter. Patient needed to perform ISC x 2/7 independently. On practicing ISC, the individual remarked how soft and slippery the catheter felt.

MAIN OUTCOME:

Patient inserted the catheter with UNS support, and then managed independent insertion using a no-touch technique (made possible by the VaPro catheter's protective sleeve). The catheter insertion proved to be easy for this individual, with no discomfort or bleeding. Patient was pleased with the outcome. The UNS advised the patient to continue with twice daily regimen of ISC.

CONCLUSION:

The patient was happy to change the prescription to the VaPro touch free hydrophilic intermittent catheter. The UNS contacted the individual's General Practitioner (GP), and discussed procurement of the catheters. Due to the design and hygienic features of the VaPro intermittent catheter (e.g., protective tip and touch free sleeve), the GP agreed that the VaPro intermittent catheter would be effective for this individual.

At the 6-week review appointment, the individual informed the nurse he was experiencing no insertion discomfort, which had a positive effect on the quality of his life.

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Switch to a catheter with hygienic features to help regain control of daily life

Grace Zisengwe, Urology Nurse Specialist (UNS)
Guys Hospital, London, England

OBJECTIVE:

- Switch to an intermittent catheter that's easy to use and has features designed to help reduce the risk of introducing bacteria into the urinary tract

SETTING:

Urology Outpatient Department, Guys Hospital, London

PATIENT OVERVIEW:

Patient visited the clinic to review the clean intermittent catheterisation (CISC) technique. This individual experienced repeated urinary tract infections (UTI) despite taking advice on adjusting the frequency of intermittent catheterisation per day. Other background:

- Transurethral resection of prostate (TURP) in 2001
- Redo TURP in November 2009
- Bladder neck incision in June 2010
- Urosepsis in June 2010
- Idiopathic nonfunctioning bladder

Recurrent UTI with associated haematuria. Prescribed prophylaxis Ciprofloxin. Taught CISC in June 2010; but patient was having difficulties with catheter insertion. The individual visited the hospital 16 times June – September 2010, and required treatment for either a UTI or haematuria.

INTERVENTION(S):

The patient started with a catheter that did not have a no-touch feature, catheterising 4-6 times daily; patient continued to experience UTI. The nurse observed the patient's technique, and found he was holding the shaft of the catheter during insertion to enable a stronger grip of the catheter. Patient shared that insertion was difficult. This individual was offered the **VaPro** touch free hydrophilic catheter with a protective tip and a touch free outer sleeve. Patient was advised to continue with the frequency of catheterisation and to adjust the frequency according to symptoms. Patient was delighted with the new catheter; therefore, he changed fully to using the VaPro intermittent catheter.

MAIN OUTCOME:

Patient was reviewed in clinic after four months. After using the VaPro catheter, the patient felt more in control of his catheterisation due to the product's touch free sleeve. Now he can hold the catheter anywhere along its length without directly touching the catheter surface.

CONCLUSION:

This individual still experiences difficulty with catheterisation, which is unexplained. A recent flexible cystoscopy identified both an open bladder neck and prostate cavity. Even though this is an ongoing challenge, the patient said the VaPro catheter was easier to insert than his previous catheter.

After using the VaPro hydrophilic intermittent catheter, this patient shared he felt more in control of his life, and that he thought his visits to the hospital accident and emergency department had diminished.

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Switch to a catheter with hygienic, ease-of-use features to better match patient lifestyle needs

Heather Bhola-Stewart
Urology Nurse Specialist (UNS)
St. Mary's Hospital, Paddington, England

OBJECTIVE:

- Help patient choose an intermittent catheter that is easy to use and has features designed to help reduce the risk of introducing bacteria into the urinary tract
- To help patient continue to live and work with confidence

SETTING:

Urology Outpatients Department
St. Mary's Hospital, Paddington

PATIENT OVERVIEW:

Patient is 70 years old, and presented symptoms of nocturia eight times per night. These symptoms were interfering with work and travel. The individual was very concerned about general health and was convinced he was suffering from a cancer-related problem. Patient claimed these health issues were affecting every aspect of his life, including sexual intimacy with his spouse.

Investigations:
Renal function and prostate-specific antigen was normal. Urodynamic investigation indicated a low-compliance bladder and a urine residual volume of 800 ml. Digital rectal examination identified an enlarged prostate gland, with a prostate volume of 40 ml to 50 ml. Patient was diagnosed as suffering with benign prostate hyperplasia.

INTERVENTION(S):

Patient was prescribed Finasteride and Tamsulosin, which did not improve symptoms; he was also taught the principles of intermittent self-catheterisation (ISC).

MAIN OUTCOME:

After being shown a number of catheter types, the patient chose to trial the Advance Plus intermittent catheter due to the integrated collection bag and no-touch features. This individual frequently travels between London and the United States for work, and felt the catheter matched his needs.

The patient appreciated the ease of use of the Advance Plus intermittent catheter because it packs easily and allows no-touch catheterisation in public restrooms. Patient likes the assurance of the protective tip that's designed to help reduce the risk of introducing bacteria into the urinary tract.

CONCLUSION:

The patient's symptoms of nocturia and frequency of urination have improved. Patient now voids only once a night, which has helped to improve his sleep patterns. Due to this, the individual's overall quality of life has improved.

There are no plans to operate on the prostate gland; however, he is happy to comply with the ISC regimen. Patient has experienced no issues with catheter insertion or removal, which he attributes to the lubricious gel coating of the Advance Plus catheter. He has managed to incorporate ISC into his lifestyle.

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Patient choice prompts switch from indwelling to intermittent catheter for a positive outcome

Heather Bhola-Stewart
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OBJECTIVE:

- To offer bladder management appropriate to patient needs and preference
- To help the patient choose an intermittent catheter that is easy to use and has features designed to help reduce the risk of introducing bacteria into the urinary tract

SETTING:

Urology Outpatients Department
St. Mary's Hospital, Paddington

PATIENT OVERVIEW:

Patient is 62 years old, and had a Cerebral Vascular Accident (CVA) two years ago. Individual presented to the Urology Outpatients Department with a history of urinary tract infections (UTI), and a developing resistance to antibiotics.

INTERVENTION(S):

Post-micturition bladder scan identified a residual urine volume of 250 ml. Patient was unable to perform intermittent self-catheterisation (ISC); therefore other management options were explained, such as insertion of a suprapubic indwelling catheter. However the individual refused to give consent. The urology nurse specialist decided to ask for help from the patient's local community nurse team, and arranged for intermittent catheterisation (IC) to be performed twice a day by a nurse. The Advance Plus intermittent catheter was chosen due to its no-touch features, integrated collection bag, and protective tip that's designed to help reduce the risk of introducing bacteria into the urinary tract.

MAIN OUTCOME:

The urology nurse specialist persuaded the community nurse team to implement the regimen of twice daily IC. When the patient was admitted to a medical ward after experiencing a fall, the ward nurses, who were not familiar with using this intermittent catheter, experienced difficulty with catheter insertion. As a result, an indwelling urethral catheter was inserted. The patient was adamant about preferring IC to the indwelling catheter, and requested the ward nurses contact the urology nurse specialist, who subsequently arranged for the removal of the indwelling catheter, training of the community nurses, and continuation of the IC regimen. The local community nurses continue to perform IC twice daily.

CONCLUSION:

This case report demonstrates how empowering a patient to make preferences known can result in positive outcomes. This case also demonstrates the need for training at some medical wards unfamiliar with IC or specific catheters.

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