Good News Story

Introducing….

A 62-year-old gentleman who was referred to the Continence Service by his GP for a continence assessment; he was undertaking intermittent self-catheterisation (ISC) following being paralysed 7 years previously. GP had prescribed two different types of medication for his bladder symptoms which had not been of any benefit. Patient was under the care of Urology and awaiting an assessment for Botox injections into the bladder.

What happened….

Patient received Level 1 Telephone Assessment, tried a 2-piece system which was not suitable, using cut up pad sheets to manage his incontinence. A penile sheath and retracted penis pouch were also not suitable. Patient reported leaking more during the night. Further advice was sought from the Continence Lead and a home visit arranged so the Continence Nurse could visually assess the patient undertaking ISC and perform a bladder scan. Patient was undertaking ISC when the Continence Nurse visited; a bladder scan detected 307mls post procedure. Patient agreed to pass another intermittent catheter; Continence Nurse observed he had a good technique and initially drained 250mls, the patient was open and honest in admitting that he could not see his catheter and was removing the catheter when he thought his bladder was empty. Allowing the bladder to empty; 400mls of urine drained. Continence Nurse reiterated to the patient that he had a good Non-Touch Technique in relation to performing ISC. Advice was given in relation to wife observing when the catheter had stopped draining or using a mirror. Patient reported being dry after draining 900mls and wet after only draining 300mls. It was evident that patient's incontinence was as result of incomplete bladder emptying.

Outcomes for the patient….

The patient had been taught by the Hospital and undertaking ISC for many years and had no concerns. The patient had not associated his incontinence with performing ISC and not fully emptying his bladder.

Great outcome following a face-to-face visit and determining the clinical reason the patient was incontinent. The patient was really pleased with the outcome of the visit.

Patient was thankful for the support received and empowering him to become more competent and confident with undertaking ISC.

The Learning …….

What made the visit go so well and how we do more of it.?

Listening to the patient, explaining the correct technique for ISC, and observing technique. The face-to-face contact being important and getting that rapport with the patient, so he is confident to show how he undertakes the procedure, working in partnership with the patient.

Was there a period that staff had not noticed what was happening?

Following initial assessment and reviews about 2 months before Band 6 advised about visiting patient to check technique. Speaking to the member of staff, because the patient had been undertaking ISC for several years it was presumed he was competent and an expert.