

# A Guide to Conversations with Patients: Choosing the Best Method of Bladder Management for You

## Overview

Intermittent catheterization has been shown to be the best method of bladder management for patients with neurogenic bladder; however, intermittent catheter is not possible or desirable for all persons with spinal cord injury. To assist patients and families in making the best decision for their lifestyle and circumstances, health care professionals should provide patients with the most recent evidence-based information and recommended practice, support the patient in choosing a bladder management method that meets their needs, and fits within their values.

## Before you start the conversation

- A conversation about bladder management will take some time. Ensure you have dedicated at least 30 minutes to have this conversation.
- Book a time when all interested parties are available; a private space is best.
- The patient may choose to have as many or few family members or other supports present and participating in this conversation. Ensure the patient is aware that involving family members is encouraged, but the patient is ultimately in charge of who should be in the room.
- Ask the patient and family how they would prefer to receive information (written material, demonstration, audiovisual aides, etc.).
- Gather the tools you will need according to the patient's preference. You may want to have multiple resources on hand during the conversation.
- Suggested phrasing for your discussion is indicated by text in quotes.

## What is bladder management?

- Persons with spinal cord injury may have lost the ability to partially or totally empty their bladder.
  - “Your bladder no longer functions the way it used to. You may not be able to empty your bladder completely.” The bladder must be emptied, either intermittently or continuously.
  - “Your bladder will need help to empty. There are a number of ways to help you empty your bladder.”
- Bladder management choices are never final.
  - “Choosing the right method of bladder management for you does not need to be a final decision. You can change your mind at any time; you may try different methods to see

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which ones you prefer; your body may also change over time, requiring you to adapt your bladder management methods in response.”

- “Some people will use different methods for specific circumstance, like using intermittent catheters during everyday activities and an indwelling catheter when travelling.”

### What is the goal of bladder management?

- The bladder is emptied regularly and completely to:
  - minimize urinary tract infections (UTIs)
  - achieve continence
    - “Emptying your bladder on a regular schedule will help to keep you and your bladder healthier. It will help to prevent bladder infections and help keep you from having accidents.”
- The volume/pressure inside the bladder is within safe limits (<500 mL) to:
  - protect kidney function
  - preserve bladder structure and avoid future need for reconstructive surgery
    - “Keeping the amount of urine in your bladder less than 500 mL or 2 cups will help prevent some negative long-term effects, like needing bladder surgery, or kidney damage.”
- Prevent autonomic dysreflexia (AD). AD is a risk for this patient (spinal cord injuries at or about the T6 spinal cord level and above):
  - “An overfull bladder is one of the common causes of autonomic dysreflexia or AD, which you are at risk for/have experienced. Good bladder management can help decrease episodes of AD.”

### What to consider when choosing a bladder management method:

- Hand function:
  - “How much function do you have in your hands? Are you able to do intermittent catheterization (IC) with or without adaptive devices?”
- Support for personal care activities:
  - “Who will help you if you’re not able to do ICs on your own?”

- Quality of life:
  - “What activities do you do now, or may want to do, could affect your bladder management method or routine?”
- Discharge location:
  - “If you’re going to live at a facility, it will be important to know what they are able to provide for your bladder care. They may not be able to assist with intermittent catheterization if you are unable to do it yourself.”
- Availability and cost of equipment:
  - “Do you have insurance that will pay for the catheterization supplies that you prefer?”

### What are the options for bladder management methods?

- Intermittent catheter (most recommended).
  - “Intermittent catheter means a plastic or rubber tube is inserted into your bladder 4-6 times a day or every 4-6 hours to drain your bladder. You may be able to do this on your own or, you may need someone to assist you.”
- Indwelling catheter (If ICs are not the ideal choice).
  - “Indwelling catheter means a rubber or silicone tube is inserted into your bladder and then a balloon at the tip of the catheter is inflated to keep it from falling out of your bladder. This will allow urine to continuously drain from your bladder.”
    - a. Urethral indwelling.
      - “A urethral indwelling catheter means the tube is inserted through and stays in your urethra.”
    - b. Suprapubic.
      - “A Suprapubic catheter means a catheter is inserted through an incision made in the abdominal wall just above the pubic bone.”

### What does intermittent catheterization entail?

1. Intermittent catheter requires:
  - Hand function or adaptive devices OR round-the-clock personal care assistance
  - Relatively strict adherence to a schedule
  - Good hand hygiene and a clean environment
  - Careful fluid intake assessment and management

2. Benefits of intermittent catheterization when performed correctly and consistently include:
  - Allows the natural filling and emptying of the bladder to maintain function of the bladder muscle.
    - “It imitates your bladder’s more natural rhythm and may help maintain the health of your bladder muscle.”
  - Reduces incontinence or leaking of urine.

“You are likely to have fewer accidents.”
  - Reduces the frequency of bladder and kidney infection when compared to other methods.
    - “You are likely to have fewer bladder and kidney infections, compared to indwelling catheters.”
  - Reduces bladder and kidney complications such as kidney stones, kidney damage and overstretching of the bladder when compared to other methods.
    - “You are less likely to have long-term problems such as kidney stones and needing surgery on your bladder, compared to indwelling catheters.”
    - “If your bladder function does change you will be more likely to notice changes and be able to adapt to them.”
3. Disadvantages of intermittent catheterization include:
  - It must be performed with good technique and clean hands.
    - “If intermittent catheterizations are not done correctly, it is possible to increase risk of infection or damage to the urethra/bladder.”
  - Hand function or assistance is required.
    - “If your hand function is limited, it can be difficult or cumbersome to learn to use adaptive devices. Devices can break down and might be costly to replace.”
  - The cost of supplies.
    - “Intermittent catheterization supplies can be expensive.”
  - Requires dedication and adherence to schedule.
    - “It is a scheduled activity that needs to be done consistently. Since you might not feel the need to pee, you may need to use a schedule to remember when to catheterize, such as an alarm on your phone or smart watch.”

- Requires careful fluid intake assessment and management.
  - “You will need to pay attention to how much and what you are drinking. Drinking any liquids, especially those that increases urine production like coffee, tea or alcohol, can lead to the need to catheterize more often.”
- Can be difficult to manage independently.
  - “You may find some things difficult if you are alone, such as needing to do a catheter during an episode of autonomic dysreflexia or when you are sick.”

### When intermittent catheterization is not appropriate/desirable, what does using an indwelling catheter entail?

1. Indwelling catheters require:
  - Regularly emptying and cleaning the collection bag.
  - Ensuring leg bags and tubing are not causing pressure injuries.
  - Replacing with a new catheter monthly.
2. Indwelling catheters are usually used for patients who:
  - Have limited or no hand function AND no assistance to perform ICs.
  - Do not want to perform ICs.
  - Do not have a stable environment/schedule to enable effective ICs.
3. Indwelling catheters are not advised for patients who:
  - Have obesity.
4. Benefits of indwelling catheters include:
  - May provide increased independence.
    - “If you are unable to perform your own intermittent catheterizations, you may find that you are able to be more independent for longer periods throughout the day with an indwelling catheter. If you have an indwelling catheter, you may avoid having to schedule catheters with a caregiver.”
  - May be advantageous over ICs for patients with difficulty or inability adhering to a schedule, or are unable to safely perform ICs.
    - “If you are unable to stick to your schedule, or frequently forget catheters for any reason, indwelling catheters may be the safer choice.”
  - May protect the skin from irritation with unmanaged incontinence.

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- “If you are frequently having urine leaking, and your clothes become wet, using an indwelling catheter can prevent both and improve your quality of life.”
5. Disadvantages of indwelling catheterization include:
- Increased risk of UTIs and kidney infection, bladder stones, bladder cancer, urethral scarring, meatal erosion, deformation of the bladder structure over time.
    - “Indwelling catheters increase the risk of many problems, including bladder and kidney infection, the need for bladder surgery, and bladder cancer.”
  - May limit movement or activities.
    - “An indwelling catheter may make it difficult to transfer or do other activities.”
  - May impact body image.
    - “Many people find that their body image changes when using any type of permanent device; for example, some people feel uncomfortable wearing shorts when an indwelling catheter is in place.”
  - Sexual function/preference.
    - “Some people may feel uncomfortable becoming intimate while a catheter is in place, although this is safe and possible.”
  - Odor
    - “Some people may notice an odor develop over time, and are uncomfortable in social situations.”
  - Possible reaction to catheter.
    - “It is possible to become allergic or intolerant to the material the catheter is made of.”
6. Why would a person choose a suprapubic indwelling catheter vs urethral?
- Sexual function/preference.
    - “Some people feel uncomfortable having sex with an indwelling catheter in place, and prefer to move the catheter’s location away from their genitalia.”
  - Erosion of the urethra.
    - “An indwelling urethral catheter may cause erosion of the urethra or bladder neck, and a suprapubic catheter may be needed.”

### When might a condom catheter be appropriate?

1. Condom catheters are not appropriate for everyone:
  - Condom catheters can only be used for people who have a penis who experience leaking urine or are able to reflex void.
    - “A condom catheter resembles a condom that fits over the penis with an opening at the end; this opening connects to tubing and a collection device, such as a leg bag. It will collect urine that leaks passively or is voided voluntarily from the urethra.”
2. Benefits of using condom catheters include:
  - Less invasive; decreased risk of infection if you are able to completely empty your bladder.
    - “Because a condom catheter does not put anything inside your body, the risks of intermittent and indwelling catheters are not risks when using a condom catheter.”
  - May be useful for managing incontinence between emptying.
3. Disadvantages of using condom catheters include:
  - Not appropriate for people who do not have a penis.
  - Only appropriate for people who are voiding, or mixed voiding (using catheters AND voiding).
    - “Very few people have the type of bladder appropriate for condom catheters.”
  - Will not empty the bladder.
    - “If your bladder is not emptying on its own, the condom catheter will not prevent bladder overfilling, and may lead to autonomic dysreflexia or other bladder issues.”
  - Can cause skin breakdown.
    - “The adhesive on the condom catheter may cause redness, swelling, or damage the skin of the penis.”
  - May leak.
    - “Condom catheters can leak and may not prevent urine from leaking onto your clothing or wheelchair.”
  - Unable to use to manage leakage between catheterizations if several intermittent catheterizations are required per day. The frequency of removing or replacing condom catheters should be minimized in order to avoid skin breakdown. In addition, if

attempting to catheterize through tubing, there is an increased risk for infection due to inability to properly clean the urethral opening.

**Ensure the education you have provided has been effectively understood.**

1. Check-in with patient and family.

- “Do you have any questions about the methods I have described to you?”

2. Teach-Back method.

- The teach-back is a method used to assess if the patient understands what you are teaching them.
- Teach-back is NOT a test of the patient; they should not feel as if they are being quizzed or feel ashamed if they are unable to provide the correct answer.
- Ask the questions below and encourage the patient to answer questions in their own words. Repeating exactly what you have said may not indicate understanding.
- Use the patient’s answer as an opportunity to reinforce or explain anything that they may have misunderstood:
  - “We went over a lot of information and I want to be sure I explained it in a way that makes you feel confident and comfortable with the decision you are going to make.”
  - “Can you tell me how intermittent catheterization works?”
  - “What are some advantages and disadvantages of intermittent catheterization?”
  - “How does an indwelling catheter work?”
  - “What are some advantages and disadvantages of an indwelling catheter?”
  - “Which method do you think will work best for you at this time?”
- If the patient is unsure which method they would like to choose, assess whether more information is required, or they simply need time to make their decision.
  - “Why have you chosen this method?”
  - This will give you some insight about what is important to the patient at this time.
- If the patient is unable to teach-back correctly, explain again and reassess their understanding.
  - The questions above are meant as a guideline. You can modify the questions or add more based on your patients specific needs.
  - Avoid yes or no questions. A teach-back requires the patient to answer open-ended questions to demonstrate their understanding in their own words.



### Decision-Making.

1. Reiterate that their decision about their bladder management strategy now may, and can, change in the future:
  - “The choice you make now may not be the choice you make 1 month, 10 months, 5 years or 10 years from now. Your bladder management strategy can always be changed and may change several times depending on what is going on in your life and the experiences you have had.”

### Next steps

- Document an outline of your conversation.
- Document the patient’s decision, or lack of decision at this time.
- Communicate the patient’s decision to the multidisciplinary team.
- Plan/schedule a follow-up on the patient’s decision to see if their chosen method is still working for them.