# Continence Care newsletter

***For healthcare professionals***

Ostomy Care / Continence Care / Wound & Skin Care / Urology Care

Coloplast

## INTERVIEW

Sharon Holroyd, a nurse with 20 years of experience in urology and working with patients with bladder issues, shares her experiences helping patients adhere to intermittent self-catheterisation (ISC).

**What is the typical patient reaction to intermittent self-catheterisation, ISC?**
Most of them are horrified by the idea. Quite a few of them think it's something that they will never be able to do. I think some are disgusted by the idea of it. And depending on when they come to you, some are still coping with the idea that their bladder doesn't work as it should. So they have a lot of anger and grief, and feelings of 'Why me? Why do I have to do this?'

**How do you help them overcome these initial barriers to ISC?**
It's about being honest with them. At times, we have to revisit why they needed to end up with this treatment in the first place. We reinforce the benefits to them and try to reiterate that ISC gives them control. That it's something that, once they're confident with it, can be adapted to suit their needs and personal lives, so they've got some flexibility with it.

**In your experience, what are the barriers to adherence to ISC?**
It depends on the age group. With teenagers, it's very much they don't want to be different. With adults, it's very individual. It depends on what their lifestyle is, and if they can fit it into their normal work pattern or hobbies. A lot of them feel that their life has to change significantly and that they can no longer do the things they want to do. So it's about getting over that barrier and saying to them, 'Yes, you can'.

**How do you get them to trust ISC as the best treatment option for them?**
We let them tell us what they think the issues are. Whilst it might not seem like a big deal to a health professional, it is a big deal to them. So, a lot of it is about letting them discuss it, helping them identify where they think the issues are and then working with them to find solutions. For example, if it is something like, 'I can't do this at work because I don't have access to a private toilet', then we look at ways we can change the schedule of when they need to use the catheter so that they can do it at home. It's just giving them solutions to where and how it can work for them. But, at the same time, making them a part of that decision so that they feel they've made the choice rather than being told what to do. In some cases, it's also about putting them in touch with another person who's confident in doing ISC to have a chat with them. It just depends on the individual. You get a feel for what people are comfortable with and what avenues are available to them.

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## Sharon

**Once you've gotten them to accept ISC, how do you go about the mechanics of training them in performing ISC?**
First and foremost, I show them a choice of products and make it clear that it's their choice. While, in theory, any hollow tube could be used, they need to find the product that's easy for them to open and use. I compare it to buying a pair of new shoes; it's important that you pick the ones that are comfortable for you. I get them to play with a couple of different types of products, getting them to touch and feel them without using them, just so they can see what the sensation is like. Sometimes I use an anatomical model. That is very patient-specific. A lot of patients don't realise what the urethra is, where it is and how it works, so the model can be quite useful. And because the anatomical model sometimes can cause a bit of humour, it sort of breaks the ice and gets them to relax a bit more. Then it's about assessing where they're going to do ISC; how they're going to do it; what part of their lives it's going to impact on – so we can adapt the technique they're going to use.

**How do you ensure they develop good habits?**
We always say that it is like learning to drive: I'm going to teach you the best, safest possible way to do it, but we all pick up tips and shortcuts along the way. I don't know what they're going to do when they get back home, so it's just reiterating the safety side of it – that it needs to be a clean technique, and that there is a risk of infection that they need to be aware of, without making it seem that it's the end of the world. It's about finding something that resonates with them, something that helps them realise, 'okay if I don't do this, there are consequences'. And that comes from knowing the patient.

**You've mentioned the idea of control and choice quite a bit. Would you say those are key factors in getting patients to adhere to ISC?**
Yes, I would. Not that many years ago, a doctor or nurse would stand at the end of the bed and tell you what you need to do, and you would do it. We question things a lot more now, and generally we don't like being told what to do. So by saying, 'There is a choice to make. Here are the good sides of it; and here are the not so good sides, let's see where you fit in to that,' that seems to work better with the majority of people. We can't force anyone into it. The important thing is giving them an element of choice. Whether it's simply a question of choosing the product or the colour of the packaging, or whether it's the frequency of how often they do this, as long as they have the capacity to understand the consequences of their actions, it's their choice to make.

**Given your years of experience, what do you think is most important to keep in mind when working with ISC patients?**
I always try to remember that it's not me who's having to try to do this. ISC feels different for every single person. It is highly individual – and it's all about listening to what that person is trying to say to you, and finding out where their problems lie rather than saying, 'It's just a tube'. It's so easy when working in healthcare to get a bit desensitised to things. But keeping that sensitivity so patients understand that you understand the challenges they have, is so important.