Use of Clean Intermittent Catheterisation (CIC)

Dr Anne Wright
CIC

- Intermittent catheterisation is a critical aspect of healthcare for individuals with incomplete bladder emptying who are otherwise unable to void adequately to protect bladder and renal health
  - Neurogenic bladders
  - Obstructive uropathies
  - Resistant dysfunctional voiders
  - Refluxers
  - Post surgical
Incomplete emptying: underactive detrusor, overactive sphincter

- Allows complete emptying of bladder
- Reduces utis
- Reduces bladder pressure
- Clean
- Intermittent
- Urethral
- Stoma
Options: sterile single use vs clean re-use and incidence of uti

- There are no definitive studies and the current research base is weak.

- Based on the current data, it is not possible to state that one catheter method is better than another and further research on the topic is strongly recommended.

- Getliffe K J Wound Ostomy Continence Nurse 2007
Options: long term use of CIC and UTI

- There is a lack of evidence to state that incidence of UTI is affected by use of sterile or clean technique, coated or uncoated catheters, single (sterile) or multiple use (clean) catheters, self-catheterisation or catheterisation by others, or by any other strategy.
- Moore KN Cochrane Database Syst Rev 2007
Introduction of CIC

- Clear rationale with intended risks/benefits/long term prognosis explained to parent/carer in outpatients by doctor and nurse
- Further time spent with specialist nurse detailing practicalities
- Written information given
- Appointment made for nurse to visit home
Katie and her catheter
A story about a clever little girl who learns to use her coated catheter

Charlie and his catheter
A story about a clever little boy who learns to use his coated catheter
Home visit

- De-medicalises procedure
- Child and parent feel more empowered in own home
- Other carers such as grandparents can also learn
- Allows nurse to assess facilities and to suggest adaptations etc
Learning CIC

- Choose suitable venue
  - Age-dependent
  - Bathroom

- Go at child and parents pace

- Lignocaine gel for sensate urethras
Progress

Choice of catheter based on various factors

- Nelaton
  - Hydrophilic coated
  - Jelly in situ
  - Bag in situ
  - Compact
  - Safety cath
- Single-use disposable/re-usable/feeding tubes/others
Progress

- Steadily increase frequency to that required
- Engage child as soon as possible
- Aim for self CIC by seven years of age (or earlier with adult supervision)
- Psychology input for difficulties with acceptance
- Nurse liaises with school and trains school carers to perform procedure
"I found it really helpful. It helped T, rather than being on his own; it gave him moral support. At school he has always felt different and it was useful to have another boy there to put him at ease. Once one of them had done it, it made it much easier for the other."

"I wanted B there because I was a bit scared but when B did it I was less scared. I didn’t feel embarrassed."
Group teaching

- States Canning D
CIC

- Regular monitoring
  - Catheter type
  - Catheter size
  - Catheter volume
  - Continence
  - Technique/compliance
  - Route; urethral/stoma
  - Parent/parent plus carer/child transition
Complications

- Very low rate of complications
  - Utis
    - Check technique
    - Multiple catheterisers
    - Antibac catheters
  - False passages/fistulas (stomas)
  - Urethral trauma/bleeding/strictures
  - Reduced rate of complications in self-catheterisers
CIC remains cornerstone of successful bladder dysfunction management in many young people who hopefully go on to lead functional, full adult lives.
Bowel management

- Neurogenic bowel
- Anorectal abnormalities/surgery
- Severe chronic resistant constipation

- Toiletting programme
- Laxatives
  - Oral
  - Rectal
- Plugs
- High bowel wash outs
- ACE/other surgical options
1. In a simple procedure, the appendix is brought to the surface of the skin and a stoma is created around the bikini line.

2. A little plastic trap door is inserted into the stoma allowing access to the bowel via the appendix.

3. The plastic trap door opens and closes.

4. A catheter is placed into the stoma into the bowel.

5. A solution is injected through the catheter into the bowel.

6. The fluid irrigates and flushes out faeces in the bowel through the anus in about 20 minutes.