

Continence Care newsletter

For healthcare professionals

Ostomy Care / Continence Care / Wound & Skin Care / Urology Care



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THREE THINGS TO COVER IN AN EFFECTIVE TRAINING SESSION

There are three key topics you should cover in the training session when teaching intermittent self-catheterisation (ISC). This article gives you a brief introduction to each of them.

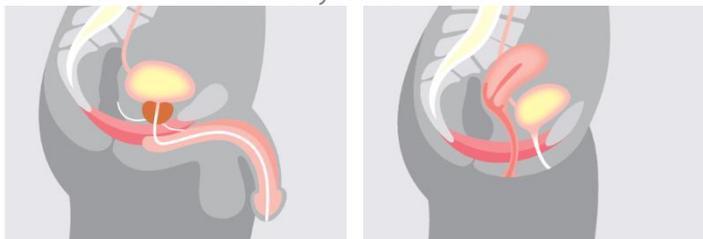
Anatomy

The introduction to the anatomy paves the way to your demonstration of actual insertion and withdrawal techniques.

As you know, patients vary in their understanding of the urinary system. Many patients have little knowledge of how this system works, and many have misconceptions about the bladder and urethra. They might think of the bladder in terms of a tank rather than a muscle. They might also think of their urethra as an inflexible rather than a flexible tube. It's important to correct these misconceptions first to ensure your patient understands and can respond well to the rest of the training as misconceptions can lead to fear of eg. pain.

You can start the session by sharing with the patient the basics of their anatomy. Anatomical drawings like the ones below can be useful aids.

Male and female anatomy models



You can request large copies of the anatomical drawings with your Coloplast rep.

Insertion and withdrawal techniques

One of the most important aspects of the training session is teaching the patient the proper bladder emptying techniques.

When you use diagrams of the anatomy to teach the insertion technique, you can make the patient aware of the key waypoints – that is, points along the insertion path that will signal to the patient that they are on the right track. Key way points for could be:

Strictures

Make them aware of areas where strictures might occur.

Urethra curves

Help them guide the catheter along the urethra by lifting the penis and straightening the urethra.

Sphincter muscle

Ask the patient to take a deep breath of air to relax. This will help relax the sphincter muscle.

Tips for ISC training

- Help the patient see the connection between frequent and complete bladder emptying and good bladder health – i.e. the connection between residual urine and UTIs.
- Make the patient aware of how much urine his/her bladder can hold.
- Give the patient specific indicators that can help them ensure they are emptying the bladder correctly.

Establishing good ISC habits

If a new habit around ISC is not established, the mental focus necessary to manage the bladder will consume unnecessary amounts of energy and, in some cases, the patient might even experience a feeling of being controlled by the bladder¹. You can ease this pressure – and help the patient into the new ISC habit – by identifying ‘triggers’ and short-term ‘rewards’ that work for them.

When it comes to ‘triggers’, some patients will be able to go by the physical feedback of being ‘full’; others, who have no sensation, will need to void by the clock – in which case the ‘trigger’ might be the alarm on their smartphone.

As with the triggers, the ‘reward’ will vary from patient to patient. The important thing is for the reward to be clear to the patient – something very tangible that is motivational and can drive adherent behaviour.

Examples of short-term rewards:

- Avoiding incontinence
- Less risk of wetting accidents between catheterisations, e.g. so the patient can play a round of golf or go to the cinema
- Being able to have an active sex life.¹

Spending some time during the training session identifying the right ‘triggers’ and ‘rewards’ for the individual patient will help them into a good ISC routine.

Short term rewards

For more information about short-term rewards, see the Continence Life Study Review 2017/18

¹ Coloplast_Market_Study_IC Research_2015_Data-on-file (VV-0206732)