

Intermittent Catheterisation Clinical Practice Principles

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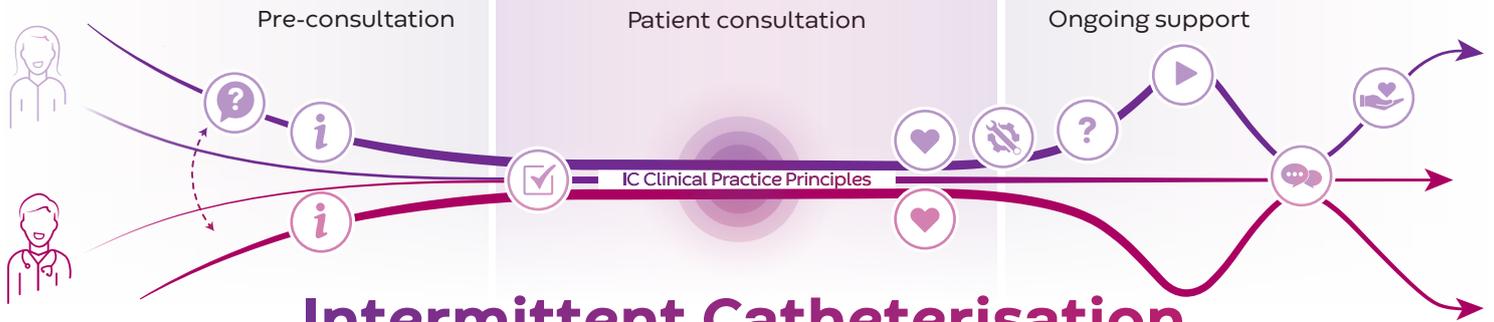
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This document was modeled after United Ostomy Associations of America's (UOAA) Ostomy and Continent Diversion Patient Bill of Rights (www.ostomy.org/bill-of-rights).¹ Permission was granted by UOAA for similar language and content to be used in this publication.

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Intermittent Catheterisation Clinical Practice Principles

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These principles are expected to standardise care and improve outcomes using evidence-based recommendations for best-practice quality intermittent catheter (IC) care.

Background

The Intermittent Catheterisation Clinical Practice Principles were developed by a panel of **international experts in urology and continence care**. Their purpose is to **support intermittent catheter users (IC users)**.



IC is the gold standard treatment for those who cannot empty their bladder.²⁻⁴ Every person deserves access to high quality care in all healthcare settings by trained healthcare professionals to promote a desirable quality of life and to be treated with kindness, dignity, and respect.

Principles

The IC users should be involved in all phases of their IC experience and shall receive the following, during

-  **Pre-treatment**
-  **Initial catheter selection and education**
-  **The lifespan of IC use¹**

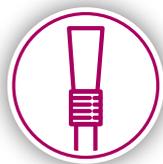




Pre-treatment

- Use of the most current educational materials about IC and self-care
- Consent should be regularly re-evaluated with changes in status, and consent may be withheld or withdrawn at any time
- Counselling, support, and educational instruction should be provided in a language and at a comprehension level suitable for the patient
- Communication will be culturally considerate and delivered in a manner that respects the recipient¹
- A comprehensive assessment including lifestyle, cultural, physical, psychosocial, and emotional considerations with the user as an active participant
- The opportunity to discuss with their healthcare professional the emotional impact of IC and any other concerns
- Explanation of what is to be expected once patient has been initiated, troubleshooting guidance, and when to contact a healthcare professional with emphasis on the early phase of treatment
- Referrals as necessary to occupational therapists, social workers, psychologists, counsellors, or home care

As part of informed consent, information about the procedure, rationale, risks, benefits, complications, and alternatives to IC should be provided in a way that the (individual/family/support person) can understand.



Initial catheter selection and education

- A private safe dignified clean environment for learning
- Adequate time for teaching so the patient feels confident to perform the procedure on their own
- Information regarding the array of product options and their uses¹
- The choice to participate in catheter selection, with assistance from a healthcare professional trained in IC, in choosing the type of catheter considering comfort and ease of use



- Individual instruction in catheter use including return demonstration of procedure by the patient or caregiver ensuring comprehension and ability to perform the catheterisation
- Education on techniques to troubleshoot difficulties with IC
- Guidance on daily fluid intake and strategies to prevent complications, both verbally and in a written format
- Information on scheduling frequency of IC provided both verbally and in a written format
- Education on hygiene, different positions for catheterising, adaptive equipment options, and urinary tract infection prevention, detection, and management
- Information on the holistic impact of IC to include the physical, psychological, and social impact of IC on activities of daily living such as fluid intake, travel, sexuality, and time management
- Instructions both verbally and in written format on managing the condition until supplies are obtained, the supply ordering process and prescription cost for supplies
- Catheterisation diary and instructions for use



The lifespan of IC use

The IC user should have access to ongoing care and support

- Follow-up appointments (telehealth, phone call, or in person) for evaluation of IC and as needed for change in condition and/or complications with a healthcare professional trained in IC
- The opportunity to connect with external resource organisations that provide emotional support and knowledge about IC
- Information about manufacturer's and supplier's support programs
- Identification and assistance for obtaining supplies specific to patient circumstances (e.g., DAC or other home delivery services)
- Ability to obtain supplies based on healthcare professional-specific recommendations

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