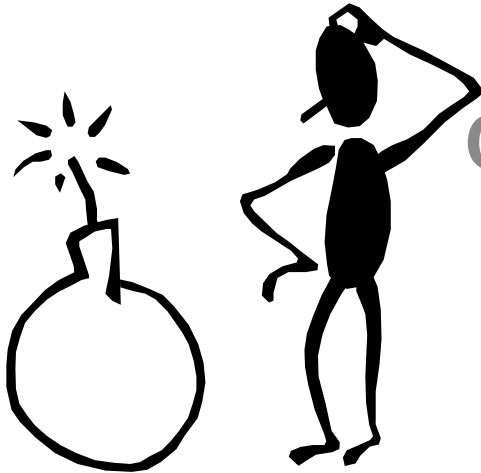


Indwelling Urinary Catheters: Friend Or Foe?

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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
- Highlight commercial company partnerships to improve education, support and patient outcomes



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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



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Indications for Indwelling Catheter Use

- **Only when all conservative treatment methods have failed** *(RCN/EPIC2/SIGN/NICE)*
- **Need to understand the reasons for catheterisation and constantly review continued catheter usage** *(EPIC2)*
- **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**



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Alternatives to Indwelling Urinary Catheters - Women



Alternatives to Indwelling Urinary Catheters - Men



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 ✓



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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**



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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”*



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Effective Commercial Partnership

- **Primary objective is to improve quality of life**
- **Patient is central to the choice**
- **Ability to support continence and urology teams clinically and through education**
- **Reviews able to be conducted in patients' own surroundings**
- **Ongoing communication within the MDT**



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