Clean Intermittent Catheterization for the Management of Incontinence

Editor's note: the following article is an excerpt from the chapter Medical Help for Incontinence by William Kaplan, M.D., taken from "Managing Incontinence: A Guide to Coping with the Loss of Bladder Control". Dr. Kaplan is director of neurologic urology, Children's Memorial Hospital, Chicago, and assistant professor of Urology, Northwestern University Medical School. Bill is a leading advocate of the use of clean intermittent catheterization for children with spina bifida.

CIC alone has significantly reduced the need for urinary diversion in patients with incontinence.

The procedure is simple. The hands and an appropriately sized catheter are washed with soap and water. The urethral opening (meatus) is washed, and the catheter is inserted into the bladder. All the urine is drained, and the catheter is washed again and stored. This process is repeated every three to four hours during the daytime and occasionally as needed once in the middle of the night. In our experience, there is no child too young, male or female, for this procedure. If manual dexterity is present, no individual is too old for the procedure. Children can generally be trained to perform self-catheterization between the ages of four and six. In our myelomeningocele population (spina bifida), with the addition of pharmacotherapy in 80 percent of the patients, 85 percent of the children are dry for three to four hours with this program.

Intermittent catheterization is less effective or not desirable when there is total sphincter incompetence (that is, the sphincter muscle below the bladder does not function or has been traumatically or surgically injured), or urethral stricture (narrowing), or disease, or severe uninhibited bladder contractions (bladder contracts with little control or forewarning) that are not controlled with medication.

Except for female stress incontinence and postsurgical incontinence (particularly prostate surgery), the standard that other types of treatment are measured against is clean intermittent catheterization (CIC). CIC may be effective in the above exceptions; however, surgery is usually the treatment for female stress incontinence and an artificial sphincter is the usual treatment for postsurgical incontinence.

CIC was introduced three decades ago as the initial therapy for patients with spinal-cord injury. Over the years, numerous reports have documented that CIC reduces the incidence of pyelonephritis (kidney infection), hydronephrosis (kidney and ureter swelling), reflux (urine backing up into the kidneys from the bladder), and kidney and/or bladder stones.
PROBLEM SOLVING:
Could It Be the Problem?

Recently a well known educational film producer told us excitedly about a new project, a film on problem solving. He felt many of us lacked the knowledge and training necessary to solve our problems. Rational, cognitive analysis, or rather the lack of these tools, could be a large contributor to the continuing problem of urinary incontinence in American society today.

Adequate problem solving techniques are a skill many of us have not had the good fortune to be exposed to in either our upbringing or our schooling. But they can be learned and put to use at any point in life. The following are eight logical steps to better problem solving.

1. There must be a felt need to solve a problem.
2. The problem must be defined.
3. Alternate solutions should be brainstormed.
4. The consequences of the alternatives should be forecast.
5. A decision then must be made on the basis of the forecasted consequences.
6. An action plan must then be created to implement the decision.
7. Then take the action decided upon.
8. Evaluate the outcomes.

Ask yourself how this model can be applied to solving your own problems with incontinence. The following example may be of help to you in thinking more clearly about how incontinence is affecting your own life.

1. Felt need to solve a problem — There may be a growing realization inside you that incontinence is slowly and insidiously eroding the way you live your life.
2. Defining the problem — I am afraid of having an "accident" in public.
3. Producing alternate solutions —
   a. Schedule a complete medical evaluation.
   b. Get help from a clergyman, social worker, psychologist.
   c. Visit a medical supply house and learn about different incontinence products.
4. Forecasting the consequences of the alternatives —
   a. If I get a complete medical evaluation:
      — The doctor may find a cause for my incontinence which can be remedied.
      — The doctor may lead me to other sources of help such as a knowledgeable visiting nurse.
      — The visit may be totally unsatisfactory, perhaps the doctor will be unsympathetic or perhaps I won’t be able to really talk to him/her about my problem when the time comes
   b. I can’t face this problem alone, I’ll talk to a counselor
      — This may be a riskless way to begin to talk about my incontinence and I may increase my self-esteem
      — It may lead to ideas for a solution I hadn’t though about
      — I may find I am unable to cope with self-expression at this level
   c. Visit a medical supply house
      — I may discover a product which alleviates my fear of having an "accident:"
      — The visit may lead to new sources of information
      — I may get no help there at all
5. Making a decision — My chief problem is the fear of an accident in public, therefore the first step should be to protect myself from this possibility by a medical assessment and a search for products.

6. Create an action plan to implement the decision — I will schedule an appointment with my doctor to ascertain if I can be treated and
SELF-HELP GROUPS

Whether the problem is bereavement, addiction, heart disease, radical surgery, single parenthood, or weight management, self-help groups are seen as an effective means of helping the afflicted. They bring together people who share common problems and fears. They share experiences, solutions, feelings, and hope. For many, participation in a self-help group is the beginning of a new life . . . a brighter life . . . a more productive life.

The Simon Foundation currently is organizing self-help groups in Chicago, New York, Denver, and Portland. The primary purpose of incontinence self-help groups is to:

1. Share common feelings and experiences related to being incontinent.
2. Encourage people who are incontinent to return to normal daily living.

3. Exchange information about incontinence products, management techniques and to help each other locate competent medical help.
4. Help reduce the sense of isolation often felt by the incontinent person.

The next meeting of the Chicago area group will be held at the Rehabilitation Institute of Chicago. For more information call 864-3913.

Whether you are ready to help another, or in need of help yourself, self-help groups can provide the support needed to make that important adjustment. Why not initiate one in your area? Write or call for a free “How to Organize a Self Help Group” brochure.

Problem Solving, con’t . . .
I will also search for products which might help to manage my incontinence.

7. Taking action — call and schedule the appointment; look in the yellow pages, locate and visit a medical supply house

8. Evaluate the outcomes — has the problem been solved, if not what are my alternatives now?

The Simon Foundation is a non-profit organization dedicated to serving the unique needs of sufferers of incontinence. It has no paid staff and is supported entirely by your tax-deductible contributions. The Simon Foundation needs your help to expand its services to those with incontinence.

Your Financial Support Is Needed

The problem of urinary incontinence can be “solved” for each individual. Knowledgeable physicians have many alternatives for the incontinent, yet it is estimated only 1 out of 12 people experiencing incontinence consult a doctor. Incontinence product manufacturers are working diligently to improve both the products and the distribution system. Yet incontinent people are often embarrassed to take these products off the shelves.

The solution to incontinence begins with the problem solving ability of each individual who is incontinent. Better problem solving can be learned, and the skill improves with use!

I wish to support the important work of the Simon Foundation with a contribution of:

[ ] $5.00  [ ] $10.00  [ ] $25.00
[ ] Other $

Name: ........................................
Affiliation and Title: ........................................
Address: ........................................

* The Simon Foundation is a recognized 501 (c)(3) charitable organization. Contributions can be deducted from your federal income tax.
Dear Simon Foundation:

First of all thank you for a fine publication. When I read in a previous issue that there were eight million Americans with bladder problems like mine, I was astonished. I have always been very secretive with my incontinence, with only very close acquaintances and family knowing and yes I do find it difficult to socialize, and I have to sometimes force myself to go out. Being only thirty-four I have a lot of life to live, and really when one looks at the world's problems most of us are better off than many.

One of my biggest problems is having to change my pads while out in a restaurant or theatre. How can I carry them without attracting a lot of attention? Usually when I need to change I have my wife meet me at the washroom door and she hands one to me from her purse, but sometimes I can't arrange this so I've been using a paper bag and I feel so awkward.

a reader from Canada

Dear Canada: We wish there were room to print your whole letter. Congratulations on your fine adjustment to this often difficult problem. Transporting additional products is indeed a creative challenge which the Simon Foundation has long been aware of. Some people sew them into linings of their apparel, others carry gym bags. Readers, any good solutions for this problem you can share?

Dear Cheryle Gartley:

I think your foundation should do a detailed survey on disposable protective garments and ask for volunteers to participate. The questionnaire should include comfort, absorbency, odor control, visibility through clothes, no noise detection, stays in place, and ease of changing. I would like to be one of the first to participate. Thank you for your time.

a reader in California

Dear California:

We not only like your idea, but your willingness to participate. Manufacturers that we have talked with are indeed aware that their products need many refinements. We urge all of our readers to write the manufacturers of the products they use. A letter addressed to the Product Manager of (your brand) will get into the right hands. Be sure to tell them what they are doing well too!

Dear Ms. Gartley:

The problem is that no one in the.....area regularly has the rubber pants I need and trying to locate manufacturers is nearly hopeless as an individual. This is such a lonely problem, I don't know of any one else with this problem and as silly as it seems, I have been afraid to have a serious girlfriend because of it. Are there any help groups on this area, or could you show me how to start one? If you use my letter, PLEASE, just use my first name and thanks for returning my call.

a reader from Colorado

Dear Colorado:

You're welcome and yes we can help you start a self-help group. One of the major goals of the Simon Foundation is to reduce the stigma of incontinence and help people return to normal living. It is a lonely problem, in fact estimates say there may be as many as 12 million lonely Americans with this problem. Please read the article on self-help groups. One of our volunteers in your area would be delighted to get you started.

Dear Ms. Gartley:

I have a water bed and two cats, and have had pinhole leaks from them getting under the covers and flexing their claws. They also sleep with me, so when I would wake up in a puddle I would threaten to declaw them up to their elbows. Then I tore the bed apart trying to find pin hole leaks at 4:00 a.m. Well after a couple of weeks of this I discovered I was the one leaking, not the bed. After apologizing and over feeding the cats, all has been forgiven.

a reader from Colorado

Dear Colorado:

Finding the light side in any situation is a great coping mechanism. In fact we believe in this so strongly that a chapter in the book "Managing Incontinence: A Guide to Coping with the Loss of Bladder Control" is devoted to humor. Thanks for sharing.