

A SURVEY TO DETERMINE THE FACTORS THAT INFLUENCE CATHETER SELECTION WHEN INTERMITTENT CATHETERISATION IS BEING CONSIDERED

Hypothesis / aims of study

The MultiCath study is examining ways of cleaning and storing re-usable catheters and will compare single catheter use only with mixed use (some single use and some re-use of catheters) in a trial. If mixed use is found to be safe and acceptable a change in practice will be required. Our aim was therefore to understand the determinants around catheter selection and the views of the clinicians who prescribe and teach intermittent catheterisation (IC).

Study design, materials and methods

A 33-question survey was developed, piloted and finally distributed using an on line platform. The questions were based on information from qualitative interviews and the responders were primarily members of the Association for Continence Advice, British Association of Urological Nurses and the Royal College of Nursing Continence Care Forum. Descriptive and thematic analyses were undertaken on closed and open-ended questions.

Results

Of the 206 respondents the majority were female (94%, mean age 50 years) and were primarily urology nurses (33%), continence advisors (33%) or continence service managers (10%) who had worked in the continence field for over 10 years (75%). Training was primarily in-house (36%) or sponsored by industry (44%) with 50% working in acute care and 37% in primary care. In acute care catheter availability was often limited to samples supplied by company representatives (33%) or the limited supply held in hospital pharmacies (6.7%). In the community availability could be limited by a formulary (30%) but some responders could, if a patient had particular requirements, recommend and or prescribe catheters outside the formulary (18%). Catheter prescriptions were mostly written by GPs (74%) or nurses (24%). Of the prescribing nurses, 54% had unlimited choice of catheters, while 43% were restricted in their choice.

Twenty-three per cent had experience of catheter re-use with most of these agreeing that the possibility of re-usables being made more available was a good idea and something they would support. However 49% of respondents reported that they did not think it was good practice and 20% did not realise re-usable catheters were used at all in the UK, or that reUse was more common in some countries. Major concerns included the perceived increased risk of urinary tract infection and increased patient burden. Potential advantages included increased patient choice, cost savings and reducing the fear/likelihood of running out of catheters.

If a mixed package was found to pose no increased risk to the patient the key facilitators in a change of practice would be inclusion in national and local guidelines, followed by clear guidance in use and cleaning and less importantly manufacturer's support with innovation and finally that availability should be as optimum as it was with single use.

Interpretation of results

This survey has shown that those who teach and or prescribe IC have a diversity of views about re-use of catheters for IC. Manufacturers have a role to play in training clinicians and developing and disseminating innovations in catheter design.

Concluding message

Should the trial show that catheter re-use does not increase either the risk to patients or unacceptable additional burden to them, it is evident that clear guidelines on catheter selection and cleaning techniques supported by recommendations in national and local guidelines will be required.

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Disclosures

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