

Alternatives to catheterisation

Alison Bardsley

Senior Lecturer

Coventry University

Assessment

- Environment
- Individual
- Bladder
- Cost??



Incontinence assessment

- Number of voids per 24hrs – daytime/night time
- Volume of urine passed – highest/lowest
- Number of incontinent episodes
- Was the patient continent prior to admission?
- Urine dipstick – result?
- History of urinary tract infection
- Is the person adequately hydrated?
- Keep a baseline frequency/volume chart

Options

- Urinals
- Home adaption's – aids and appliances
- Carer provision
- Reusable pants/pads
- Disposable Pads
- Sheaths
- ISC

Urinals



Female Urinals



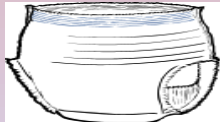
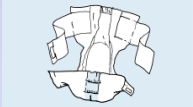



How to use



Incontinence pads

- Determining the correct pad
 - Does the client void in the toilet?
 - Dexterity – requires help to toilet?
 - How much urine is lost?
 - Start with smallest/lowest absorbency
 - Pad weight

Types of pads available

| | | | |
|-----------------|---|---------|--|
| Pull-up |  | >450 ml | Hip size: 65-85cms 80-110cms 100-125cms |
| All-in-one |  | >600 ml | Hip size: 60-90cm 85-125 cm 105-155cm |
| Male |  | >120mls | To be worn with patients own pants |
| Small shaped |  | >120mls | To be worn with patients own pants |
| Shaped |  | >370 ml | To be worn with patients own pants |

Sheaths

Why a sheath?

- External device
- Less Invasive
- Enables greater independence
- Minimal healthcare input
- Fewer complications
- Greater comfort



Assessing for a Urinary Sheath

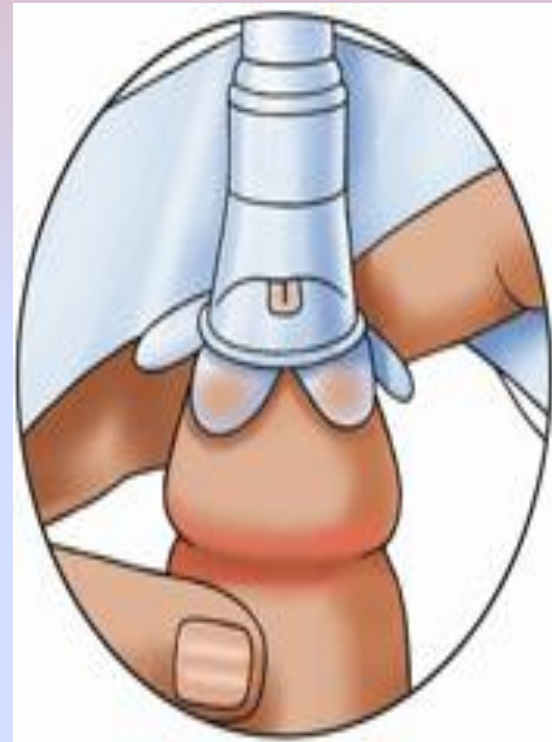
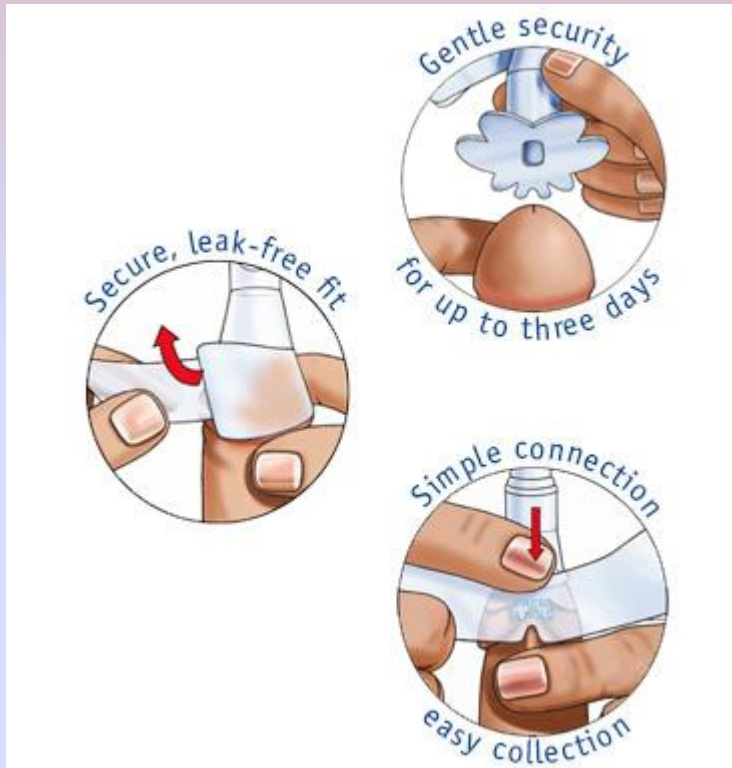
- Rule out bladder outflow obstruction
- Identify the Degree of incontinence
- Discuss the possibilities and appliances available
- Gain Consent
- Observe their dexterity and assess whether he feels he can manage the system

Examine the gentleman



- Observe the Foreskin
- Observe the Scrotal area
- Measure the Penis
- Observe the Skin
- Observe the amount of hair
- Re-assess in a sitting position

Alternatives



Pubic pressure devices



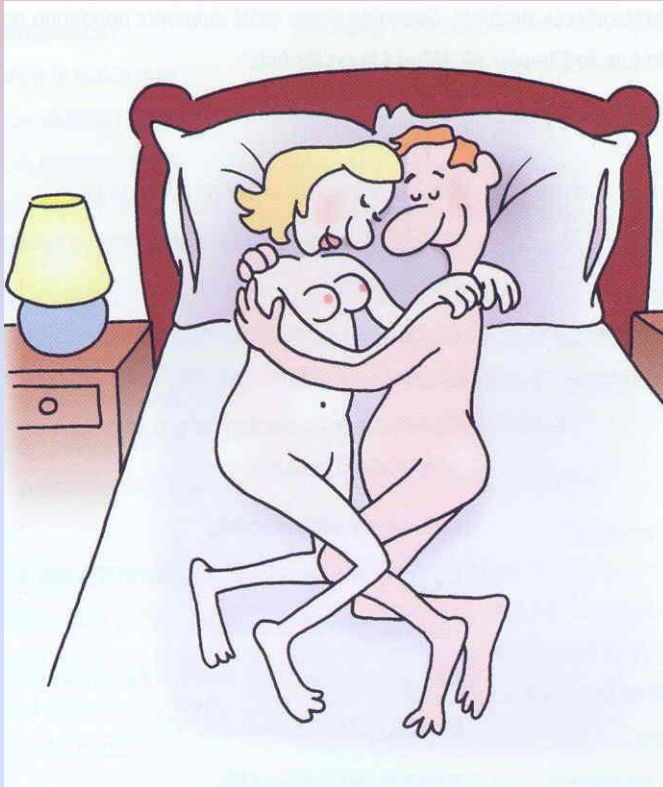
ISC

- Clean intermittent self-catheterisation
 - Clinically clean technique undertaken by patient
- Intermittent catheterisation
 - Clinically clean procedure undertaken by relative
 - Carer including health professionals

Patient Assessment

- Residual urine not less than 100mls
- Patients, and/or carer, must be highly motivated.
- Adequate and effective education and support.
- Manual dexterity
- Cognitive skills
- Severe disability is not a contraindication

Advantages of ISC



- Greater self care potential
- Reduced risk of catheter associated problems
- Upper urinary tract protected from reflux
- Reduced need for equipment and appliances
- Greater freedom of sexual expression and positive body image

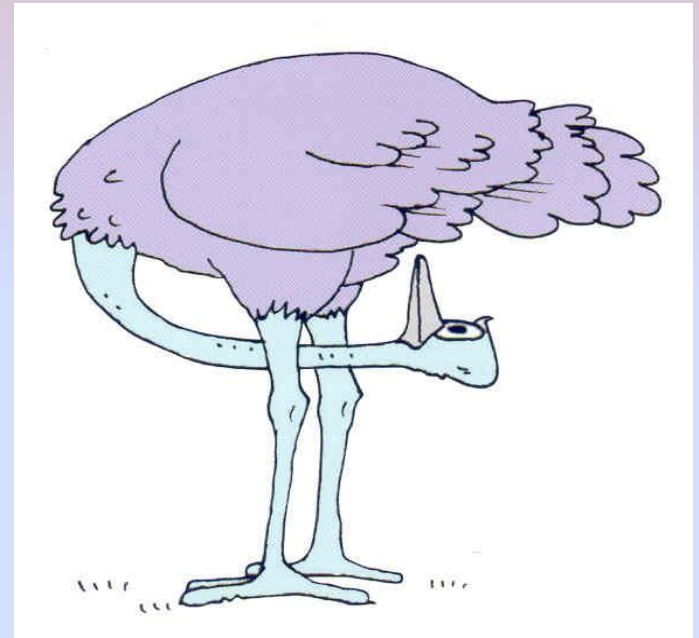
Patient Education

- Discussion with patient regarding the need for ISC and their bladder dysfunction
- Personal anatomy and identification of urethral orifice
- ISC procedure
- Hygiene
- Cleaning, storage and disposal of catheters
- Possible difficulties
- Obtaining supplies
- Follow-up
- Fluid Intake
- Healthy diet/ avoid constipation



Positions?

- Location of urethra may sometimes be more difficult for females than males
- Use a free standing mirror
- Try alternative positions
- Different catheters





Any questions?