

# Teaching Intermittent Catheterisation

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# Aim of Workshop

To provide knowledge of the principles and practises of teaching a client Intermittent Catheterisation (IC)

*Teaching has been described as a complex, cognitive ability that is not innate but can be both learned and improved upon” Saroyan & Amundsen, 2001*



# Implementing Intermittent Catheterisation (IC)

- IC can have a significant physical and / or emotional impact on patients quality of life. There is limited research addresses these problems and challenges. (Woodbury et al 2008)



# What is required in order to teach?

- Knowledge and experienced clinician
- Good communication
- Trusting relationship
- Assess patients prior knowledge of urinary tract  
(Martins et al 2009 )

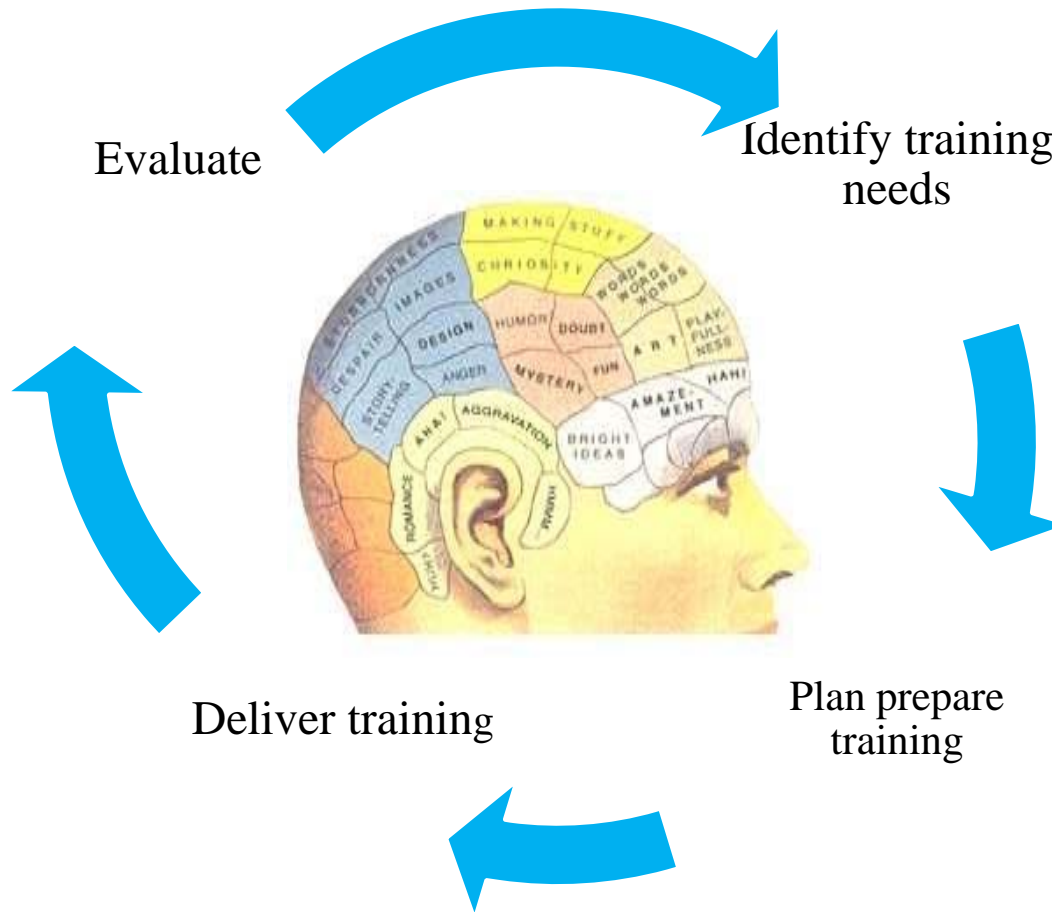
## Training pack to include:

Pictures, supporting literature, anatomic model,  
video (Newman et al 2009)

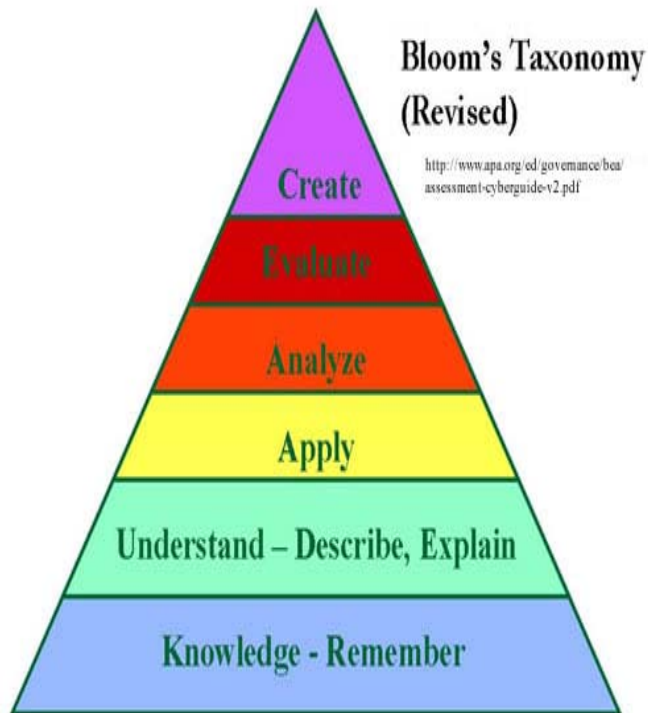
- Use of expert patient



# THE TRAINING CYCLE



# Domains of Learning



Based on an APA adaptation of Anderson, L.W. & Krathwohl, D.R. (Eds.) (2001)

**Cognitive:** involves thought processes, e.g. understanding, analysing, evaluating

**Affective:** involves attitudes, feelings and values, e.g. appreciating, accepting

**Psychomotor:** involves physical skills, e.g. performing, assembling, dismantling

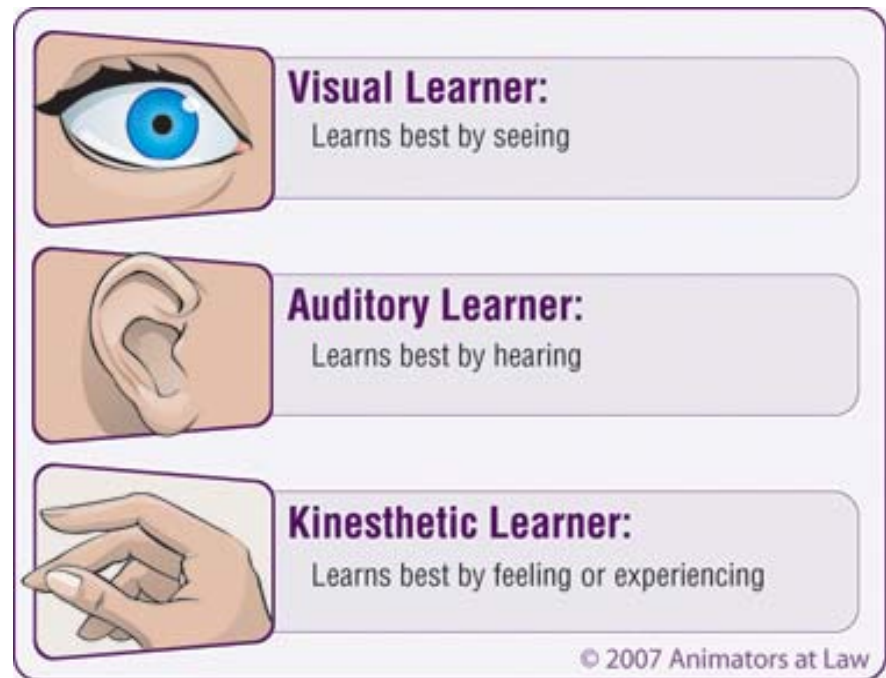
Benjamin Bloom (1956)

# Learning Styles

**Visual:** Learners prefer to learn with visual reinforcement such as charts and diagrams

**Auditory:** Learners prefer to learn by listening

**Kinesthetic:** Learners prefer to learn through, moving, doing and touching



Rose 1985

# Teaching Plan for Intermittent Catheterisation

Plan	Action
<b>Send specimen of urine to lab &amp; treat if appropriate</b>	
Identify private area for teaching Intermittent Catheterisation (IC)	
Obtain consent	
Discuss indication for IC with patient	
Demonstration of suitable catheters and equipment	
Supply DVD and supporting literature	
Use of anatomical model if necessary	
<b>Supervise patient on preparation / insertion / removal of catheter</b>	
Instruct on how to empty bladder completely	
Monitor patient until proficient in procedure	
Advise patients on frequency of IC	
Discuss potential problems	
Advice re fluid intake & urine volumes	
Discuss mobility, dexterity or environmental issues	
<b>Address any sexual health issues</b>	
Obtaining supplies	
Storage / disposal of equipment	
Document in nursing notes	
Arrange follow up as appropriate	
Date:	Sign:



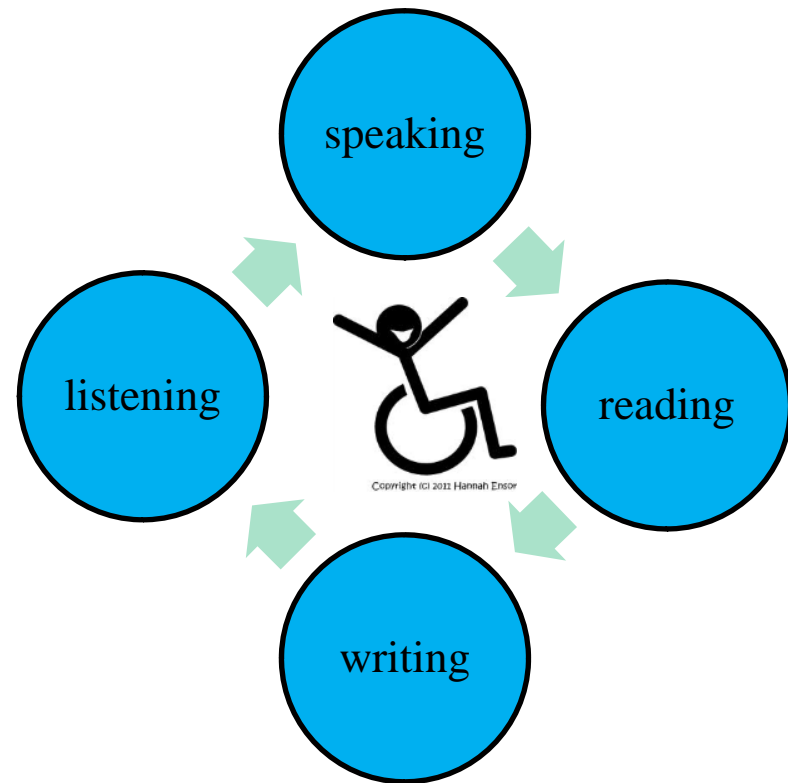
# Patient Concerns

- Discomfort
- Privacy / embarrassment
- Fear of performing catheterisation
- Inability to find a clean appropriate toilet
- Unable to perform procedure
- Incontinence
- Body image



# Teaching Components

- Personal hygiene
- How to open packaging
- How to handle catheter
- Identify urinary meatus
- Storage & disposal
- Supportive supervision
- Good lighting / mirror
- Monitor patients for adverse event



# Choice of Catheters

Catheter may be lubricated non lubricated

- Require bag to be attached
- Used with box or bottle
- Used with extension tube
- Catheter sets complete

Is the procedure:

Clean, Aseptic, Sterile



# Prepare Patient

- Explain procedure obtain consent
- Send specimen of urine to lab (treat if appropriate )
- Demonstration of suitable catheters / equipment
- DVD / literature
- Anatomic model

Patient should be an active participant



# Remember.....!

- Anatomic variations make self-catheterization difficult, particularly in obese women who are unable to reach the perineum (Williams,2005).
- Similarly, men with large abdominal girths may be unable to visualize the urinary meatus or reach and grasp their penis



# Addressing Patient Requirements

- Low stress setting
- Patients motivation / compliance
- Ability to learn
- Aware of indications / complications

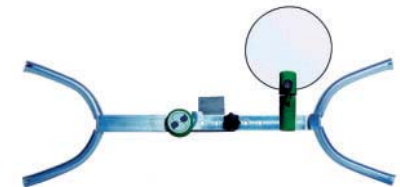
PRIVACY  
DIGNITY  
RESPECT  
RESPECT  
DIGNITY  
PRIVACY

## Disabilities

Spinal injury, blindness, lack of perineal sensation, tremor, mental disability, etc

# Aids & Appliances

- Adaptive clothing
- Mirror
- Knee spreader with mirror for patients with abductor spasms
- limited dexterity
- Penile holder / splint



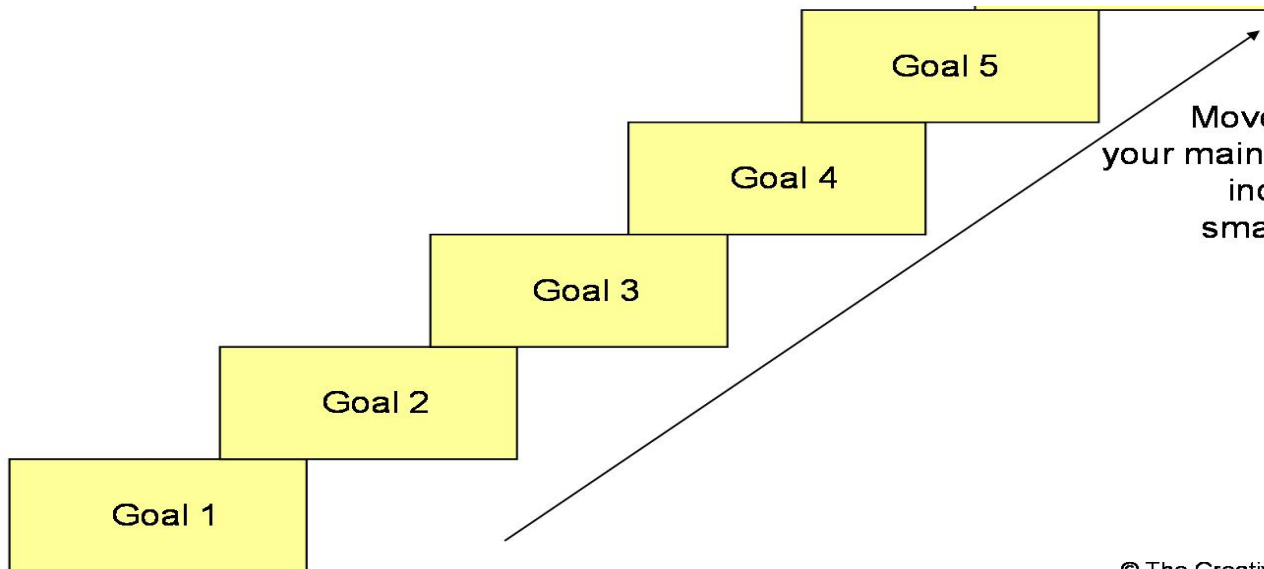
# Address Potential Problems

- Blood on tip of catheter
- Insertion difficulties
- Removal difficulty
- False passage
- Leaking between IC
- UTI





# Successful.....



Move towards  
your main goal with  
incremental  
smaller goals

# The Four E's!

- **Engaging**

- History
- Identify urinary symptoms
- Impact on quality of lifestyle

- **Educating**

- Anatomy/Physiology

- **Empowering**

- Discuss positive impact of ISC
- Teach procedure

- **Encouraging**

- Supportive supervision
- Patient's own learning pace
- Time for questions
- Follow up care





*What you do today can improve all your tomorrows.....!*