

Effective intermittent self-catheterisation training

In addition to addressing patients' physical and psychological barriers to intermittent self-catheterisation (ISC), effective training also plays an important role in achieving long-term adherence to ISC. In this article, we will look at how you can get the most out of a training session and give patients the confidence they need to perform ISC and adhere to treatment.

Effective training – not an easy task

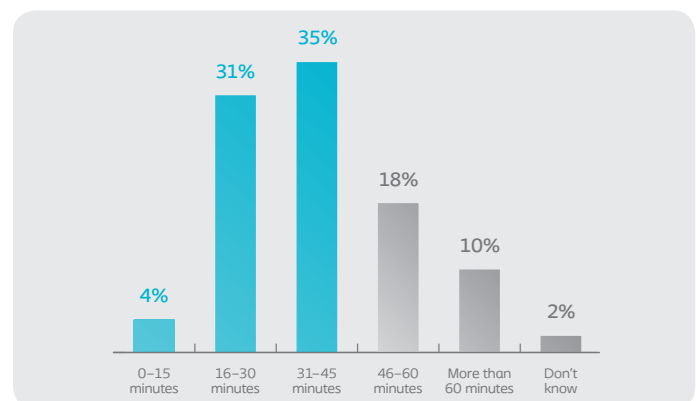
As you know, effective training is critical to help patients adhere to ISC. With the right training, patients are more likely to have the confidence they need to perform ISC correctly – and the understanding of why they need to stick to routines. But there are a number of circumstances that make effective training quite a challenge.

Lack of time

If you sometimes feel that you don't have enough time to adequately train patients in ISC, you're not alone. In a survey we conducted, 70% of respondents stated that they had 45 minutes or less to teach patients ISC. Many stated that the amount of time they had available was inadequate to train their patients properly¹. And patients feel the same way. Studies show that the length of the visit is a factor that is likely to increase patient satisfaction^{2,3}.

Figure 1
Time spent on training

70% of the nurses surveyed spend 45 minutes or less on teaching patients ISC¹.



Complex topics

Our research shows that patients need a high level of knowledge in order to perform ISC correctly¹. In addition to learning how to use a catheter, patients have to acquire an understanding of the anatomical properties of their urinary system. When that's been established, you also have to discuss with them how to establish good bladder management routines. That's a lot for you to cover – and a lot for the patient to take in.

"You teach them so quickly so they don't always grasp it..."
Nurse, UK¹



The patient's state of mind

A third critical factor working against optimal training is the patient's state of mind at the time the training is delivered.

We all know how external stress factors can adversely impact our ability to take in new information and acquire new skills. And we would be hard-pressed to find a more stressful external factor than a life-altering injury or illness.

Figure 2 is a very basic illustration of how our brain works⁴. The area in orange, called System 1, is the part of our brain we use for daily activities and intuition. This would include tasks we perform everyday as a matter of routine, such as shopping, cycling or driving a car. System 2, the area in blue, is the part of our brain we use for intellectually demanding exercises, like advanced problem solving, playing chess or filling out tax forms. Acquiring new skills requires both areas of the brain⁴. But there is an issue.

"It was something that I didn't want to do, when they told me it was something I had to do. I wanted it to change, I wanted to be able to pee again normally. I didn't want to be reliant on tubes. I didn't want to have to put tubes into myself, it was very, very scary... unnerving...."

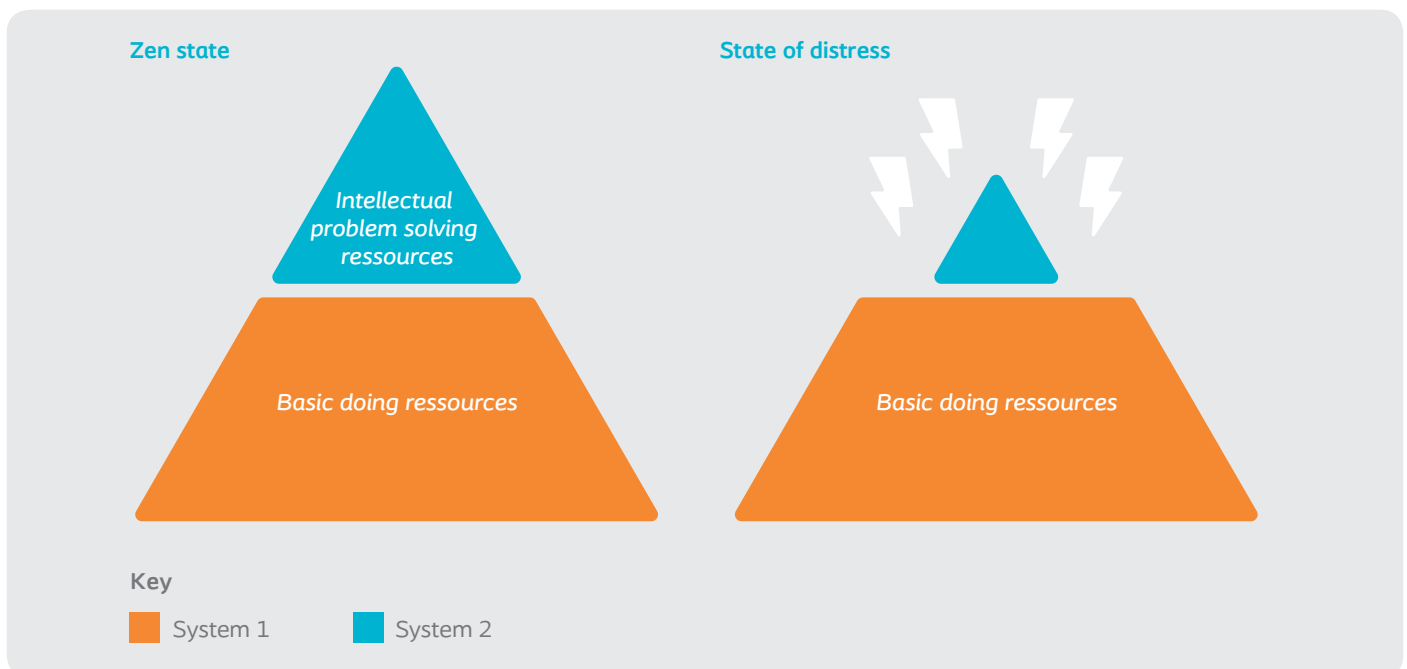
Male user, UK⁶

Stress makes learning difficult

When we are in the 'zen' state – our ideal state of mind – the System 1 and 2 areas of our brain are perfectly in balance. However, our System 2 is somewhat fragile. A bit of stress, even just from multi-tasking, will diminish its capacity. System 2 will become significantly compromised when patients are coping with an injury, getting to grips with a new condition or experiencing pain. When the patient's intellectual resources, System 2, are compromised, so is the ability to take in and process new information^{4,5}.

Having to train patients in ISC when they are in a state of distress and, for this reason, less receptive to information, presents a barrier to an effective training session⁷.

Figure 2⁵
How the brain works in an ideal situation and underpressure



Topics to cover during training

As you probably know, an effective ISC training should cover the following key topics⁸:

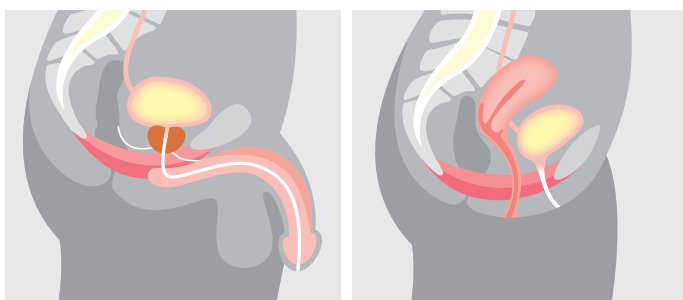
- Anatomy
- Insertion and withdrawal techniques
- Establishing good ISC habits

Anatomy

The introduction to the anatomy paves the way to your demonstration of actual insertion and withdrawal techniques. As you know, patients vary in their understanding of the urinary system. Most patients don't know how this system works, and many have misconceptions about the bladder and urethra. They typically think of the bladder in terms of a tank that's either empty or full, rather than a muscle – or think their urethra is an inflexible tube. These misconceptions can make it difficult for patients to understand the purpose and value of the training you provide.

When you introduce anatomy in your training, you can use alternative anatomical drawings that address the most common misconceptions patients may have about their anatomy and give them a clearer understanding of how their bladder and urethra actually work.

Figure 3
Male and female anatomy models



Insertion and withdrawal techniques

One of the most important aspects of the training session is teaching the patient the proper bladder emptying techniques.

“Pain generally occurs if the patient is scared during insertion, so the body is tense.”

Female nurse, Germany⁸

36%

of those surveyed in our study mentioned having difficulty overcoming the fear of insertion⁸.



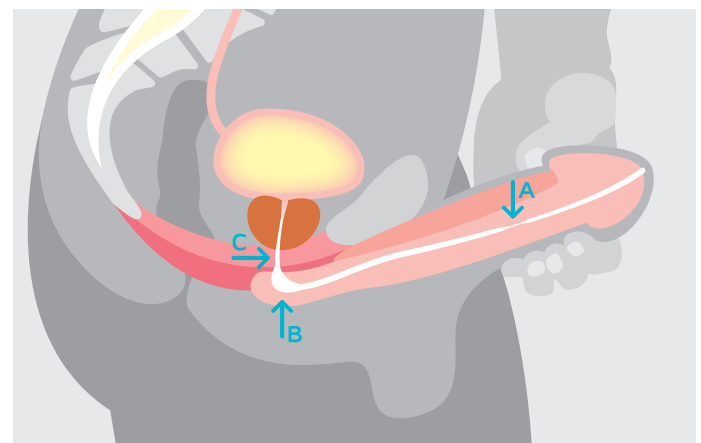
This fear can cause patients to tense up during training, which can make it challenging to teach the insertion technique. If the first experience with ISC is a painful one, it can have a negative impact on long-term adherence.

53%

of the women we surveyed indicated that finding the urethra was difficult in the training situation⁸.



Figure 4
Key waypoints for male catheterisation



A – Strictures

Make them aware of areas where strictures might occur.

B – Urethra curves

Help them guide the catheter along the urethra by lifting the penis and straightening the urethra.

C – Sphincter muscle

Take a deep breath of air to relax. When doing this the likelihood of tensing the sphincter is less, which can make the insertion easier. A tense sphincter is a closed sphincter. Help them guide the catheter through the sphincter muscle and into the bladder.

Tips for tackling physical barriers

When you use diagrams of the anatomy to teach the insertion technique, make the patient aware of the key waypoints – points along the insertion path that will signal to the patient that they are on the right track.

Teaching bladder emptying technique

“ You don’t really know if the bladder is empty – there’s nothing that tells you.”

Male user, UK¹⁰



Tips for tackling physical barriers

- Help patients see the connection between frequent and complete bladder emptying and good bladder health – i.e. the connection between residual urine and UTIs.
- Make patients aware of how much urine his/her bladder can hold.
- Give patients specific indicators that can help them ensure they are emptying the bladder correctly. Bladder volume, times of catheterisation and fluid intake can be managed with a bladder diary¹¹.

“ We have to carefully teach the patient the right removal technique to avoid residual urine... but patients do not empty completely because they cut off the right emptying technique, moving the catheter back and forth before withdrawal.”

Urologist, France¹⁰

Establishing good ISC habits

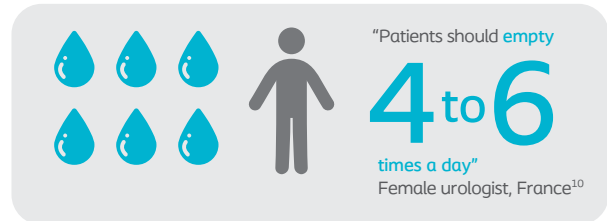
As you know, for patients to adhere to ISC, it must become a part of their daily routine. In other words, it’s all about good habits.

Some patients performing ISC find it difficult to be adherent to treatment. Some will find it difficult to integrate this regime into their daily lives. They will need to try and establish a habit that is more fitted to their routines. Keeping this in mind when training them will reduce their need to adapt on the fly, and avoid patients developing bad ISC habits.

If a new habit is not established, the mental focus needed to manage the bladder will consume unnecessary amounts of energy, and in some cases the patient will experience a feeling of being controlled by the bladder¹¹. For this reason, the key to adherent behaviour lies in establishing the right trigger for the patient in question – which in turn will lead to establishing of a new habit and an ISC routine that is almost instinctive, if not automatic.

“ There are some patients who can feel whether they are full and there are some patients who have no feeling. So you have to establish immediately whether they are going to void by the clock or are they going to be relying on the physical feedback.”

Urology nurse, UK¹⁰



The reward plays a crucial role

As with the triggers, the reward needed will vary from patient to patient. The important thing is for the reward to be clear to the patient – something very tangible that can drive adherent behaviour.

Examples of short-term rewards could be avoiding incontinence. Reduce risk of wetting accidents between catheterisations, e.g. so the patient can play a round of golf or go to the cinema, or being able to have an active sex life.¹²

Effective ISC training: challenging, but possible

As you undoubtedly experience in your daily work, conducting an effective ISC training session can be challenging. The time you have available is limited, patients are not in the ideal frame of mind to learn, and their lack of knowledge and understanding regarding their urinary system might mean you are starting at ground zero.

Yet by being aware of patient challenges and preconceptions, using models and visual aids to help them learn, and assisting them in finding triggers and rewards that can establish a good ISC routine, you can help your patient accept ISC – and develop good habits that will lead to long-term ISC adherence.

“ It needs to be a simple process. It needs to be something that can be so easily integrated into what they do that it becomes an automatic thing, like brushing your teeth every morning.”

Female nurse, UK¹³

- 1,8,9,10,12 Coloplast_Market_Study_IC Research_2015_Data-on-file (VV-0206732).
For more information about short-term rewards, see Chapter 2 in this series, "Getting patients on the road to acceptance".
- 2 Morrell DC, Evans ME, Morris RW and Roland MO. The "five minute" consultation: effect of time constraint on clinical content and patient satisfaction, BMJ. 1986;(292); 870
- 3 Robbins JA, Bertakis KD, Helms LJ, Azari R, Callahan EJ and Creten DA. The Influence of physician practice behaviors on patient satisfaction, Fam Med. 1993;(25); 17-20.
- 4 Kahneman D, Thinking, Fast and Slow, Farrar, Straus and Giroux, 2011
- 5 Coloplast_Symposium_ISCoS_2016
- 6 Neil Malcolm
- 7 For tips on how to help patients be more receptive to training by addressing their state of mind, see CLS Review 2017/18, Chapter 2 "Getting patients on the road to acceptance"
- 11 Blok B, Pannek J, Castro-Diaz D, del Popolo G, Groen J, Hamid R, Karsenty G et al. EAU Guidelines on neuro-urology, European Association of Urology, 2016.
- 13 Coloplast_Market_Study_IC adherence insights_2017_Data-on-file (VV-0206731)