Acute SCI damages nerves to the urinary bladder, increasing risk of urinary tract infections (UTIs). These impact quality of life and cause costly hospital readmissions.¹

Catheter drainage due to loss of bladder control following SCI² can utilise an indwelling catheter (IDC), inserted into the bladder and kept in place; or Intermittent catheterisation (IC) - regular catheter insertion and removal.

Clinical practice guidelines recommend IC as this reduces UTI risk compared with IDC.⁴

What do we know?
We reviewed 4 clinical practice guidelines, 18 systematic reviews and 11 primary studies pertaining to bladder catheter management following spinal cord injury (SCI).

What do we do?
We spoke to 74 clinicians, patients and carers from Australia and New Zealand to understand drivers of SCI catheter care.

PRACTICE VARIES ACROSS SCI UNITS
“We do every single patient [with IC] from an infection control perspective”

“In our unit we IDC until such time as it’s deemed that the person is mentally and physically ready to start having IC”

GAPS IN KNOWLEDGE MAY BE IMPEDING BEST PRACTICE
“People are just learning off of other staff members, so they’re probably not learning evidence-based practice; we’re just doing it this way because we’ve always done it this way”

RESOURCE NEEDS ARE A POTENTIAL BARRIER TO IC
“It’s not an easy process, it does take you away from your workload. And it depends on what other care you’ve got for the other people”

CLINICAL LEADERSHIP IS ESSENTIAL
“You need all the consultants on board and consistent with what they’re wanting to happen”

PATIENT EDUCATION AND SUPPORT SHOULD BE PROVIDED
“I think that one thing I’ve learnt today is the importance of keeping the suite of options available open and understanding how to tailor them to individual needs, but also how to communicate with patients about what each of those decisions mean”

References

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