

NEWSLETTER

HONG KONG CONTINENCE SOCIETY

JUNE 1996

CORRESPONDENCE ADDRESS: GPO BOX 559

COUNCIL NEWS

AGM and Annual Scientific Meeting of Hong Kong Continence Society

Date: 25/6/96 (Tuesday)

Time: 6:30-8:00 pm

Venue: Lecture Theatre, M Block, Queen Elizabeth Hospital

Moderator: Dr. T F Kwok

All are welcome

Attendance: Free

Light refreshment provided

Topic 1:

Anatomy of lower urinary tract in relation to urinary incontinence

Prof. John A Gosling

Chairman,

Department of Anatomy,
Faculty of Medicine,

Chinese University of Hong Kong



Topic 2:

Prevalence of Urinary Incontinence in Primary Care Setting

Dr. Albert Lee

Hong Kong College of General Practitioners

Dr. Or Ka Hang

Hong Kong Continence Society

Overseas Conference

International Continence Society, 26th Annual General Meeting,

27-30 August, Athens, Greece

Registration Fee: US\$450

For Registration Forms and Details please contact Dr. MF Leung at 23794822 or fax 23472325

Continence Foundation of Australia, 5th National Conference on Incontinence, Melbourne, Victoria, Australia
14-16 November, 1996

For further information, please contact Dr. MF Leung

Local Course

Certificate Course on Continence Care for Registered Nurses,

Organized by Continence Service and Central Nursing Division, United Christian Hospital

2 week theory course and 2 week practical attachment

Date of commencement: 1/7/96

Registration Fee: \$3500

For further information please contact Ms. Chan Sau Kuen, Nurse Specialist (Continence Care) United Christian Hospital, 23794000

INTERMITTENT CLEAN CATHETERIZATION

Lee Wai Kuen,
Queen Mary Hospital

What is Intermittent Clean-Catheterization (ICC)?

Intermittent Clean-Catheterization involves the episodic introduction of a catheter into the bladder to drain urine. After this, the catheter is removed. Leaving the patient catheter-free between catheterizations.

The Clean Technique

This method was introduced by the Lapides in the USA in 1970. He found the patients used a clean technique to perform catheterization did not frequently encounter problematic urinary tract infection.

This technique became widely used in recent years. It is not simply enable the patients to have a more active and normal life, but also resolved many problems associated with incontinence.

The clean technique can ONLY be performed in INTERMITTENT CLEAN-CATHETERIZATION and we should always be aware this when teaching the technique. The risk of introducing infection is kept low by the clean procedure, minimal time of catheter in bladder and by encouraging fluid intake.

Indications

1. Neurogenic bladder dysfunction eg. spina bifida or paraplegia
2. Hypotonic bladder
The detrusor muscle fails to contract and results in ineffective voiding.
3. Temporary postoperative bladder dysfunction
4. Bladder dysfunction caused by a drug's adverse effect.
5. Chronic retention of urine

Advantages

1. Patient can retain independence
2. Free from embarrassing dribbling or incontinence
3. Reduce the risk of urinary tract infection
4. Patient is in control of his own bladder
5. The upper urinary tract can be protected from reflux
6. Normal sexual relationship can be maintained without incontinence
7. Reduce the usage of incontinence aids and appliances
8. Patients can manage the procedure in their home or working environment

Disadvantages

1. Patient needs a reasonable degree of manual dexterity
2. Female patients need to be mobile enough to gain access to the urethra

Patients suitable for Intermittent Clean-Catheterization

The procedure requires great motivation. The patient should be well prepared physically and mentally. Age is no barrier, children as young as five years can be taught the procedure. The parents can learn to catheterise their babies. Elderly people can do it well too.

The suitable patients include

1. Those who can comprehend the technique easily
2. Those who have reasonable degree of manual dexterity
3. They should be highly motivated
4. Those who have a willing partner to perform the technique (if agreeable to both)
5. The female patients can position themselves to attain reasonable access to the urethra

The Catheter

1. The diameter of the catheter ranges from 6FG to 20FG, usually about 10 to 12FG for adult and 6FG to 8FG for children.
2. The catheter tip should be very smooth and have drainage eyes.

TEACHING THE TECHNIQUE (FOR THE FEMALE PATIENT)

The ICC patient needs to begin with a understanding of the anatomy of the urinary tract and the implication of her particular urinary dysfunction. In the first teaching, the female patient should identify the urethral orifice and genitalia with the aid of a mirror. Then she should perform the procedure by using sensation alone but not the sight. She should be able to distinguish the specific sensations by touching the clitoris, urethral orifice and vagina. Usually, she use her non-dominant hand to manipulate the external genitalia and her dominant hand to insert the catheter.

Equipment

1. A suitable size catheter
2. A soapy washcloth or baby wipes
3. A wet washcloth for rinsing
4. A water-soluble lubricant
5. A container (if toilet is not available)
6. Unperfumed soap

Procedure

1. Collect all necessary equipments
2. Take off or loosen clothing as necessary
3. Wash and dry hands
4. Sit comfortably on the toilet
5. Wash the urinary meatus area with a soapy washcloth from front to back motion, then rinse with a wet washcloth.
6. Lubricate about 1 inch of the catheter tip.
7. Use the nondominant hand to separate the labia, hold the catheter with the dominant

hand and insert it into the urinary meatus.

8. As the urine starts to flow, hold the catheter until the flow stops. Then withdraw it slowly.
9. Remove the catheter and wash it in soapy water, then rinse it in running water thoroughly.
10. Shake or air-dry the catheter and then store it in a plastic bag.

*** The re-used catheter can be lasted for about one week. However, if it becomes difficult to clean or not smooth, use a new one.

TEACHING THE TECHNIQUE (FOR THE MALE PATIENT)

The ICC patient needs to begin with a understanding of the anatomy of the urinary tract and the effects of his particular urinary dysfunction. The urinary meatus can be seen by the male patient so he can learn the procedure more easily. However, he should slightly straighten the "S" curve urethra in a "J" curve to facilitate insertion. If he has difficulty in passing the catheter, 2% lignocaine jelly may help to reduce the discomfort. (First identify whether the patient has allergy to it)

Equipment

1. A suitable size catheter
2. A soapy washcloth or baby wipes
3. A wet washcloth for rinsing
4. A water-soluble lubricant
5. A container (if toilet is not available)
6. Unperfumed soap

Procedure

1. Collect all necessary equipments
2. Take off or loosen clothing as necessary
3. Wash and dry hands
4. Sit comfortably on the toilet
5. Wash the urinary meatus area with a soapy washcloth, then rinse with a wet washcloth.

6. Lubricate about 2 to 3 inches of the catheter tip
7. Pull back the foreskin, use the nondominant hand to hold the penis at a 60 degree angle so the urethra is positioned in a "J" curve.
8. Use the dominant hand to insert the catheter into the urinary meatus slowly until the urine flows.
9. As the urine starts to flow, allow the penis return to its natural position. Hold the catheter until the flow stop and then withdraw the catheter slowly.
10. Remove the catheter and wash it in soapy water, then rinse it in running water thoroughly.
11. Shake or air-dry the catheter and then store it in a plastic bag.

*** The re-used catheter can be lasted for about one week. However, if it becomes hard to clean or not smooth, use a new one.

Points to remember

1. The patient can try to pass urine before emptying the bladder.
2. Stool habits
It is important that the bowel is functioning regularly, this will make it easier to empty the bladder.
3. Patients should be told to contact their doctors for:
 - a. Blood in urine
If there is only a small amount, patients need not worry. If the presence of blood persist or increasingly blood-stained, they should inform their doctors.
 - b. Urine foul smelling, cloudy or sediment present.
 - c. Back or abdominal discomfort accompanied by fever
 - d. Increasing difficulty in passing the catheter

4. Inability to insert the catheter
Patients should be told to relax and attempt the technique later. If further attempts fail, they should seek medical assistance.
5. Cannot remove the catheter following bladder emptying
The bladder may be spasm. They should relax for a few minutes and try again.
6. Increasing fluid intake helps to flush the renal system. Patient using ICC should drink four to five pints of fluid per day.
7. If the patient want a good night sleep, he should complete his fluid intake with the evening meal and refrain from drinking at least 3 hours before bedtime. Catheterization should be done immediately before sleep.
8. Tampons can inhibit catheterizations. The female patient should remove it before ICC if possible.

**PLEASE
RENEW YOUR
MEMBERSHIP
for 1996**