

Evidenced Base Care and Nursing Care of the Underactive Bladder Patient

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Beaumont

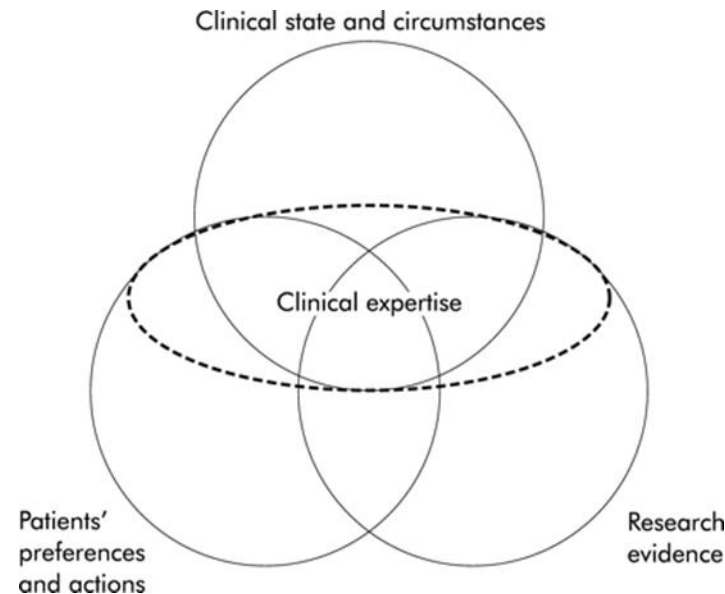
Objectives

- Discuss current state of evidence based care as it pertains to Underactive bladder (UAB)
- Define gaps in the care of UAB patients
- Define knowledge gaps in care of UAB patients
- Identify opportunities for research in the Care of the UAB patient
- Discuss educational goals in care of the UAB patient

What is Evidence-Based Medicine?

“Evidence-based medicine is the integration of **best research evidence** with **clinical expertise** and **patient values**”

Sackett & Straus



Cebm.net

Levels of Evidence

- **Level 1**
 - Systematic review of meta analysis or randomized controlled trials (RCT)
- **Level 2**
 - Appropriately designed (RCT)
- **Level 3**
 - Well-designed trials without randomization
- **Level 4**
 - Well-designed case-controlled or cohort studies with/without randomization
 - **Most clinical practice guidelines**
- **Level 5**
 - Single descriptive or qualitative study
- **Level 6**
 - Opinions of authorities or expert committees
 - Potentially introduce error and/or bias

Grades of Recommendation

A	consistent level 1 studies
B	consistent level 2 or 3 studies or extrapolations from level 1 studies
C	level 4 studies or extrapolations from level 2 or 3 studies
D	level 5 evidence or troublingly inconsistent or inconclusive studies of any level



National Guideline Clearinghouse

- NGC is a public resource for evidence-based clinical practice guidelines
- The NGC mission is to provide physicians and other health professionals, health care providers, health plans, integrated delivery systems, purchasers, and others an accessible mechanism for obtaining objective, detailed information on clinical practice guidelines and to further their dissemination, implementation, and use
- Guidelines must meet the NGC Inclusion Criteria to be included on the NGC site

Barriers to EBP and Nurses

- Lack of expertise in appraising research reports
- Unsupportive practice context with insufficient time to evaluate reports
- Lack of authority in support to implement findings
- Failure of researchers to communicate findings effectively to clinicians
- Limited research, causing clinicians to question its relevance

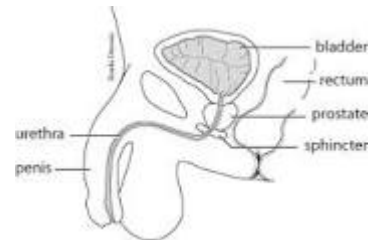
Evidence Based Care

- CIC and teaching
- Performing catheterization
- Complications of catheterization
- Psychosocial aspects
- UTI prevention and treatment
- Incontinence management

CIC and Teaching

- Guidelines
 - Society for Urological Nurses and Associates (SUNA)
<https://www.suna.org/resources/adultCICGuide.pdf>
 - Clinical Center National Institutes of Health
http://www.cc.nih.gov/ccc/patient_education/pepubs/bladder/ciscwomen5_22.pdf
- Experience
- Support
- Patient teaching
 - <https://www.suna.org/download/members/selfCatheterization.pdf>

Google Search Clean Intermittent Catheterization Pictures



Performing Catheterization

- Guidelines
 - SUNA <https://www.suna.org/resources/adultCICGuide.pdf>
- Experience
- Sterile vs clean
- You tube video
 - <https://www.youtube.com/watch?v=-Co8nGfRVck>
- CAUTI
 - CDC guidelines
www.cdc.gov/hicpac/cauti/02_cauti2009_abbrev.html

Complications of catheterization

- Well documented through out the literature
- Include:
 - UTI
 - Urethral injury
 - Bleeding
 - urethritis
 - stricture
 - creation of a false passage
 - Epididymitis
 - bladder stones

Psychosocial

- Impact on QOL
- Anxiety
- Depression
- Lack of adequate patient education
 - Technique
 - Purpose
 - Prevention of UTI's

UTI and Prevention

- Guidelines
 - CDC CAUTI
 - American Urological (AUA)/ SUNA White Paper on Catheter Associated Urinary Tract Infections
<https://www.auanet.org/common/pdf/education/clinical-guidance/Catheter-Associated-Urinary-Tract-Infections-WhitePaper.pdf>
- Asymptomatic Bacteriuria
- Prophylaxis--Controversial
 - Cranberry Pills
 - Antibiotic therapy

Incontinence Management

- Use of Products
 - DME
- Prevention and treatment of incontinence associated dermatitis
 - WOCN available for purchase
 - Numerous review articles available

Gray, M; Bliss, D.; Doughty, D.; Ermer-Seltun, J; Kennedy-Evans, K; Palmer, M. Incontinence-associated Dermatitis: A Consensus. JWOCN January/February 2007 (34)1

Google Search of Pictures of Incontinence Products



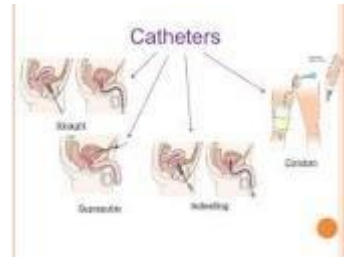
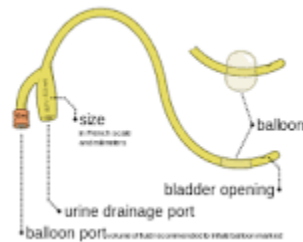
Care Lacking Evidence

- Catheters
- Behavioral modifications in UAB
- UTI prevention and treatment

Catheters

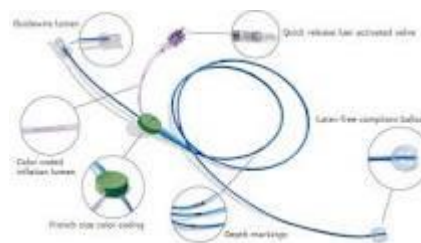
- Variety of sizes, material and convenience
 - No consensus/ clinical evidence on best type to use
 - Patient preference cited
- One time use vs. multiple use
- Indwelling vs. ISC
- Clean vs. sterile
 - In the hospital setting
 - In the outpatient setting

Google Search Catheters Pictures



Health care workers should develop skills in introduction of Catheter

Introduction **Female** urethral catheterization, the insertion of a catheter through the urethra into the urinary bladder to permit drainage of urine, is a fundamental skill. Insert the catheter completely into the urethra, and do not inflate the balloon until there is return of urine, to avoid trauma.



Behavioral Modifications in UAB

- Crede and valsalva maneuvers—not recommended by the European Association of Urology guidelines on neurogenic bladder
[http://www.europeanurology.com/article/S0302-2838\(09\)00424-2/fulltext/eau-guidelines-on-neurogenic-lower-urinary-tract-dysfunction](http://www.europeanurology.com/article/S0302-2838(09)00424-2/fulltext/eau-guidelines-on-neurogenic-lower-urinary-tract-dysfunction)
- Prompted voiding
- Double voiding
- Relaxation techniques
- Numerous guidelines discuss Overactive Bladder (OAB)

Research Opportunities

- Catheterization
 - When
 - How often
 - Education of staff and family/patient/caregiver
- Catheters
 - Sterile vs. clean
 - ISC vs. Indwelling
 - Type
- Infection prevention

Educational Opportunities

- Patient and caregiver
- Public
- Students
- Practicing nurses
- Educators
- 3rd party payors
- DME

Conclusions

- Nursing is taking very good care of our UAB patients and families
- Most of the care is based on experience/expert opinion
- There is very little clinical based evidence to support the care we give.
- Evidence available is often based on small studies, few studies and difficult to generalize to the UAB patient.
- Nursing has the opportunity to do clinical research in this patient population.

Questions?

