

INTERMITTENT SELF-CATHETERISATION: THE PATIENT EXPERIENCE

Hypothesis / aims of study

Clean intermittent self-catheterisation (CISC) is a recommended treatment for people experiencing urinary voiding difficulties. Carrying out CISC several times a day is, however, a daunting prospect for patients and does have the potential to have a significant impact on social activities and quality of life. Such impacts may affect compliance with treatment which ultimately could lead to serious negative outcomes. Health professionals caring for people learning to carry out CISC have an important role in helping people to adapt to CISC, which requires an awareness of the difficulties that people experience. It is surprising, therefore, that the majority of the literature to date has focused on biomedical issues such as complication rates and use of different catheters, with little attention given to patient perspectives. This study bridges that gap and explores the patient's perceptions of learning clean intermittent self-catheterisation, service provision and the impact on quality of life.

Study design, materials and methods

Local ethics committee approval was given and participants gave informed consent. A qualitative approach was used based on grounded theory. Fifteen users (8 men and 7 women) of intermittent self-catheterisation took part in semi-structured interviews during 2006. Ages ranged from 33 to 81 years (Median 65 years). Reasons for self-catheterisation included multiple sclerosis, urethral stricture, and high residual volumes. Thematic analysis was used to develop hypotheses about the causes and consequences of the core category 'quality of life', which included aspects of service provision.

Results

The core category consisted of two subcategories of positive and negative impacts. Positive impacts were related to improvement in lower urinary tract symptoms, whereas the negative impacts resulted from the practical difficulties encountered, and the psychological and cultural context of worry and stigma. The factors influencing variations in quality of life impacts were gender, lifestyle, frequency and duration of carrying out self-catheterisation, technical difficulties, type of catheter, co-morbidities, and individual predispositions. Embarrassment, anxiety, privacy and technical difficulties were common themes identified through out the study which significantly impacted on quality of life during the learning phase. The communication skills and attributes of health care professionals made the learning experience and adjusting to CISC easier. An appropriate level of information provision was important in allowing people to experience some control over their situation and also gave patients trust and confidence in the health care professional.

Interpretation of results

Adequate information about CISC from doctors and careful instruction from experienced nurses empowers patients to take control and master CISC, improving compliance and enhancing quality of life. A Policy supporting a consistent teaching and follow-up programme is recommended for use where this treatment is regularly employed.

Concluding message

The findings have the potential to help professionals to identify the factors likely to influence their patients experience of learning, service provision and response to CISC, and could be used as a tool to help identify those who may have difficulty complying with the treatment and to aid advice-giving to overcome problem situations or complications that can impact on quality of life.

<i>Specify source of funding or grant</i>	£5,000 small grant scheme R & D department Royal Gwent Hospital
<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	Yes
<i>Specify Name of Ethics Committee</i>	South East Wales local research Ethics Committee
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes