Implementing Clean Intermittent Catheterisation (CIC)

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Reasons for CIC:

• **Neurogenic Bladder** – CIC is the gold standard for this type of bladder. Nerves supplying the bladder have been damaged by congenital conditions e.g. Spina Bifida or acquired e.g. Spinal Cord Injury or Transverse Myelitis;

• **Other bladder conditions** that prevent the bladder from effectively emptying e.g. outflow obstruction e.g. injury to the urethra; urethral strictures; inability to relax sphincter muscle and retention of urine – can be idiopathic; severe constipation;
What is CIC?

• **Intermittent Catheterisation** involves periodically passing a catheter into the urethra and urinary bladder to allow all of the urine to flow out and for the bladder to completely empty;

• **Not a new concept**, previously used by Ancient Romans and Egyptians; Clean procedure introduced in 1970 by Dr Jack Lapides in USA;

• **Today**, CIC is the preferred form of treatment for the management of incomplete bladder emptying; Usually required for life;
Decision to commence CIC:

• **Medical History** e.g. known neurogenic bladder due to Spina Bifida or transverse myelitis;

• **Abnormal Renal Ultrasound** showing bladder not emptying after voiding and signs of reflux or hydronephrosis; Other abnormal renal tests;

• **Recurrent Urinary Tract Infections** resulting in damaged kidneys or risk of renal damage;

• **Retention of Urine** and inability to void;
Teaching CIC:

- **A process** that often commences in infancy with a baby born with a congenital condition e.g. Spina Bifida (baseline renal tests show that it is necessary to start CIC early);

- **Parent/Carer** required to be taught procedure for children under 8 years;
Teaching Parent/Carer

• **Psycho-social issues** – guilt, adjustment, low socio-economic situation;

• **Skill level** – dysfunction within a family and poor coping ability; understanding hygiene;

• **Cultural considerations** and language barrier – need to work with interpreters;

• **Child Protection** considerations – privacy, respect, dignity (large number of carers);
• Most parents and carers learn procedure and manage well;

• Good idea for another trusted person to be trained as back up and relief for main carer;

• Parent to let child know from early days that they will do this for themselves as they get older; this helps to normalise the procedure;

• Child needs to participate in the process and learn the procedure from about 5 years of age;
Principles for teaching self CIC:

• Usually **start teaching self CIC from 5 years** of age but not usually independent until 8-10 years of age;

• Child needs to **show interest in learning** to self catheterise; Co-morbidities e.g. brain injury; hydrocephalus; seizures; visual impairment etc. need to be taken into consideration;

• Teaching self CIC is best taught with the **child sitting on the toilet**;

• Child needs to be able to **sit and balance on toilet comfortably with both hands free**;

• Child must be able to **hold catheter** i.e. pencil grip;
Extra tips for girls:

• Use a **mirror** to show her anatomy – double sided shaving mirror works well;
• Remove mirror once comfortable finding urethra;
• Girls need **patience and practise.** Lots of it;
• Encouragement and **rewards are helpful** e.g. sticker charts;
Other Considerations:

• May need help of child psychologist if previous traumatic catheterisation;
• Use lignocaine gel to lubricate catheter;
• Step by step approach;
• Can be more relaxed in their own home;
• May need medication e.g. Diazepam to reduce fear of catheter;
• Children with Sacral Agenesis have hyper-sensation;
Children with Cognitive Impairment have special considerations with learning Self CIC:

- **Need Routine, Repetition, Reinforcement, Rewards** (non food);
- **Patience** (small steps repeated);
- **Persistence** (same person to teach child if possible);
- **Checklists and Diagrams** (may help to explain anatomy and as reminders);
School Issues:

- **Accessible pre-school, primary school and high school** (modifications usually required depending on disability – team approach);

- **Accessible bathroom** – private; locked cupboard for supplies; change table; heating; hot & cold running water;

- **Training school staff** – maintain privacy and dignity; parent or carer should always be involved in training teacher’s aides;

- **Timing of toileting** – minimise loss of class time and play time to maximise learning and social interaction;

- **Transport to school** can impact on continence management;

- **Facilitate independence** – teacher aides are helpful;
Achieving Independence:

- Work with **Individual and Family** to set goals;
- **Toilet Skills Assessment** – Promocon UK is a good website;
- **Home visits** by Continence Nurse to assist family with realistic goals;
- Need **Multi-disciplinary approach** e.g. Occupational Therapist to help with bathroom or other home modifications;
- Appropriate **Containment Products and Clothing**;
- **Visual aids** – DVD’s; Colouring & Story books; Dolls;
- **Clinical Psychology** for behaviour problems; Play therapy;
THANK YOU

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