Multiple sclerosis and ISC

Bladder problems affect people with multiple sclerosis (MS) (Vähter et al, 2009). The mainstay of treatment includes lifestyle advice, anticholinergic medication and intermittent self-catheterisation (ISC). The latter is advised when there is incomplete bladder emptying. It involves inserting a catheter into the bladder, allowing all urine to flow out, then removing the catheter. This technique, pioneered by urologist Jack Lapides over 30 years ago, can be repeated several times a day, and has proved to be the most effective method of facilitating bladder emptying (May and Wein, 2007).

This article examines the evidence specific to people with MS, on concordance/compliance, training and quality of life.

In this article...

- How bladder problems affect people with multiple sclerosis
- Using intermittent self-catheterisation in MS
- What the research evidence says about its use

Key points

1 People with MS can have complex bladder dysfunction
2 Clean intermittent self-catheterisation can be used by this group and is often seen as the gold standard in bladder management
3 There is little evidence on the best technique or training method for ISC and its impact on quality of life in people with MS
4 People may have problems incorporating ISC into their daily lives, and may need support and follow-up
5 Further research is required on ISC in people with MS, focusing on long-term use and adherence

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stopping included: patients did not want to continue (n=3); improved bladder function (n=2); and deteriorating health (n=1).

Quality of life

Four studies identified the overriding need for adequate information and thorough instruction by health professionals to promote self-efficacy and improve quality of life (Logan et al, 2008; Shaw et al, 2008; van Achterberg et al, 2008; McConville, 2002).

They concluded that issues of knowledge, fears, motivation and potential psychological impact of performing ISC should be addressed before deciding on this treatment option.

Follow-up care is essential and should include re-evaluating skills, discussing adherence, integrating ISC in daily activities and general coping issues.

Jaquet et al (2009) reported findings of a qualitative study of eight patients’ experiences of coping (the selection criteria was undertaking ISC for at least six months).

These authors suggested that, when patients are confronted with having to do ISC for the rest of their lives, this most often results in a crisis reaction, which adversely affects their ability and motivation to continue ISC and requires support so they can come to terms and cope with the situation.

A major finding was that most patients used strategies and created rituals (for example, around catheter disposal) to some extent to be able to cope with having to undertake ISC several times a day.

Van Achterberg et al (2008) also found that patients struggled with planning ISC and needed the predictability of those rituals so, in the acute phase of the crisis, rituals may be seen as a tactic for survival that allow patients to disregard the reality of their situation.

These authors also reported that ISC has an enormous influence on patients’ lives, both physically and mentally; there is evidence that patients risk social isolation if they do not learn to master situations without the use of rituals.

As early as the first training visit, nurses should advise patients about alternative management by intermittent catheterisation - experiences from a patient perspective. Scandinavian Journal of Caring Sciences; 23: 4, 660-666.


BOX 1. TECHNIQUES OF CATHETERISATION

Three techniques can be used when carrying out ISC

Clean reused
- Use of a sterile, disposable catheter with good hand hygiene
- After use, the catheter is washed and rinsed
- The catheter is then air dried and stored in a ventilated container or ziplock plastic bag
- The catheter is reused by the same patient for a limited period of time (usually one week) as directed by their clinician.

Clean, single-use
- Use of a sterile, disposable catheter with good hand hygiene
- The catheter is disposed of after single use

Sterile or aseptic
- Use of sterile gloves, disinfectant wipes or swabs
- Use of a sterile, single-use catheter
- Use of a sterile drainage tray, or closed collection bag

Conclusion

There is little evidence in the literature on the physiological or social benefits of using ISC, best practice in technique, training methods or its benefits (or otherwise) for the quality of life of people with MS.

While ISC is deemed to be the preferred way of emptying the bladder for people with MS, the condition’s multifaceted symptoms – which primarily follow a pattern of weakness, fatigue, bladder dysfunction associated with multiple sclerosis.

Further disease-specific research is needed on long-term use and adherence to ISC. NT

References


