Alternatives to indwelling urethral catheters

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Objectives

• Review the benefits to both patients and health care professionals of avoiding use of indwelling urinary catheters

• Consider alternatives to indwelling urinary catheters to minimise CAUTI rates

• Challenge the reasons why we often avoid alternatives
Indwelling Catheters

- Catheterisation is an invasive procedure
- Essential to explore alternatives
- Method of containment needs to be in patient’s best interest to maintain:
  - comfort, hygiene, dignity and wellbeing
- Continued catheter usage for nursing convenience should never be an option
- Catheterisation should never be presented or promoted to patients as an easy, best option to regain continence
Indications for Indwelling Catheter Use

- Only when all conservative treatment methods have failed \((RCN/EPIC3/SIGN/NICE)\)

- Need to understand the reasons for catheterisation and constantly review continued catheter usage \((EPIC3)\)

- Risks associated with catheter usage are of a serious nature that increasingly may become more difficult to justify \((RCN)\)
Alternatives to Indwelling Urinary Catheters

• Assessment is fundamental
• Manage the expectation
• Education is key
Alternatives to Indwelling Urinary Catheters - Women
Alternatives to Indwelling Urinary Catheters - Men
Urinary Sheaths

- Assessment
- Product Selection
- Education
- Application
- Removal
Other Devices

• Brief Style Products

• BioDerm
Case Study 1

• 60 year old man
• Long term care setting
• Skin breakdown
• Anatomical challenges → Many products unsuitable
• Considered indwelling catheter
• External Continence Device: BioDerm
• Clinical Outcome ✅
Other Devices

• Brief Style Products

• BioDerm

• Male Urinary Pouch
Intermittent Self Catheterisation (ISC)

- Intermittent catheterisation considered to be the “Gold Standard” for urine drainage (NICE, 2006)
- ISC : preferred alternative to Indwelling where incomplete emptying (RCN/NHSQIS/NICE/SIGN)
- Reduced infection rates although still a risk (Patel et al., 2001; Woodward and Rew, 2003)
- Estimated that the cost of treating UTIs in the NHS is approx £124 million (Plowman et al; 2000)
- Extra financial cost of urinary infection has been estimated at £1,327 per patient (OPM 2010)
Considerations

• Patient outcomes

• Positives

• Challenges
CASE STUDY 2

• “The continence nurse at the MS clinic gave me one brand to try”

• “I changed because the doctor told me I was using too many catheters and should have a permanent one fitted”

• “I got cross and changed doctors”
Conclusion

- Catheterisation is an invasive procedure
- Essential to explore alternatives
- Ongoing assessment is necessary
- We need to be willing to embrace change
- “As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions” (The Code, NMC)
To Quote:

“Insanity – doing the same thing over and over again and expecting a different result”

“The important thing is not to stop questioning. Curiosity has its own reason for existing”

“Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning”

“Anyone who has never made a mistake has never tried anything new.”
Questions?